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2016

OMB No 1545-0052

Form 990-PF Department of the Treasury

Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		ndar year 2016, or tax year beginning 01-01-20)16 , aı	nd er	nding 12-31-		
		indation MILY FOUNDATION			37-1452120	entification numbe	er
Num	her and	street (or P O box number if mail is not delivered to street address)	Room/suite				
		UNTY ROAD 42 W	Roomy suite		,	mber (see instructio	ns)
City	or town	, state or province, country, and ZIP or foreign postal code			(952) 447-7810		
		É, MN 55337			C If exemption	application is pendir	ig, check here
G Ch	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check h	ere 🕨 🦳
		Final return Amended return				rganizations meeting k here and attach co	
		Address change Name change			· ·	ındatıon status was	· -
_		pe of organization ✓ Section 501(c)(3) exempt private to 10.77 (2)(1)				n 507(b)(1)(A), ched	
		a 4947(a)(1) nonexempt charitable trust Uhler taxable ket value of all assets at end JAccounting method	Cash Accru	ıəl	F If the founds	ation is in a 60-mont	h termination
of '	year <i>(f</i>	from Part II, col (c), \$\square\$ 2,392,938 \text{\text{\$\sigma}\$ Other (specify) \\ (Part I, column (d) must		iui		n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and		l		(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	993,419				
	2	Check ► ☐ If the foundation is not required to attach					
		Sch B					
	3	Interest on savings and temporary cash investments	8	<u> </u>	8		
	4	Dividends and interest from securities	32,900		32,900		
	5a b	Gross rents					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	29,443				
Revenue	ь	Gross sales price for all assets on line 6a 456,610	,				
Rev	7	Capital gain net income (from Part IV, line 2)			29,443		
_	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	1,055,770		62,351		
	13	Compensation of officers, directors, trustees, etc	2,000,00		0		
	14	Other employee salaries and wages					
S	15	Pension plans, employee benefits					
SU:	16a	Legal fees (attach schedule)					
χ	ь	Accounting fees (attach schedule)	3,700		1,850		1,850
Operating and Administrative Expenses	C	Other professional fees (attach schedule)	8,536		8,536		(
atīv	17	Interest	00.1				
ıst.	18	Taxes (attach schedule) (see instructions)	3,304		675		
Ē	19	Depreciation (attach schedule) and depletion					
Ad	20 21	Occupancy					
nd Du	22	Printing and publications					
i bu	23	Other expenses (attach schedule)					
atı	24	Total operating and administrative expenses.					
<u>pe</u>		Add lines 13 through 23	15,540		11,061		1,850
O	25	Contributions, gifts, grants paid	70,015				70,01
	26	Total expenses and disbursements. Add lines 24 and 25	85,555		11,061		71,869
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	970,215				
	ь	Net investment income (If negative, enter -0-)			51,290		
	С	Adjusted net income(If negative, enter -0-)					
For	Paner	work Reduction Act Notice, see instructions.			Cat No. 11289)	(Ea	m QQ0-DF (2016

10,146

1,392,616

1,392,616

10.961

2,392,938

2,392,938

2

3

4

5

6

1,392,616

2,392,938

2,392,938

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970,215

30,107

10.961

2,392,938

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

13

14

15

16

17

18

19 20

21

22

23

Liabilities

Balances

Fund

ō

Assets

Net

2

31 Part III

```
Foundations that follow SFAS 117, check here ▶
      and complete lines 24 through 26 and lines 30 and 31.
24
      Unrestricted . . .
25
      Temporarily restricted
26
      Permanently restricted . .
      Foundations that do not follow SFAS 117, check here ▶
      and complete lines 27 through 31.
27
      Capital stock, trust principal, or current funds . . . . . . . . . .
                                                                                     1,392,616
                                                                                                         2,392,938
      Paid-in or capital surplus, or land, bldg , and equipment fund
28
29
      Retained earnings, accumulated income, endowment, or other funds
30
      Total net assets or fund balances (see instructions) . . . . .
                                                                                     1,392,616
                                                                                                         2,392,938
```

licome			
))	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)

List and describe the kind(s) of property sold (e.g., real estate 2-story brick warehouse, or common stock, 200 shs MLC Co 1 a PUBLICALLY TRADED SECURITIES

(f)

Depreciation allowed

(or allowable)

(g) Cost or other basis

plus expense of sale

427,167

(h) Gain or (loss) (e) plus (f) minus (g)

(I)

Page 3

25,658

3,785

25,658

3,785

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 FMV as of 12/31/69

452,825

3,785

b CAPITAL GAINS DIVIDENDS

(e)

Gross sales price

c d е

а

b C d e

а b

C d e

(j) Adjusted basis as of 12/31/69

(k) Excess of col (1) over col (j), if any

If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7

Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))

2

3

29,443

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank

in Part I, line 8

(a)

Base period years Calendar

year (or tax year beginning in) 2015

2014

2013

2012

2011

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

7 Add lines 5 and 6 . . .

Capital gain net income or (net capital loss)

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-

Adjusted qualifying distributions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

60,550

69,307

37,195

39,093

40.577

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(c)

Net value of noncharitable-use assets

1,461,438

1,128,191

585,358

535,141

551,349

2

4

5

6

7

(d)

Distribution ratio

(col (b) divided by col (c))

0 041432

0 061432

0 063542

0 073052

0 073596

0 313054

0 062611

1,423,688

89,139

89,652

71,865

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513

Yes 🗸 No

in the distributable amount of any year in the base period?

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

۷as	the	e foui	ndatio	n liab	le for	the	section	4942	tax	O
e 111		P. Albara	c		4		I.C.			L

Yes," the foundation does not qualify under section 4940(e) Do not complete this part

If "Yes" to 6b, file Form 8870						
7a At any time during the tax year, was	the foundation a party to a p	rohibited tax shelter trar	nsaction? Yes	No		
b If yes, did the foundation receive an	y proceeds or have any net in-	come attributable to the		7b		
Part VIII Information About 0 and Contractors	fficers, Directors, Trust	ees, Foundation Ma	nagers, Highly Paid En	nployees,	•	
1 List all officers, directors, trustee	s, foundation managers an	d their compensation	(see instructions).			
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expen (e) other	se accou allowanc	
	PRESIDENT	0	О .			0
18178 CLEARY LAKE CT PRIOR LAKE, MN 55372	0 50					
	SECRETARY-TREASURER	0	О			0
18178 CLEARY LAKE CT PRIOR LAKE, MN 55372	0 50					
2 Compensation of five highest-pai	d employees (other than th	ose included on line 1	.—see instructions). If no	ne, enter "I	NONE."	
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expens (e) other a	se accour allowance	
NONE						
Total number of other employees paid over	er \$50,000					0
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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		_
List the foundation's four largest direct charitable activities during the tax year Include rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc	
1		
		
2		
2		
2		
3		
		
4		
4		
Part IX-B Summary of Program-Related Investments (see	<u> </u>	
Describe the two largest program-related investments made by the foundation during t	the tax year on lines 1 and 2	Amount
1		
2		+
2		
All other program-related investments. See instructions		
all other program-related investments. See instructions		
<u> </u>		
Total. Add lines 1 through 3		▶ 0
		Form 990-PF (2016)

1a

1b

2

3a 3b

4

5

71,865

71.865

71,865

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Part XII

1

2

3

4

5

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2016

Page 9

70.158

70.158

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t	XII	•	

Par

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ХПП		ı	Jn

b Total for prior years

XII, line 4 ▶ \$

indicated below:

From 2011.

b From 2012. c From 2013. . .

d From 2014. e From 2015.

distributed Income (see instructions)

1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only.

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e.

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). d Applied to 2016 distributable amount.

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. .

b Excess from 2013. .

c Excess from 2014. . . . d Excess from 2015. . e Excess from 2016. . .

same amount must be shown in column (a))

13,476 12,600

8.565 20,812

12.600 8,565

20.812

1.707

(a)

Corpus

55,453

1.707

57,160

13,476

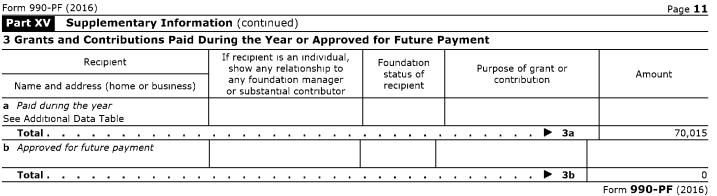
43,684

(b)

Years prior to 2015

(c)

2015



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Part XVI-A Analysis of Income-Producing	Activities				
Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b c					
d					
e					
f					
g Fees and contracts from government agencies					
 2 Membership dues and assessments. 3 Interest on savings and temporary cash investments 			14	8	
4 Dividends and interest from securities			14	32,900	
5 Net rental income or (loss) from real estate					
a Debt-financed property.b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income 8 Gain or (loss) from sales of assets other than					
inventory			14	29,443	
9 Net income or (loss) from special events10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e 12 Subtotal Add columns (b), (d), and (e)		0		62,351	0
13 Total. Add line 12, columns (b), (d), and (e)				3	62,351
(See worksheet in line 13 instructions to verify calculation	ns)			-	,
Part XVI-B Relationship of Activities to th					
Explain below how each activity for which the accomplishment of the foundation's exinstructions)					
				Fo	rm 990-PF (2016)

Part XVI	Exempt Organi		1 4115	1613 10 6	and mansac	01	iis and Relatio	nisilips with Nonci	iai itable		
	organization directly or in e Code (other than section	directly enga							501	Yes	No
a Transfers	s from the reporting foun	dation to a n	oncha	ırıtable ex	empt organizat	ion (of				
(1) Cas	h								1a(1)		No
(1) Cash									1a(2)		No
b Other transactions											
(1) Sales of assets to a noncharitable exempt organization.(2) Purchases of assets from a noncharitable exempt organization.									. 1b(1)		No
				-					. 1b(2)		No
	ital of facilities, equipmen	•							. 1b(3)		No
	mbursement arrangemen								1b(4)		No
	ns or loan guarantees.								1b(5)		No
` .	ormance of services or m	•		_					1b(6)		No
_	of facilities, equipment, r								1c		No
of the an	swer to any of the above oods, other assets, or ser	is "Yes," cor vices aiven b	nplete v the	tne follov reportina	wing schedule foundation If t	Colu :he f	ımn (b) snould a foundation receiv	lways snow the fair mar ed less than fair market	ket value value		
in any tr	ansaction or sharing arra	ngement, sh	ow in	column (d) the value of	the	goods, other ass	ets, or services received			
7-3 Luca No. 1	(In) A	l (-> N					(4) D	6 h 6	4 -1		
(a) Line No	(b) Amount involved	(c) Name or	noncna	аптаріе ехе	mpt organization	+	(a) Description o	f transfers, transactions, an	a snaring arra	ngemen	.ts
						+					
						_					
						_					
						+					
						+					
						+					
						+					
	undation directly or indire	•		•	•				_		
describe	d in section 501(c) of the	Code (other	than	section 50	01(c)(3)) or in s	sect	ion 527?		. ∐Yes	✓ N	10
b If "Yes,"	complete the following s						1				
	(a) Name of organization	on		(b) Type of organi	zatio	n	(c) Description of	relationship		
Un	der penalties of perjury,	I declare tha	t I ha	ve examır	ed this return,	ıncl	uding accompany	ing schedules and state	ments, and	to the	best
	my knowledge and belief		orrect,	, and com	plete Declarati	on c	of preparer (other	than taxpayer) is base	d on all info	rmation	า of
Jigii	nich preparer has any kno	wieage			1			Maria	H IDC	4	
Here	*****				2017-10-16		*****		the IRS discu		
	Signature of officer or t	rustee			Date		Title	(see	ınstr)? 🗹	es 🗆 N	40
			Ι					<u> </u>	•		
	Print/Type preparer's	name	Prep	arer's Sıgı	nature		Date	Check if self-	N		
								employed ▶ □	P0096	5922	
Daid	ASHLEY C REHN C	PA					2017-10-16	Cilipioyed P 🗀			
Paid Propare											
Prepare	THE REP	PATH AND C	IAPMC	NY LTD				Fırr	n's EIN ▶41	-09755	573
Use Onl		310 WHITE B	FAR D	ARK\M^							
	i ii ii ii auuless ► 40	TO MILITIE DI		CHANNA WAT				DL -	ne no /651	1 425 .	7000
	W	WHITE BEAR LAKE, MN 55110							ne no (651) 4 20-	7000

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the to	:al
contributions received by the foundation before the close of any tax year (but only if they have contributed more	
than \$5,000).	

ANDREW CHASE

MONICA CHASE

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year 30 DAYS FOUNDATION NONE PC COMMUNITY WELFARE 10,980 3109 DOUGLAS DRIVE MINNEAPOLIS, MN 55422 40 DAYS FOR LIFE 1511 S TEXAS AVE NONE PC 200 COMMUNITY WELFARE COLLEGE STATION, TX 77840 200 200 2,000

ALPHA WOMENS CENTER - GIVE MN PO BOX 435 SAVAGE, MN 55378	NONE	PC	COMMUNITY WELFARE	2
AMERICAN CANCER SOCIETY - HOPE LODGE 250 WILLIAMS ST NW SUITE 400	NONE	PC	MEDICAL	2

NONE PC MEDICAL

AMERICAN RED CROSS 2025 E STREET NW

WASHINGTON, DC 20006

Total . 70,015

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
AMERICAN REFUGE COMMITTEE 615 FIRST AVENUE NE STE 500 MINNEAPOLIS, MN 55413	NONE	PC	COMMUNITY WELFARE	1,000			
ARNOLD S LEONARD CANCER RESEARCH 715 FLORIDA AVE S NO 4068 GOLDEN VALLEY, MN 55426	NONE	PC	MEDICAL	900			
AUTISM SPEAKS 1 EAST 33RD ST 4TH FL NEW YORK, NY 10016	NONE	PC	MEDICAL	200			
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DR ORLANDO, FL 32832	NONE	PC	RELIGIOUS	200			
CAP AGENCY 712 CANTERBURY RD S	NONE	PC	COMMUNITY WELFARE	2,000			

SHAKOPEE, MN 55379

70,015 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CARE FOR THE WOUNDED NONE PC **MEDICAL** 24818 EAST CEDAR LAKE DRIVE

700

NEW PRAGUE, MN 56071				
CATHOLIC CHARITIES 1200 2ND AVE S MINNEAPOLIS, MN 55403	NONE	PC	RELIGIOUS	1,000
CATHOLIC RELIEF SERVICES	NONE	PC	COMMUNITY WELFARE	1,000

CATHOLIC RELIEF SERVICES 228 W LEXINGTON STREET BALTIMORE, MD 21201	NONE	PC	COMMUNITY WELFARE	
CATHOLIC SERVICES APPEAL	NONE	PC	RELIGIOUS	

BALTIMORE, MD 21201				
CATHOLIC SERVICES APPEAL 12805 HIGHWAY 55 SUITE 210	NONE	PC	RELIGIOUS	

CATHOLIC SERVICES APPEAL 12805 HIGHWAY 55 SUITE 210 PLYMOUTH, MN 55441	NONE	PC	RELIGIOUS	4,000
CHURCH OF ST MICHAELS	NONE	PC	RELIGIOUS	15,525

PLYMOUTH, MN 55441				
CHURCH OF ST MICHAELS 1036 COUNTY RD 4	NONE	PC	RELIGIOUS	15,5
CT CLOUD MN E6202	1	I		

PLYMOUTH, MN 55441				
CHURCH OF ST MICHAELS 1036 COUNTY RD 4 ST CLOUD, MN 56303	NONE	PC	RELIGIOUS	

CHURCH OF ST MICHAELS	NONE	PC	RELIGIOUS	
1036 COUNTY RD 4				
ST CLOUD, MN 56303				

3a

ST CLOUD, MN 56303			70.015
Total			70.015
IUlali i i i i i i i i i i i	 	 	/0,013

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CROHNS & COLITIS FOUNDATION OF AMERICA INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	PC	MEDICAL	500
CROSS INTERNATIONAL CATHOLIC CHURCH 370 W CAMINO GARDENS BLVD BOCO RATON, FL 33432	NONE	PC	RELIGIOUS	1,000
DOCTORS WITHOUT BORDERS 333 SEVENTH AVE NO 2ND FL NEW YORK, NY 10001	NONE	PC	MEDICAL	500
DYNAMIC CATHOLIC INSTITUTE 901 ADAMS CROSSING CINCINATTI, OH 45206	NONE	PC	RELIGIOUS	250
ENGINEERS WITHOUT BORDERS USA 1031 33RD STREET STE 210 DENVER, CO 80205	NONE	PC	COMMUNITY WELFARE	750

Total . 3a 70,015

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	PC	COMMUNITY WELFARE	5,000
FOOD FOR THE POOR 6401 LYONS ROAD COCONUT CREEK, FL 33073	NONE	PC	COMMUNITY WELFARE	1,000
FORT SNELLING MEMORIAL CHAPEL FOUNDATION 9031 PENN AVENUE SOUTH SUITE 104 BLOOMINGTON, MN 55431	NONE	PC	RELIGIOUS	100
FOUNDATION FIGHTING BLINDNESS 7168 COLUMBIA GATEWAY COLUMBIA, MD 21046	NONE	PC	MEDICAL	2,000
FOUNDATION FOR PHYSICAL THERAPY INC 1111 N FAIRFAX ST ALEXANDRIA, VA 22314	NONE	PC	EDUCATIONAL	200

Total . 3a 70,015

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HOSEA'S HEART PO BOX 695 NONE PC **RELIGIOUS** 1,000 MARSHALL, WI 53559 **HOUSE OF PRAYER & PRAISE** NONE PC RELIGIOUS 100 PO BOX 50396 FT WORTH, TX 76105 500 500 PRIOR LAKE, MN 55372

LABOURE SOCIETY 1365 CORPORATE CENTER CURVE NO 104 EAGAN, MN 55121	NONE	PC	GENERAL SUPPORT	50
LAKER EDUCATIONAL FOUNDATION	NONE	PC	COMMUNITY WELFARE	5

500

LEUKEMIA & LYMPHOMA SOCIETY INC NONE PC MEDICAL

1311 MAMARONECK AVE SUITE 310

WHITE PLAINS, NY 10605

70,015

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
LINGAP CHILDREN'S FOUNDTION PO BOX 1553 JACKSON, MI 49204	NONE	PC	COMMUNITY WELFARE	1,000	
LOAVES & FISHES TOO 1121 JACKSON STREET NE 143 MINNEAPOLIS, MN 55413	NONE	PC	COMMUNITY WELFARE	1,000	
MARISSA ANGEL BRIAN CANCER MEM FUND - CHILDREN'S CANCER RESEARCH FUND 7301 OHMS LANE SUITE 355 MINNEAPOLIS, MN 55439	NONE	PC	SUPPORT RESEARCH IN THE TREATMENT OF BRAIN TUMORS	1,045	
NATIONAL KIDNEY FOUNDATION 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	PC	MEDICAL	550	
PARTNERS IN HEALTH 888 COMMONWEALTH AVE 3RD FL BOSTON, MA 02215	NONE	PC	COMMUNITY WELFARE	200	

Total . 3a 70,015

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year RELEVANT RADIO NONE PC **RELIGIOUS** 1496 BELLEVUE STREET SUITE 202

GREEN BAY, WI 54311				
RONCALLI NEWMAN PARISH 1732 STATE ST LACROSSE, WI 54601	NONE	PC	RELIGIOUS	

SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST PAUL, MN 55109	NONE	PC	COMMUNITY WELFARE	500
1732 STATE ST LACROSSE, WI 54601				

365

200

1140 GERVAIS AVENUE ST PAUL, MN 55109				
SHARING AND CARING HANDS 525 NORTH 7TH STREET MINNEAPOLIS, MN 55405	NONE	PC	COMMUNITY WELFARE	5,000

514 SHARING AND CARING HANDS 525 NORTH 7TH STREET MINNEAPOLIS, MN 55405	NONE	PC	COMMUNITY WELFARE	5,000
SMILE NETWORK 1807 COLFAX AVE SO	NONE	PC	MEDICAL	500

MINNEAPOLIS, MN 55405				
SMILE NETWORK 1807 COLFAX AVE SO MINNEAPOLIS, MN 55403	NONE	PC	MEDICAL	!

MINNEAPOLIS, MN 55405				
SMILE NETWORK 1807 COLFAX AVE SO MINNEAPOLIS, MN 55403	NONE	PC	MEDICAL	

3a

SMILE NETWORK 1807 COLFAX AVE SO MINNEAPOLIS, MN 55403	NONE	PC	MEDICAL	
Total				70,015

Form 990PF Part XV Line 3 - Grant	The and contributions i did	T During the	Teal of Approved for Facare	+ rayment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ST PAUL ACADEMY & SUMMIT SCHOOL 1712 RANDOLPH AVENUE ST PAUL, MN 55105	NONE	PC	EDUCATIONAL	1,000
ST THOMAS AQUINOS CHURCH 920 HOLLEY AVE ST PAUL PARK, MN 55071	NONE	PC	RELIGIOUS	200
ST AUGUSTINE'S CHURCH 442 SECOND ST SE ST CLOUD, MN 56304	NONE	PC	RELIGIOUS	200
ST LAWRENCE CATHOLIC CHURCH 1203 5TH STREET SE MINNEAPOLIS, MN 55414	NONE	PC	RELIGIOUS	200
TODAY'S YOUTH MATTER 469 VALLEY WAY MILPITAS, CA 95035	NONE	PC	COMMUNITY WELFARE	50
Total				70,015

3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year				
TWIN CITIES HABITAT FOR HUMANITY 1954 UNIVERSITY AVENUE WEST ST PAUL, MN 55104	NONE	PC	COMMUNITY WELFARE	3,000

1,000

ST PAUL, MN 55104				
UNIVERSITY OF WISCONSIN LACROSSE FOUNDATION 615 EAST AVENUE N	NONE	PC	EDUCATION	

UNIVERSITY OF WISCONSIN LACROSSE	NONE	PC	EDUCATION	1
FOUNDATION				
615 EAST AVENUE N				
LACROSSE, WI 54601				l

FOUNDATION		
615 EAST AVENUE N		
LACROSSE, WI 54601		

Total		$\overline{}$	70.015
LACROSSE, WI 54601			
615 EAST AVENUE N			

ACROSSE, WI 54601		
Total	 	70,015

	1	
Total	 	70,015

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TY 2016 Accounting Fees Schedule					
Name: CHASE FAMILY FOUNDATION EIN: 37-1452120					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING FEES	3,700	1,850		1,850	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	
		_
TY 2016 Investments Corporat	e Ronds Schedi	عاد

Name: CHASE FAMILY FOUNDATION

EIN: 37-1452120		
Name of Bond	End of Year Book Value	End of Year Fair Market Value
CISCO SYSTEMS INC	25,448	25,448
HARBOR CONV SEC FD INST	20,432	20,432
LOOMIS SAYLES BOND FUND	0	0
METROPOLITAN WEST LOW	55,915	55,915
METROPOLITAN WEST TOTAL	45,673	45,673
TEMPLETON GLOBAL BOND	15,451	15,451
THIRD AVENUE FOCUSED	14,891	14,891

DLN: 93491289006467

TY 2016 Investments Corporate Stock Schedule

Name: CHASE FAMILY FOUNDATION

EIN: 37-1452120

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ALPHABET INC	27,014	27,014
ANHEUSER-BUSCH INBEV SPN	0	0
APPLE INC	12,161	12,161
APPLE INC	9,266	9,266
AQR MANAGED FUTURES STRATEGY FUND	0	0
ARTISAN INTL VALUE FUND	100,583	100,583
BERKSHIRE HATHAWAY B NEW	32,596	32,596
BLACKROCK INC	3,805	3,805
BOEING CO	3,892	3,892
BOSTON PARTNERS LONG/SHORT RESEARCH FUND CLASS INS	12,049	12,049
C H ROBINSON WORLDWD NEW	14,652	14,652
CISCO SYSTEMS INC	9,066	9,066
CISCO SYSTEMS INC	4,382	4,382
CITIGROUP INC	4,457	4,457
CME GROUP INCE	2,884	2,884
COACH INC	9,631	9,631
COMCAST CP NEW CL A SPL	15,536	15,536
CUMMINS INC	0	0
CVS HEALTH CORPORATION	3,156	3,156
DIAGEO PLC - ADR	5,717	5,717
DISCOVERY COMM INC	24,102	24,102
DUKE ENERGY CORP NEW	7,063	7,063
E M C CORP MASS	2,348	2,348
EATON CORP PLC	0	0
EDISON INTERNATIONAL	0	0
E-TRACS ALERIAN MLP INFRASTRUCTURE	0	0
EXXON MOBIL CORP	18,052	18,052
FIDELITY ADV REAL ESTATE	38,168	38,168
GILEAD SCIENCES INC	3,581	3,581
HSBC - ADR	0	0

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ISHARES MSCI EAFE ETF	6,876	6,876
ISHARES S&P INDIA NIFTY 50	11,546	11,546
ISHARES TR RUSSEL 3000	0	0
ISHARES CORE S&P SMALL CAP ETF	19,947	19,947
JOHNSON & JOHNSON	8,641	8,641
JOHNSON CONTROLS INC	0	0
JPMORGAN CHASE & CO	5,177	5,177
LAS VEGAS SANDS CORP COM	2,938	2,938
LOCKHEED MARTIN CORP	12,497	12,497
LOEWS CORPORATION	22,244	22,244
MARKEL CORP	27,135	27,135
MCDONALDS	0	0
MCKESSON CORP	5,618	5,618
METLIFE INC	0	0
MICROSOFT CORP	15,535	15,535
MICROSOFT CORP	7,768	7,768
MONSANTO CO NEW DEL	26,303	26,303
MONSANTO CO	0	0
MOSAIC CO NEW	13,199	13,199
NESTLE A REG B ADR F	14,348	14,348
NEUBERGER BERMAN LONG SHORT FUND CLASS INS #1830	0	0
NOVARTIS A G SPON ADR	10,926	10,926
OPPENHEIMER DEVELOPING	45,311	45,311
PATTERSON COMPANIES	14,361	14,361
PFIZER INCORPORATED	9,744	9,744
PIMCO ALL ASSET INSTL CL	0	0
PNC FINANCIAL SERVICES GROUP	5,848	5,848
PRAXAIR INC	14,649	14,649
PRECISION CASTPARTS	0	0
PROCTER & GAMBLE	16,816	16,816

Name of Stock	End of Year Book Value	End of Year Fair Market Value
QUALCOMM INC	22,820	22,820
REPUBLIC SERVICES INC	0	0
RIDGEWORTH SEIX HIGH YIELD BOND FUND	0	0
SCHLUMBERGER LTD	16,790	16,790
SCHULMBERGER LTD	4,198	4,198
SIEMENS A G ADR	6,121	6,121
SPDR S&P MIDCAP 400 ETF TRUST	15,087	15,087
SUNCOR ENERGY INC NEW F	0	0
TARGET CORP	1,806	1,806
TARGET CORPORATION	5,417	5,417
TEVA PHARM INDS LTD ADRF	15,406	15,406
THERMO FISHER SCIENTIFIC INC	3,528	3,528
THIRD AVENUE REAL ESTATE	0	0
TOTAL S.A ADR	4,332	4,332
TWEEDY BROWNE GLOBAL	96,292	96,292
UNITED PARCEL SERVICE-CL B	2,866	2,866
VANGUARD FTSE EMERGING MARKETS ETF	10,734	10,734
VANGUARD MKT NEUTRAL INV	56,719	56,719
VANGUARD SHORT TERM COR	59,528	59,528
WILLIS GRP HLDGS PUBLICF	0	0
VANGUARD INTERMEDIATE TERM B	30,404	30,404
TJX COMPANIES INC	1,878	1,878
WALT DISNEY CO	3,127	3,127
HAINES CELESTIAL GROUP INC	7,806	7,806
AFFILIATED MANAGERS GROUP, INC COM	4,359	4,359
AMERIPRISE FINL INC	3,328	3,328
ELI LILLY & CO COM	2,574	2,574
MERCK & CO INC NEW	2,649	2,649
SPIRIT AEROSYSTEMS HODL - CL A	2,918	2,918
UNION PACIFIC CORP	5,184	5,184

Name of Stock	End of Year Book Value	End of Year Fair Market Value
COGNIZANT TECH SOLUTIONS CRP COM	5,043	5,043
CELANESE CORP	5,906	5,906
BAYER AG - ADR	5,214	5,214
MANULIFE FINANCIAL CORP	5,346	5,346
ROCHE HOLDINGS LTD - ADR	3,138	3,138
TE CONNECTIVITY LTD	2,425	2,425
SPDR DJ WILSHIRE INTERNATIONAL REAL ESTATE ETF	5,412	5,412
VANGUARD REIT VIPER	8,253	8,253
ADVANCED AUTO PARTS	18,603	18,603
DANAHER CORP	15,568	15,568
HORMEL FOODS CORP	10,443	10,443
VISA INC	13,654	13,654
WILLIS TOWERS WATSON	18,342	18,342

TY 2016 Investments -	Other Schedule
1	Name: CHASE FAMILY FOUNDATION

DLN: 93491289006467

EIN: 3/-1432120			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
SPDR GOLD TRUST SHARES GLD	FM∨	10,961	10,961

ETNI. 27 1452120

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TY 2016 Other Increases Schedule					
Name:	CHASE FAMILY FOUNDATION				
EIN:	37-1452120				
De	escription	Amount			
UNREALIZED CHANGE IN FMV OF INVEST	TMENTS	30,107			

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TY 2016 Other Professional Fees Schedule						
Name: CHASE FAMILY FOUNDATION						
EIN: 37-1452120						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		

8,536

				4
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursemen for Charitabl Purposes

8,536

INVESTMENT ADVISOR FEES

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TY 2016 Taxes Schedule				
Name: CHASE FAMILY FOUNDATION				
EIN: 37-1452120				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX PAID	675	675		0
FEDERAL TAX	2,629	0		0

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Schedule B (Form 990, 990-EZ,	Schedule of Contributors		OMB No 1545-0047			
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990					
Name of the organizat CHASE FAMILY FOUNDA		Employer ic	dentification number			
		37-1452120				
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private founda	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	☐ 527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation						
•	cation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribut or property) from any one contributor. Complete Parts I and II. See instructions for	•	•			
Special Rules						
under sections received from a	tion described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^13\%$ $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990-EZ), P ny one contributor, during the year, total contributions of the greater of (1) \$5,000 ne 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	Part II, line 13,	16a, or 16b, and that			
during the year.	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rectotal contributions of more than \$1,000 exclusively for religious, charitable, scienthe prevention of cruelty to children or animals. Complete Parts I, II, and III					
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recontributions exclusively for religious, charitable, etc., purposes, but no such contected, enter here the total contributions that were received during the year for an transfer any of the parts unless the General Rule applies to this organization bable, etc., contributions totaling \$5,000 or more during the year	ntributions tota exclusively re pecause it rec	aled more than \$1,000 eligious, charitable, etc , eived <i>nonexclusively</i>			
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not file t it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements o	H of its				
For Paperwork Reduction for Form 990, 990-EZ, or 9		ule B (Form 990	, 990-EZ, or 990-PF) (2016)			

Schedule B (Forr	n 990, 990-EZ, or 990-PF) (2016)		Page 3
Name of organization CHASE FAMILY FOUNDATION		Employer identi	fication number
	OND/110N	37-14	52120
Part II	Noncash Property		_
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SECURITIES	\$ 993 419	2016-12-29
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)