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EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Form **990-PF** Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

| Ford | alendar year 2016 or tax year beginning | | , and ending | | |
|-------------------|---|------------------------------|----------------------|--|--|
| Nan | ne of foundation | | | A Employer identification | number |
| J | S TURNER FAMILY FOUNDATIO | N | | 90-0298087 | 1 |
| | ber and street (or P O box number if mail is not delivered to street | • | Room/suite | B Telephone number | |
| _ | <u>/O TAX DEPT, 10350 BREN R</u> | | | 952-656-46 | 95 |
| | or town, state or province, country, and ZIP or foreign per | ostal code | | C if exemption application is p | ending, check here |
| _ | INNETONKA, MN 55343-9014 | 1 1000 2 2 2 | | | |
| G C | heck all that apply: Initial return | | ormer public charity | D 1. Foreign organizations | s, cneck nere |
| | Final return Address change | Amended return Name change | | Foreign organizations me check here and attach co | seting the 85% test, |
| H C | heck type of organization: X Section 501(c)(3) ex | | | 1 | |
| | | Other taxable private founds | ition | E If private foundation sta under section 507(b)(1) | |
| I Fa | r market value of all assets at end of year J Accounting | | Accrual | F If the foundation is in a | |
| | · · · · · · · · · · · · · · · · · · · | her (specify) | _ | under section 507(b)(1) | |
| | \$ 3,685,343. (Part I, colu | mn (d) must be on cash i | basis.) | | |
| Pa | The total of amounts in columns (b), (c), and (d) may not | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements for charitable purposes |
| _ | necessarily equal the amounts in column (a).) | expenses per books | income | income | (cash basis only) |
| | 1 Contributions, gifts, grants, etc., received | | | N/A | |
| | 2 Check if the foundation is not required to attach Sch B interest on savings and temporary | 317. | 317. | | COLA MIZACIONIMI 4 |
| | 3 cash investments | 3,205. | 66,819. | | STATEMENT 1 STATEMENT 2 |
| | 4 Dividends and interest from securities | 3,203. | 00,013. | | STATEMENT 2 |
| | 5a Gross rents b Net rental income or (loss) | | | | |
| | 68 Net gain or (loss) from sale of assets not on line 10 | 292. | | | |
| Revenue | b Gross sales price for all 292. | | | REC | EIVED |
| ē. | 7 Capital gain net income (from Part IV, line 2) | | 24,806. | 6 | जिल्ला जिल्ला |
| Œ | 8 Net short-term capital gain | | | 8 N()V | 2 2017 9 |
| | 9 Income modifications | | | 100 | 1 2 2 |
| | 10a and allowances | | | OGD | EN UT |
| | D Less Cost of goods sold | | | ļ | |
| | c Gross profit or (loss) | 208,226. | 501. | ļ | STATEMENT 3 |
| | 11 Other income 12 Total. Add lines 1 through 11 | 212,040. | 92,443. | | STATEMENT 3 |
| | 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc | 0. | 0. | | t |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | · · · · · · | | | |
| 808 | 16a Legal fees | | | | |
| penses | b Accounting fees | | | | |
| | c Other professional fees STMT 4 | 7,000. | 0. | | 7,000. |
| ξě | 17 Interest | | | | |
| Administrative Ex | 18 Taxes | | | | |
| ij | 19 Depreciation and depletion | | | | |
| 5 | 20 Occupancy | | | | |
| Ď | 21 Travel, conferences, and meetings | | | | |
| g | 23 Other expenses STMT 5 | 669. | 14,999. | | 651. |
| iţi | 24 Total operating and administrative | | | | |
| Operating and | expenses. Add lines 13 through 23 | 7,669. | 14,999. | <u> </u> | 7,651. |
| Õ | 25 Contributions, gifts, grants paid | 200,000. | | | 7,651. 200,000. |
| | 26 Total expenses and disbursements. | | | | |
| | Add lines 24 and 25 | 207,669. | 14,999. | _ | 207,651. |
| | 27 Subtract line 26 from line 12: | | | ĺ | |
| | 8 Excess of revenue over expenses and disbursements | 4,371. | 77 444 | | |
| | b Net investment income (if negative, enter -0-) | | 77,444. | N/A | |
| | c Adjusted net income (# negative, enter -0-) 11-23-18 LHA For Paperwork Reduction Act Notic | e see instructions | L | T 4/ 7 | Form 990-PF (2016) |
| 6235 | OI 11-23-10 LTPA I VIT E PCI WOLK NOUVUUN AGI NOUG | o, occ iliquuviiviib. | | | 1 011111 2 2 CT F (2010) |

| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 | | T |
|---|---|----|--------------------|
| | (must agree with end-of-year figure reported on prior year's return) | 1] | _3,670,298. |
| 2 | Enter amount from Part I, line 27a | 2 | 4,371. |
| 3 | Other increases not included in line 2 (itemize) FAIR MARKET VALUE ADJUSTMENT | 3 | 10,674. |
| 4 | Add lines 1, 2, and 3 | 4 | 3,685,343. |
| 5 | Decreases not included in line 2 (itemize) | 5 | 0. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 3,685,343. |
| _ | | | Farm 000 DE (0040) |

| (a) List and descr | and Losses for Tax or ibe the kind(s) of property sold rehouse; or common stock, 200 | (e.g., real estate, | Micome | 1 P- | ow acquired Purchase Donation | | ate acquired ., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|--|--|--------------------------------------|----------|-------------------------------------|------------|---------------------------------------|----------------------------------|
| 18 MORGAN STANLEY | | | | | P | | | |
| b FROM SCHEDULE I | K-1S | | | | P | | | |
| С | | | | | | | | |
| <u>d</u> | | | | | | | | |
| <u>e</u> | | | | <u>_</u> | | <u> </u> | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | i) Gain or (loss) plus (f) minus (| (g) |
| a 292. | - <u> </u> | | | \dashv | | | | 292. |
| <u>b</u> | | | | | | | | 24,514 |
| <u>c</u> | | | | | | | | |
| <u>d</u> | | | | -+ | | | | |
| Complete only for assets showin | o osin in column (b) and owned | L by the foundation | on 12/31/69 | - | | (I) Cause | s (Col. (h) gain | minue |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Ex | cess of col. (i) col. (j), if any | \dashv | C | ol. (k), b | ut not less that ses (from col. (| 1 -0-) or |
| | | - | | \dashv | | | | 292 |
| a b | | - | | \dashv | | | | 24,514 |
| C | | _ | | \dashv | | | | <u> </u> |
| ' | | | | \dashv | | | | |
| е | | | | - | | | | |
| 2 Capital gain net income or (net ca | | enter in Part I, line er -0- ın Part I, line | | 7 | 2 | | | 24,806 |
| , , | | | | ¹ | - | _ | | 21,000 |
| Net short-term capital gain or (los if gain, also enter in Part I, line 8, | | 5) and (6): | | ٦١ | | | | |
| if (loss), enter -0- in Part I, line 8 | column (c). | | | 71 | 3 | | N/A | |
| | nder Section 4940(e) | for Reduced | Tax on Net | Inve | stment | ncome | | |
| f section 4940(d)(2) applies, leave the Was the foundation liable for the sect f "Yes," the foundation does not qual Enter the appropriate amount in e | tion 4942 tax on the distributabl | ot complete this pa | ırt. | | | | | Yes X No |
| (a) Base period years | (b) | | Net value of no | (c) | tahle-use asse | ıts. | Distrib | (d) oution ratio |
| Calendar year (or tax year beginnii | ''y '''; | 195,579. | Not value of the | | 848,20 | | (coi. (b) aiv | nded by col. (c)) |
| 2015 2014 | | 177,676. | | | 875,17 | | | .045850 |
| 2013 | | 163,650. | | | 622,51 | | | .04517 |
| 2012 | | 168,972. | | | 359,29 | | | .050300 |
| 2011 | | 156,174. | | | 404,38 | | | .045874 |
| 2 Total of line 1, column (d) | | | <u> </u> | | | | 2 | .23802 |
| 3 Average distribution ratio for the | 5-year base period - divide the t | otal on line 2 by 5, | or by the number | r of yea | rs | | | |
| the foundation has been in exister | nce if less than 5 years | | | | | _,] ; | 3 | .047605 |
| 4 Enter the net value of noncharitab | | | | | | | 4 | 3,782,531 |
| 5 Multiply line 4 by line 3 | | - ••• | | ••• | | <i>"</i> | 5 | 180,067 |
| e manapy mie v by mie v | • | | • | | | H | | |
| | | | | | | | | |
| 6 Enter 1% of net investment incon | ne (1% of Part I, line 27b) | | | ···· | | · | 8 | 774 |
| | ne (1% of Part I, line 27b) | | | · | | | 7 | - |
| Enter 1% of net investment incon Add lines 5 and 6 Enter qualifying distributions fron | n Part XII, line 4 | | | | | | | 774 180,841 207,651 |
| 7 Add lines 5 and 6 | n Part XII, line 4 | | | | tax rate. | | 7 | 180,841 |

| | 990-PF (2016) JS TURNER FAMILY FOUNDATION | | <u>0298</u> | | | Page 4 |
|------------------|--|---------|-------------|----------|---------------|--------------------|
| | rt VI) Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or | 4948 | - see i | nstru | ctio | ns) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | 1 | 1 | | | |
| · | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1% | 1 | <u> </u> | | | <u>74.</u> |
| | of Part I, line 27b | 1 | Į . | | | |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | | _ | _ |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | ļ | | | <u>0.</u> |
| 3 | Add lines 1 and 2 | 3 | └ | | 7 | 74. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | <u> </u> | | | <u>0.</u> |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | . | | | 74. |
| 6 | Credits/Payments: | | l | | | |
| | 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 6,321 | ╛ | | | | |
| | Exempt foreign organizations - tax withheld at source | 4 | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c | 4 | | | | |
| d | Backup withholding erroneously withheld . 6d . | _ _ | 1 | | _ | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | | | <u>6,3</u> | <u>21.</u> |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | 5,5 | <u>47.</u> |
| | Enter the amount of line 10 to be: Credited to 2017 estimated tax | 11 |] | | | 0. |
| Pa | rt VII-A Statements Regarding Activities | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven | ne in | | | Yes | |
| | any political campaign? . | | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition | n)? | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials public | shed o | r | | | |
| | distributed by the foundation in connection with the activities. | | | | | |
| C | Did the foundation file Form 1120-POL for this year? | | | 10 | [_ | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | |
| | (1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ | • | | l | | ļ |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | _ | | | | |
| | managers. ► \$ 0. | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | ĺ | Х |
| | If "Yes," attach a detailed description of the activities. | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation | , or | | 1 | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | ľ | X |
| 48 | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | Х |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | N | I/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | _ | · | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| | By language in the governing instrument, or | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state. | ite law | | l | l | |
| | remain in the governing instrument? | | | 6 | х | 1 |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X | (V | | 7 | Х | |
| | | | • | | | |
| 88 | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | | |
| | MN | | | | | |
| ŧ | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | l | I | l |
| • | of each state as required by General Instruction G? If "No," attach explanation | | | 8ь | х | Į. |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca | lendar | | <u> </u> | - | |
| • | year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV | | | 9 | Ī | х |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing ther names and addresses | | •• | 10 | \vdash | $\bar{\mathbf{x}}$ |
| _ . ~ | The same and a second s | • • | · | | \ <u>\</u> | (2016) |

| Pa | rt VII-A Statements Regarding Activities (continued) | | | |
|----|---|----------------|------------|----------|
| | | T^{-} | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | ľ | |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 2 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | 1 | l | |
| _ | If "Yes," attach statement (see instructions) SEE STATEMENT 8 | 12 | X | ! |
| 3 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► N/A The books are in care of ► MARGARET BOZESKY, C/O TAX DEPT Telephone no. ►952-6 | <i>C A</i> | <u> </u> | |
| 4 | The books are in care of ► MARGARET BOZESKY, C/O TAX DEPT Located at ► 10350 BREN ROAD WEST, MINNETONKA, MN ZIP+4 ► 5 | | | |
| _ | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | 343 | -30 | 14 |
| J | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | ٠ |
| R | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | ĪΝ |
| • | securities, or other financial account in a foreign country? | 16 | 63 | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | " | L | ┼ᢚ |
| | foreign country | İ | | |
| 9 | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | ۰ | | <u> </u> |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | Т | Yes | N |
| 18 | During the year did the foundation (either directly or indirectly): | | | ΤŤ |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 1 | l | ł |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | ļ | f | |
| | a disqualified person? | ì | | 1 |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | į . | ĺ | l |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | ľ |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | 1 | ſ | l |
| | for the benefit or use of a disqualified person)? | İ | | ľ |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | 1 | İ | ì |
| | if the foundation agreed to make a grant to or to employ the official for a period after | | 1 | ŀ |
| | termination of government service, if terminating within 90 days.) | | | 1 |
| t | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | 1 | } | l |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | L | X |
| | Organizations relying on a current notice regarding disaster assistance check here | | | ĺ |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | ١ |
| _ | before the first day of the tax year beginning in 2016? | 1c | ├ — | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | İ | ł | |
| | defined in section 4942(j)(3) or 4942(j)(5)): | 1 | j | |
| ě | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? Yes X No | 1 | Ì | 1 |
| | If "Yes," list the years > , , , , | 1 | ļ | l |
| | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | 1 | | |
| • | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | 1 | ì | 1 |
| | statement - see instructions.) N/A | 2b | | 1 |
| • | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | - | ┢─ | ┢╌ |
| | | | [| ļ |
| 38 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | 1 | 1 | 1 |
| ŧ | of "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after | 1 | | |
| | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | 1 | } | } |
| | of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | 1 | ļ | 1 |
| | Form 4720, to determine if the foundation had excess business holdings in 2016.) | 3b | | |
| 48 | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| ı | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | Γ |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2016? | 4b | | X |

| orm 990-PF (2016) US TURNER FAMILI FOUNDAT | | | 90-02980 | 87 | Page 6 |
|---|---------------------------------------|-----------------------------|--|----------------|---------------------|
| Part VII-B Statements Regarding Activities for Which F | orm 4/20 May be h | required (contin | ued) | | |
| 5a During the year did the foundation pay or incur any amount to: | 40.457.330 | Г—¬ | (Table 1) | - 1 | 1 |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | • • • • | | es X No | - 1 | |
| (2) Influence the outcome of any specific public election (see section 4955); or | r to carry on, directly or indire | | (2 27 | - } | 1 |
| any voter registration drive? | • | | 8 X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | | Ye | es X No | - 1 | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | ı | |
| 4945(d)(4)(A)? (see instructions) | | | es X No | 1 | } |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or fo | | | | 1 |
| the prevention of cruelty to children or animals? | | | 88 🛣 No | 1 | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | ler the exceptions described ii | n Regulations | | . | ; |
| section 53 4945 or in a current notice regarding disaster assistance (see instru- | ctions)? | | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance check hi | ere | | ▶∟」 | | i., |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | | i | 1 | 1 ; |
| expenditure responsibility for the grant? | N | /A 🔲 Ye | 8 🗔 No | - 1 | 1 |
| If "Yes," attach the statement required by Regulations section 53.4945 | 5-5(d). | | Ĭ | 1 | İ |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p | pay premiums on | | | - 1 | 1 |
| a personal benefit contract? | | Ye | es 🗶 No |] |] ; |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | I - | 6b | Х |
| If "Yes" to 6b, file Form 8870. | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | | es 🛣 No | | 1 . |
| b_lf "Yes," did the foundation receive any proceeds or have any net income attribu | | : | | 7b | _ |
| Part VIII Information About Officers, Directors, Trusto | | nagers, Highly | | | |
| Paid Employees, and Contractors | , | | • | | |
| List all officers, directors, trustees, foundation managers and their | compensation. | | | | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to | (e) E | xpense nt, other |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | employee benefit plans and deferred compensation | accou allov | nt, other vances |
| SUSAN R. TURNER | PRESIDENT/SEC | | | | |
| C/O TAX DEPT 10350 BREN ROAD WEST | | { | [| 1 | |
| MINNETONKA, MN 55343 | 12.00 | l o. | 0. | ŀ | 0. |
| JEFFREY S. TURNER | VICE PRESIDEN | | | | <u></u> - |
| C/O TAX DEPT 10350 BREN ROAD WEST | | [, | ſ` | ł | |
| MINNETONKA, MN 55343 | 1.00 | 0. | l o. | | 0. |
| | | REQUIRED) | | | |
| C/O ARBOR PHILANTHROPY, 60 SOUTH 6TH | DIRECTOR (AD | (LIQUINED) | ł | } | |
| MINNEAPOLIS, MN 55402 | 0.00 | 0. | 0. | l | 0. |
| TINNERIODID, IN 33402 | 0.00 | | - | | <u> </u> |
| | | ĺ | | | |
| | | } | } | l | |
| Compensation of five highest-paid employees (other than those inc | luded on line 1). If none | enter "NONE " | L | | |
| Compensation of the highest-paid employees (outer diam diose me | (b) Title, and average | enter HONE. | (d) Contributions to | (a) F | YDense |
| (a) Name and address of each employee paid more than \$50,000 | ``'hours per week ` | (c) Compensation | employee benefit plans and deterred | accou | xpense nt, other |
| NONE | devoted to position | | compensation | allov | vances |
| NONE | | | | ĺ | |
| | | | | <u> </u> | |
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| | | | Į | | _ |
| | <u>-</u> | | <u> </u> | L | |
| Total number of other employees paid over \$50,000 | | | ▶ | | 0 |
| | | | Form | 990-P | F (2016) |

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| | <u> 298087</u> | Page 7 |
|--|-----------------|--------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Co | ompensation |
| NONE | | |
| | | |
| | ŀ | |
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| - | | |
| | | |
| | Į | |
| 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 relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expen | ses |
| 1 PLANNING AND CARRYING OUT GRANT-MAKING TO OTHER UNRELATED | | _ |
| CHARITABLE ORGANIZATIONS | | |
| | | 0. |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amou | int |
| 1 NONE | | |
| | | 0. |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 NONE | | |
| | | |
| | | |
| | | |
| | | 0. |
| Total. Add lines 1 through 3 | | 0. |
| | Form 990 |)-PF (2016) |

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndation | is, see instructions.) |
|----|--|----------|------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 113,608. |
| b | Average of monthly cash balances | 15 | 217,092. |
| C | Fair market value of all other assets | 1c | 3,509,433. |
| đ | Total (add lines 1a, b, and c) | 1d | 3,840,133. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | ſ | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 3,840,133. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 57,602. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 3,782,531. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 189,127. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | d certai | n |
| 1 | Minimum investment return from Part X, line 6 | 1 | 189,127. |
| 2a | Tax on investment income for 2016 from Part VI, line 5 | | |
| b | Income tax for 2016. (This does not include the tax from Part VI.) | 1 | |
| C | Add lines 2a and 2b | 2c | 774. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 188,353. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 188,353. |
| 8 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 188,353. |
| E | Part XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | 005 654 |
| 8 | | 1a | 207,651. |
| b | | _1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | i i | |
| 8 | Suitability test (prior IRS approval required) | 3a | |
| b | | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 207,651. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b | 5 | 774. |
| ß | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 206,877. |
| · | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | بنا | |

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2015 | (c) 2015 | (d) 2016 |
|---|---------------|----------------------------|-------------|---------------------------|
| 1 Distributable amount for 2016 from Part XI, | | | | |
| line 7 | | : | | 188,353. |
| 2 Undistributed income, if any, as of the end of 2016: | | | | |
| a Enter amount for 2015 only | | | 170,357. | |
| b Total for prior years: | | | | |
| · l | | 0. | | |
| 3 Excess distributions carryover, if any, to 2016: | | | | |
| a From 2011 | | | | |
| b From 2012 | | | | in |
| c From 2013 | | | | |
| dFrom 2014 | | | | 18 |
| e From 2015 | • | | | ' |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2016 from | | | | |
| Part XII, line 4: ►\$ 207,651. | | | 170 257 | |
| a Applied to 2015, but not more than line 2a | | | 170,357. | |
| b Applied to undistributed income of prior | | 0. | | |
| years (Election required - see instructions) | | | | |
| c Treated as distributions out of corpus | 0. | i | | |
| (Election required - see instructions) | | | | 37,294. |
| d Applied to 2016 distributable amount | 0. | | | 31,234. |
| e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2016 | 0. | | | 0. |
| (If an amount appears in column (d), the same amount | | | | |
| must be shown in column (a)) 6 Enter the net total of each column as indicated below: | | | | |
| | 0. | | | |
| a Corpus Add lines 31, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| 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 | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2015. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2016. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2017 | | | | 151,059. |
| 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) | 0. | | | |
| 8 Excess distributions carryover from 2011 | ! | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2017. | _ | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2012 | | İ | | |
| b Excess from 2013 | | | | |
| c Excess from 2014 | | | | |
| d Excess from 2015 | | | | |
| e Excess from 2016 | | <u> </u> | <u> </u> | Form 900-DE (2016) |

| | ER FAMILY F | | | | 298087 Page 10 |
|---|------------------------------|-----------------------------|--------------------------|---------------------------------------|---------------------------------------|
| Part XIV Private Operating F | oundations (see ins | structions and Part VII | A, question 9) | N/A | |
| 1 a If the foundation has received a ruling of | r determination letter that | it is a private operating | | | · · · · · · · · · · · · · · · · · · · |
| foundation, and the ruling is effective fo | r 2016, enter the date of t | the ruling | ▶ | | |
| b Check box to indicate whether the found | dation is a private operatir | ig foundation described i | | 4942(j)(3)_or4 | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | (e) Total |
| investment return from Part X for | | Ì | Ì | | 1 |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | | | <u> </u> |
| d Amounts included in line 2c not | | ļ | _ | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | <u> </u> |
| Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | | | <u> </u> |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | - | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | | İ | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | | |
| dividends, rents, payments on | | | | Ì | |
| securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public | | | | | |
| and 5 or more exempt | | | | | |
| organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | | | † |
| Part XV Supplementary Info | rmation (Comple | te this part only | if the foundatio | n had \$5,000 or m | ore in assets |
| at any time during t | the year-see insti | ructions.) | | | |
| 1 Information Regarding Foundation | on Managers: | | | | |
| a List any managers of the foundation wh | _ | than 2% of the total cont | ributions received by th | ne foundation before the cl | ose of any tax |
| year (but only if they have contributed r | nore than \$5,000). (See s | section 507(d)(2).) | | | |
| NONE | | | | | |
| b List any managers of the foundation wh | | | or an equally large por | tion of the ownership of a | partnership or |
| other entity) of which the foundation ha | s a 10% or greater interes | st. | | | |
| NONE | | | | | |
| 2 Information Regarding Contribut | ion, Grant, Gift, Loan | , Scholarship, etc., Pr | ograms: | · · · · · · · · · · · · · · · · · · · | |
| Check here X if the foundation of | only makes contributions | to preselected charitable | organizations and does | not accept unsolicited rec | uests for funds. If |
| the foundation makes gifts, grants, etc. | (see instructions) to Indiv | viduals or organizations u | nder other conditions, | complete items 2a, b, c, ar | nd d. |
| a The name, address, and telephone num | ber or e-mail address of t | the person to whom appli | cations should be addr | essed: | |
| | | | | | |
| b The form in which applications should l | be submitted and informa | tion and materials they sh | nould include: | | |
| c Any submission deadlines: | | | - | | |
| d Any restrictions or limitations on award | s. Such as hy geographic | al areas, charitable fields | kinds of institutions of | r other factors | |
| C. S., 1992 Shorts of Milliagons on award | , saa as as goograpino | | 0 | | |
| | | | | | |
| | | | | | |

| Grants and Contributions Paid During the | | Payment | | |
|--|--|--|----------------------------------|--------|
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| a Paid during the year | or substantial contributor | recipient | | |
| | | | | |
| CADEMY OF THE HOLY NAMES | NOT RELATED | PC | ENDOWED ST. CLARE | |
| 319 BAYSHORE BLVD. AMPA, FL 33629 | | | SCHOLARSHIP | 15 0 |
| AMER, EB 33025 | | | 1 | 15,00 |
| ACADEMY PREP CENTER OF TAMPA - V.M. | NOT RELATED | PC | HOPE ENDOWED | |
| BOR CAMPUS | | | SCHOLARSHIP | |
| 1407 EAST COLUMBUS DRIVE | | ļ | | |
| PAMPA, FL 33605 | | | | 2,00 |
| | | |] | |
| ALL CHILDREN'S HOSPITAL | NOT RELATED | PC | BOSONOPHILLIC | |
| 500 7TH AVE SOUTH | | 1 | ESOPHOGITIS OR G.I. | |
| ST PETERSBURG, FL 33731 | | | RESEARCH | 1,00 |
| | | | | |
| ALZHEIMER'S SUPPORT NETWORK | NOT RELATED | PC | ENDOWMENT | |
| 660 TAMIAMI TRAIL NORTH, STE. 21 | | | | |
| NAPLES, FL 34102 | | <u> </u> | | 1,00 |
| | | | | |
| AMERICAN CAMP ASSOCIATION | NOT RELATED | PC | CAMP FOLEY SCHOLARSHIP | |
| 5000 STATE ROAD 67 NORTH | | 1 | FUND | |
| MARTINSVILLE, IN 46151-7902 Total SEE CC | NTINUATION SHE | <u> </u> የጥ/ ፍ \ | | 200,00 |
| b Approved for future payment | <u> </u> | 77 (10 7 | | 200,00 |
| | İ | | 1 | |
| NONE | | | } | |
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| 7.1.1 | | <u></u> | <u> </u> | |
| Total | | | | |

| 3 Grants and Contributions Paid During the | | | | |
|--|--|--|----------------------------------|-------------|
| . Recipient . Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (nome of business) | or substantial contributor | recipient | | |
| | | 1 | | |
| ATHOLIC COMMUNITY FOUNDATION | NOT RELATED | РC | TURNER DONOR ADVISED | |
| 2610 UNIVERSITY AVE W, STE 500 | | 1 | FUND | |
| ST PAUL, MN 55114-1090 | | | | 15,00 |
| CINCINNATI CHILDRENS HOSPITAL - | NOT RELATED | PC | CINCINNATI CENTER FOR | |
| CENTER FOR EOSINOPHILIC DISORDERS | | | EOSINOPHILLIC | |
| PO BOX 5202 | | | DISORDERS | |
| CINCINNATI, OH 45201-5202 | | <u> </u> | | 25,00 |
| | | | | |
| DIOCESE OF ST. PETERSBURG CATHOLIC FOUNDATION | NOT RELATED | PC | CATHOLIC FOUNDATION'S | |
| PO BOX 40200 | | | FUND FOR ST PETER CLAVER | |
| ST PETERSBURG, FL 33743-0200 | | 1 | | 2,00 |
| | | | | |
| DIOCESE OF ST. PETERSBURG CATHOLIC | NOT RELATED | ₽C | CATHOLIC CHARITIES | |
| FOUNDATION PO BOX 40200 | | | ENDOWMENT FOR | |
| ST PETERSBURG, PL 33743-0200 | | 1 | FOUNDATIONS FOR LIFE PROGRAM | 1,00 |
| DI 1212ABBORG, 12 33743 0200 | | | FROGRAM | 1,00 |
| DIOCESE OF ST. PETERSBURG CATHOLIC | NOT RELATED | PC | ANNUAL PASTORAL APPEAL | |
| FOUNDATION | | I |]] | |
| PO BOX 40200 | | | | |
| ST PETERSBURG, FL 33743-0200 | | | | 2,00 |
| | | | | |
| FLORIDA K OF C CHARITIES, INC. | NOT RELATED | ec | HELPING LIFE FUND | |
| 8260 NW 68TH TERRACE | | | 1 | |
| TAMARAC, FL 33321 | | | | 1,00 |
| FLORIDA WEST COAST PUBLIC | NOT RELATED | PC | ENDOWMENT | |
| BROADCASTING, INC. | | |] | |
| 1300 NORTH BOULEVARD | | 1 | 1 | |
| TAMPA, FL 33607-5699 | | | | 1,00 |
| FOOD ALLERGY AND ANAPHYLAXIS | NOT RELATED | PC | EDUCATION OF CHILDREN | |
| CONNECTION TEAM | | | WITH B.O.B. AND THE | |
| PO BOX 511 | | | CAMP | |
| WEST CHESTER, OH 45071 | | | | 2,00 |
| | | | | |
| FRANCISCAN CENTER | NOT RELATED | PC | endowment | |
| 3010 N. PERRY AVE. | | 1 | 1 | |
| TAMPA, FL 33603 | | | | 1,00 |
| | | | | |
| GONZAGA UNIVERSIRY | NOT RELATED | PC | SMR SCHOLARSHIP AT | |
| 502 EAST BOONE AVENUE | | 1 | MATER DEI INSTITUTE | |
| SPOKANE, WA 99258-0101 Total from continuation sheets | | <u> </u> | FOR VOCATIONS | 1,00 |

| Part XV Supplementary Informatio | n | | | 8087 |
|--|--|----------------------|--|--------|
| 3 Grants and Contributions Paid During the | Year (Continuation) | | | |
| Recipient | If recipient is an individual, | | | |
| _ | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | OUTUING BOTT | |
| | | | | |
| GONZAGA UNIVERSIRY | NOT RELATED | ₽C | SCHOLARSHIP ENDOWMENT | |
| 502 EAST BOONE AVENUE | Ì |] | 1 | |
| SPOKANE, WA 99258-0101 | | | | 1,0 |
| ELPING HANDS FOR THE POOR, INC. | NOT RELATED | PC | GENERAL OPERATIONS | |
| 7461 SW 129TH AVENUE | | ľ | | |
| MIAMI, FL 33183 | | | 1 | 5,0 |
| 111111, 111 33103 | | | | |
| HOPE COMMUNITY CENTER, INC. | NOT RELATED | ec | GENERAL OPERATIONS | |
| L016 NORTH PARK AVENUE | | l | l l | |
| APOPKA, FL 32712 | | | | 5,0 |
| | | | | |
| IMMACULATE HEART CHURCH | NOT RELATED | PC | YOUTH RELIGIOUS | |
| PO BOX 155 | - 1 | | EDUCATION | |
| CROSSLAKE, MN 56442 | | | | 2,0 |
| TAMA CIVI AMP UPADM CUITBOU | NOT RELATED | ha a | ENT OF THE PARTY. | |
| IMMACULATE HEART CHURCH PO BOX 155 | NOT RELATED | PC | ENDOWMENT | |
| CROSSLAKE, MN 56442 | } | | 1 | 1,0 |
| S. Obbaran, III Joseph | | | | |
| JESUIT HIGH SCHOOL OF TAMPA | NOT RELATED | PC | PROFESSIONAL | |
| 4701 NORTH HIMES AVENUE | | | DEVELOPMENT ENDOWMENT | |
| FAMPA, FL 33614 | | | FUND | 5,0 |
| LOWRY PARK ZOOLOGICAL SOCIETY OF | NOT RELATED | PC | GENERAL OPERATIONS | |
| TAMPA, INC. | | | 1 | |
| 1101 W SLIGH AVENUE | | Ì | 1 | |
| PAMPA, FL 33604 | | | | 1,0 |
| | | | | |
| MAYO CLINIC | NOT RELATED | PC | ENDOWMENT | |
| 200 FIRST STREET SW | | | | 1 ^ |
| ROCHESTER, MN 55905 | | | | 1,0 |
| MISSIONARY SISTERS OF ST. COLUMBAN | NOT RELATED | PC | MISSION WORK OF THE | |
| 2546 LAKE ROAD | ì | 1 | COLUMBAN SISTER | |
| SILVER CREEK, NY 14136-9726 | | | | 10,0 |
| MISSIONARY SOCIETY OF SALESIAN | NOT RELATED | PC | PROFESSIONAL | |
| SISTERS | | | DEVELOPMENT ENDOWMENT | |
| 659 BELMONT AVE |) | 1 | FUND AT VILLA MADONNA | |
| NORTH HALEDON, NJ 07508 | 1 | | ECHOOL | 5,0 |

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or **Amount** status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient MISSIONARY SOCIETY OF SALESIAN NOT RELATED PC FACILITY IMPROVEMENTS SISTERS AT VILLA MADONNA 659 BELMONT AVE всноог NORTH HALEDON, NJ 07508 30,000. RENEW HAITI NOT RELATED РC RADIO DEL SOLEIL 821 SOUTH DALE MABRY HIGHWAY TAMPA, FL 33609 5,000. RENEW HAITI TEENS FOR HAITI NOT RELATED РC 821 SOUTH DALE MABRY HIGHWAY GENERAL OPERATIONS TAMPA, FL 33609 5,000. SALESIAN SISTERS OF ST JOHN BOSCO NOT RELATED PC THANKSGIVING BASKET 315 W COLUMBUS DRIVE TAMPA, FL 33602 5,000. SEATTLE UNIVERSITY NOT RELATED ÞС INSTITUTE OF PUBLIC 901 12TH AVENUE, ADMIN 120 SERVICE ENDOWMENT SEATTLE, WA 98122-1090 1,000. SOCIETY OF THE PROPAGATION OF THE NOT RELATED ÞС LUSUBILO ORPHAN CARE FAITH - BISHOP LUDDEN HIGH SCHOOL PROJECT 815 FAY ROAD SYRACUSE, NY 13219 5,000. ST ALICE CATHOLIC CHURCH NOT RELATED РC RELIGIOUS EDUCATION PO BOX 759 PEQUOT LAKES, MN 56472 2,000. ST JOSEPH'S HOSPITAL FOUNDATION NOT RELATED BO III FI CHILDREN'S HOSPITAL 2700 W. DR. MARTIN LUTHER KING BLVD ENDOWMENT STE 310 TAMPA, FL 33607 5,000. TAMPA BAY PERFORMING ARTS CENTER NOT RELATED ÞС BCHOLARSHIP FOR ST 1010 NORTH WC MACINNES PLACE PETER CLAVER SCHOOL -TAMPA, PL 33602 PATEL 5,500. TAMPA GENERAL HOSPITAL NOT RELATED ÞС ENDOWMENT FOR G.I. PO BOX 1289, ROOM H149 DISORDERS TAMPA, FL 33601-1289 1,000. Total from continuation sheets

| Part XV Supplementary Information | on | | | |
|--|--|----------------------|--|-------------|
| 3 Grants and Contributions Paid During the | | | | |
| Recipient | If recipient is an individual. | 7 | 7 | |
| ` | 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 | Contraducti | |
| | | 1 | | |
| TAMPA PREPARATORY SCHOOL | NOT RELATED | ₽C | JOE FENLON INITIATIVE | |
| 727 WEST CASS STREET | | 1 | IN THE MIDDLE SCHOOL | |
| FAMPA, FL 33606 | | <u> </u> | | 20,0 |
| THE CONVENT AND ACADEMY OF THE | NOT RELATED | PC | SED VITAE SOCIETY | |
| VISITATION | | [] | 500.511 | |
| 2455 VISITATION DRIVE | į | | 1 1 | |
| MENDOTA HEIGHTS, MN 55120 | | | | 2,0 |
| UNIVERSITY OF MINNESOTA FOUNDATION | NOT RELATED | ₽C | SUPPORT FOR | |
| MCNAMARA ALUMNI CENTER - 200 OAK | 101 KULKIBU | 1 | INTERNATIONAL ADOPTION | |
| STREET SE SUITE 500 MINNEAPOLIS, MN | } | 1 | CLINIC ADOPTION | |
| 55455-2010 | | | PHIMIC | 3,0 |
| | | | | |
| URBI ET ORBI COMMUNICATION, INC. | NOT RELATED | PC | GENERAL OPERATIONS | |
| 14 WEST MAIN STREET | WI KEIRIED | <u> </u> | DEMENT OF BRAILIONS | |
| FRONT ROYAL, VA 22630 | | | į į | 2,5 |
| | | | | 2,3 |
| | | | | |
| VISITATION MONASTERY | NOT RELATED | PC | INTER-CITY YOUTH | |
| 1527 FREMONT AVENUE NORTH | | 1 | PROGRAM FUND | |
| MINNEAPOLIS, MN 55411 | - | | | 1,0 |
| | | 1 | | |
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| | | 1 | | |
| Total from continuation sheets | | | | |

| Part XVI-A | Analysis of | Income-Producing | Activities |
|------------|-------------|------------------|------------|
|------------|-------------|------------------|------------|

| | I Unrelated | business income | Evelue | ded by section 512, 513, or 514 | |
|--|-------------------------|-----------------|------------------------|---------------------------------|---------------------------------------|
| Enter gross amounts unless otherwise indicated. | (a) Business code | (b) Amount | Exclu- sion code | (d) Amount | (e) Related or exempt function income |
| 1 Program service revenue: | COUG | | 1 | | |
| a b | | | \vdash | | |
| | - } | | 1 | | |
| 4 | - } | | \vdash | | |
| • | · | | \vdash | | |
| | · | | | | |
| g Fees and contracts from government agencies | - | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | , j | | 14 | 317. | |
| 4 Dividends and interest from securities | | | 14 | 317. 3,205. | |
| 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 | L | | L _ | | |
| 7 Other investment income | | _ | 14 | 208,226. | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 292. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | 1 | | | | |
| a | - L | | | | |
| b | - | | | | |
| c | | | | | |
| d | - | | <u> </u> | | |
| e | - | | <u> </u> | | |
| 12 Subtotal. Add columns (b), (d), and (e) | <u> </u> | 0. | <u></u> | 212,040. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | . 13 | 212,040. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities | | | | | |
| Line No. Explain below how each activity for which inc the foundation's exempt purposes (other tha | | | contrib | uted importantly to the accom | plishment of |
| N/A | | | | | |
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623621 11-23-16

| Form 990-PF (2) | 016)JS_TU | RNER FAMI. | LY FOU | NDATION | | 90-02 | <u>98087</u> | Pa | ige 13 |
|------------------|--|---------------------------|------------------|---|-----------------------|-------------------------------|---|--|--|
| Part XVII | Information Re Exempt Organ | | sfers To a | and Transactions a | ind Relations | hips With Nonch | naritabl | е | |
| 1 Did the org | ganization directly or indir | rectly engage in any o | of the followin | g with any other organization | n described in sect | on 501(c) of | | Yes | No |
| | other than section 501(c) from the reporting founda | | | 7, relating to political organ | ızatıons? | | 1 | | |
| (1) Cash | nom the reporting loanus | attori to a monenamen | ne eveniht out | gamzation ot, | | | 1a(1) | | X |
| (2) Other | assets | | | | | | 1a(2) | | X |
| b Other trans | | | | | | | 1.572 | | |
| | of assets to a noncharital | ble exempt organizatı | ion | | | | 16(1) | l | X |
| | nases of assets from a noi | | | | | | 1b(2) | | X |
| . , | l of facilities, equipment, | | - | | | | 1b(3) | | X |
| (4) Reimi | bursement arrangements | | | | | | 1b(4) | | X |
| (5) Loans | s or loan guarantees | | | | | | 1b(5) | | X |
| (6) Perfor | rmance of services or me | mbership or fundrais | ing solicitatio | ns | | | 1b(6) | | X |
| c Sharing of | f facilities, equipment, ma | ılıng lısts, other asset | ts, or paid em | ployees | | | 1c | | X |
| d If the ansv | ver to any of the above is | "Yes," complete the fe | ollowing sche | dule. Column (b) should alv | ways show the fair r | narket value of the good | s, other as: | sets, | |
| or service: | s given by the reporting fo | oundation. If the foun | idation receive | ed less than fair market valu | ie in any transactior | n or sharing arrangemen | t, show in | | |
| column (d | I) the value of the goods, (| other assets, or servi | ces received. | | | | | _ | |
| (a)Line no | (b) Amount involved | (c) Name of | noncharitable | e exempt organization | (d) Description | of transfers, transactions, a | nd sharing a | rangeme | ints |
| | | | N/A | | | | | | |
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| in section | ndation directly or indirect 501(c) of the Code (other complete the following schi | r than section 501(c) | | or more tax-exempt organi tion 527? | zations described | | Yes | X |] No |
| | (a) Name of org | | | (b) Type of organization | | (c) Description of relatio | nship | | |
| | N/A | | | | | | | | |
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| | | | | | <u> </u> | | | | |
| | | \ | | <u> </u> | <u> </u> | | | | |
| Sign Here | | nplate Dictaration of pro | parer (other tha | ng accompanying schedules and in taxpayer) is based on all inform 1/- 7 - / 7 Date | | r has any knowledge. | May the IRS return with the shown below Yes | (see ins | OF |
| | Print/Type preparer's na | | Preparer's s | | Date | Check If PTI | N | | |
| | | | | • | | self- employed | | | |
| Paid Preparer | Firm's name ▶ | | L | | | Firm's EIN ▶ | | | |
| Use Only | | | | | | | | | |
| | Firm's address > | | | | | Phone no. | | | |

| FORM 990-PF INTERE | ST ON SAVIN | GS AND TEN | 1PORARY | CASH | INVESTMENTS | ST | ATEMENT | 1 |
|----------------------------------|-----------------|------------------------------|------------------------|---------------------------|---------------------------------|---|-------------------------------|-----|
| SOURCE | | REVI | | | (B) INVESTMENT INCOME | | (C) ADJUSTED NET INCOME | |
| NORTHERN TRUST | | | 317. | | | | | |
| TOTAL TO PART I, LI | 317. | | | 317. | | | | |
| FORM 990-PF | DIVIDENDS | AND INTE | REST FI | ROM SEC | URITIES | ST | ATEMENT | 2 |
| SOURCE | GROSS AMOUNT | CAPITAI GAINS DIVIDENI | F | (A) REVENUE ER BOOK | | | (C) ADJUST NET INC | |
| NORTHERN TRUST | 3,205. | | 0. | 3,20 | 5. 66,8 | 19. | | |
| TO PART I, LINE 4 | 3,205. | | 0. | 3,20 | 5. 66,8 | 19. | | |
| FORM 990-PF | | OTHER : | INCOME | | | ST | ATEMENT | 3 |
| DESCRIPTION | | | (A) REVEI PER BO | WE | (B) NET INVEST MENT INCOM | | (C) ADJUSTE NET INCO | |
| PARTNERSHIP INCOME | | | 20 | 08,226. | 50 | 1. | | |
| TOTAL TO FORM 990-F | F, PART I, | LINE 11 = | 20 | 08,226. | 50 | 1. | | |
| FORM 990-PF | TO | HER PROFE | SSIONAI | L FEES | | ST | ATEMENT | 4 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | NET : | (B) INVEST- INCOME | | | (D) CHARITA PURPOS | |
| MANAGEMENT FEES TAX SERVICE FEES | _ | 5,500 1,500 | | 0 | | | 5,5 1,5 | |
| TO FORM 990-PF, PG | 1, LN 16C | 7,000 | • | 0 | • | | 7,0 | 00. |
| | === | | = ==== | | = | ======================================= | | |

| FORM 990-PF | OTHER E | | STATEMENT 5 | | |
|---|------------------------------|-----------------------------------|------------------------------|-----------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOM | | |
| PORTFOLIO EXPENSES FROM K-1S MISC EXPENSES | 0. 669. | 14,981. | | 0. 651. | |
| TO FORM 990-PF, PG 1, LN 23 | 669. | 14,999. | | 651. | |
| FORM 990-PF | CORPORAT | E STOCK | | STATEMENT 6 | |
| DESCRIPTION | | во | OK VALUE | FAIR MARKET VALUE | |
| SECURITIES AT F.M.V. | | | 124,460. | 124,460. | |
| TOTAL TO FORM 990-PF, PART II | , LINE 10B | | 124,460. | 124,460. | |
| FORM 990-PF | OTHER INV | ESTMENTS | | STATEMENT 7 | |
| DESCRIPTION | | LUATION ETHOD BO | OK VALUE | FAIR MARKET VALUE | |
| INV. IN ADLER BOND FUND, LLC | | | 1,317,572. | 1,317,572. | |
| INV. IN ADLER EQUITY FUND, LL INV. IN ARBOR PHILANTHROPY, L | | FMV FMV | 2,083,655. 145. | 2,083,655. 1 4 5. | |
| TOTAL TO FORM 990-PF, PART II | , LINE 13 | | 3,401,372. | 3,401,372. | |
| FORM 990-PF EXPLANATION CO | ONCERNING PA | RT VII-A, LIN | E 12 | STATEMENT 8 | |

EXPLANATION

THE FOUNDATION IS TREATING THE DISTRIBUTION TO THE CATHOLIC COMMUNITY FOUNDATION DONOR ADVISED FUND AS A QUALIFYING DISTRIBUTION OF \$15,000.

THE DISTRIBUTION IS ANTICIPATED TO BE USED TO ACCOMPLISH THE CREATION OF AN ENDOWMENT TO FUND THE CHARITABLE MISSIONS AND ACTIVITIES OF AN EDUCATION INSTITUTION. THIS EDUCATIONAL PURPOSE IS ALLOWED BY IRC SECTION 170(C)(2)(B).