



Part II Balance Sheets		Attached schedules and amounts in the description column should be for end of year amounts only		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1 Cash - non-interest-bearing			1,478,584.	765,843.	765,843.
	2 Savings and temporary cash investments					
	3 Accounts receivable	28,350.				
	Less: allowance for doubtful accounts			3,976.	28,350.	28,350.
	4 Pledges receivable	132,610.				
	Less: allowance for doubtful accounts			133,283.	132,610.	132,610.
	5 Grants receivable					
	6 Receivables due from officers, directors, trustees, and other disqualified persons					
	7 Other notes and loans receivable					
	Less: allowance for doubtful accounts					
	8 Inventories for sale or use			14,336.	2,857.	2,857.
	9 Prepaid expenses and deferred charges					
	10a Investments - U.S. and state government obligations					
	b Investments - corporate stock					
	c Investments - corporate bonds					
	Liabilities	11 Investments - land, buildings, and equipment basis				
Less: accumulated depreciation						
12 Investments - mortgage loans						
13 Investments - other						
14 Land, buildings, and equipment basis		45,417.				
Less: accumulated depreciation		36,138.		13,009.	9,279.	9,279.
15 Other assets (describe)						
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)				1,643,188.	938,939.	938,939.
17 Accounts payable and accrued expenses				59,248.	42,335.	
18 Grants payable				188,329.	265,113.	
Net Assets or Fund Balances	19 Deferred revenue					
	20 Loans from officers, directors, trustees, and other disqualified persons					
	21 Mortgages and other notes payable					
	22 Other liabilities (describe) OTHER ACCRUED EXPE			21,637.	22,383.	
23 Total liabilities (add lines 17 through 22)			269,214.	329,831.		
Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31	24 Unrestricted			1,154,324.	182,221.	
	25 Temporarily restricted			219,650.	426,887.	
	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					
	28 Paid-in or capital surplus, or land, bldg., and equipment fund					
	29 Retained earnings, accumulated income, endowment, or other funds					
	30 Total net assets or fund balances			1,373,974.	609,108.	
31 Total liabilities and net assets/fund balances			1,643,188.	938,939.		

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,373,974.
2 Enter amount from Part I, line 27a	2	<764,866.>
3 Other increases not included in line 2 (itemize) DONATED SERVICES REVENUE	3	52,918.
4 Add lines 1, 2, and 3	4	662,026.
5 Decreases not included in line 2 (itemize) DONATED SERVICES EXPENSE	5	52,918.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	609,108.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a			
b	NONE		
c			
d			
e			

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

  

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

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			
b			
c			
d			
e			

  

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	
3 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) If (loss), enter -0- in Part I, line 8		3	

**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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	1,673,013.	1,536,526.	1.088828
2015	1,886,952.	1,856,541.	1.016380
2014	1,245,692.	1,606,142.	.775580
2013	654,678.	1,063,087.	.615827
2012	361,930.	746,152.	.485062

2 Total of line 1, column (d)	2	3.981677
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	.796335
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	880,880.
5 Multiply line 4 by line 3	5	701,476.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7 Add lines 5 and 6	7	701,476.
8 Enter qualifying distributions from Part XII, line 4 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 instructions	8	2,246,631.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1 0.
c 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 0.
3 Add lines 1 and 2		3 0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		4 0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5 0.
6 Credits/Payments		
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 0.	
b Exempt foreign organizations - tax withheld at source	6b 0.	
c Tax paid with application for extension of time to file (Form 8868)	6c 0.	
d Backup withholding erroneously withheld	6d 0.	
7 Total credits and payments Add lines 6a through 6d	7 0.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8 0.	
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9 0.	
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11 Enter the amount of line 10 to be Credited to 2018 estimated tax	11	Refunded

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
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 law remain in the governing instrument?	X	
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 XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions <input type="checkbox"/> SEE STATEMENT 6		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If Yes, attach a schedule listing their names and addresses		X

N/A

**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	

Website address **▶ HTTP://WWW.LFOUNDATION.ORG**

14 The books are in care of **▶ NATE MOEN** Telephone no **▶ 952-229-7226**  
 Located at **▶ 2902 CORPORATE PLACE, CHANHASSEN, MN** ZIP+4 **▶ 55317**

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here **▶**  
 and enter the amount of tax-exempt interest received or accrued during the year **▶ 15** N/A

16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?  
 See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country **▶**

	Yes	No
16		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here <b>▶</b> <input type="checkbox"/>	1b	X
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 before the first day of the tax year beginning in 2017?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> _____ , _____ , _____ , _____		
b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions) N/A	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <b>▶</b> _____ , _____ , _____ , _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after 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 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, Form 4720, to determine if the foundation had excess business holdings in 2017) N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	X

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions

N/A

Organizations relying on a current notice regarding disaster assistance, check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870

6b

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 7		143,077.	0.	24,638.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
VALERIA LA ROSA - 2902 CORPORATE PLACE, CHANHASSEN, MN 55317	PROGRAM MANAGER 40.00	77,846.	0.	14,361.
MEGAN STINCHFIELD - 2902 CORPORATE PLACE, CHANHASSEN, MN 55317	NUTRITION PROJECT MANAGER 40.00	59,075.	0.	11,397.
MADLINE AUGUSTIN - 2902 CORPORATE PLACE, CHANHASSEN, MN 55317	MARKETING SPECIALIST 40.00	54,080.	0.	8,517.

Total number of other employees paid over \$50,000

0

(continued)

[illegible]

0

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.		Expenses
1	SEE ATTACHMENT 3	
		513,246.
2	SEE ATTACHMENT 3	
		28,486.
3		
4		

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1	N/A	
2		
	All other program-related investments. See instructions.	
3		
Total. Add lines 1 through 3		0.

0.

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, 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	0.
b	Average of monthly cash balances	1b	894,294.
c	Fair market value of all other assets	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	894,294.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	894,294.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	13,414.
5	<b>Net value of noncharitable-use assets</b> . Subtract line 4 from line 3. Enter here and on Part V, line 4	5	880,880.
6	<b>Minimum investment return</b> . Enter 5% of line 5	6	44,044.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	44,044.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	
b	Income tax for 2017 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	44,044.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	44,044.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	44,044.

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,246,631.
b	Program-related investments - total from Part IX-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		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions</b> . Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,246,631.
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	0.
6	<b>Adjusted qualifying distributions</b> . Subtract line 5 from line 4	6	2,246,631.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				44,044.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2017				
a From 2012	285,604.			
b From 2013	601,529.			
c From 2014	1,165,385.			
d From 2015	1,794,560.			
e From 2016	1,596,187.			
f Total of lines 3a through e	5,443,265.			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 2,246,631.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2017 distributable amount				44,044.
e Remaining amount distributed out of corpus	2,202,587.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below				
a Corpus: Add lines 3f, 4c, and 4e. Subtract line 5	7,645,852.			
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 2016: Subtract line 4a from line 2a. Taxable amount - see instructions			0.	
f Undistributed income for 2017: Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				0.
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)	122,985.			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7	162,619.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	7,360,248.			
10 Analysis of line 9				
a Excess from 2013	601,529.			
b Excess from 2014	1,165,385.			
c Excess from 2015	1,794,560.			
d Excess from 2016	1,596,187.			
e Excess from 2017	2,202,587.			

<b>Part XIV</b>	<b>Private Operating Foundations</b> (see instructions and Part VII-A, question 9)
-----------------	------------------------------------------------------------------------------------

N/A

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling

- b** Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(1)(3) or ☐ 4942(1)(5)

**Part XV** **Supplementary Information** *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
SEE ATTACHMENT 1	NONE		OPERATING	1,045,756.
<b>Total</b>			<b>3a</b>	1,045,756.
<b>b</b> Approved for future payment				
SEE ATTACHMENT 2	NONE		OPERATING	265,113.
<b>Total</b>			<b>3b</b>	265,113.





**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- Attach to Form 990, Form 990-EZ, or Form 990-PF.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047

**2017**

Name of the organization

Employer identification number

LIFE TIME FOUNDATION

03-0533192

Organization type (check 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 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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization <b>LIFE TIME FOUNDATION</b>	Employer identification number <b>03-0533192</b>
-----------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LIFE TIME FITNESS, INC. 2902 CORPORATE PLACE CHANHASSEN, MN 55317	\$ 392,186.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	LIFE TIME FITNESS, INC. 2902 CORPORATE PLACE CHANHASSEN, MN 55317	\$ 77,982.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
3	BAHRAM AKRADI 4300 OAK ROAD MINNETRISTA, MN 55331	\$ 88,707.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	MINNESOTA TIMBERWOLVES 600 HENNEPIN AVENUE, SUITE 300 MINNEAPOLIS, MN 55403	\$ 4,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
5	US BANK 800 NICOLLET MALL MINNEAPOLIS, MN 55402	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
6	AGRA CULTURE KITCHEN 3717 W 50TH ST MINNEAPOLIS, MN 55410	\$ 20,050.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization <b>LIFE TIME FOUNDATION</b>	Employer identification number <b>03-0533192</b>
-----------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MICHAEL & BRITTANY REGER FAMILY FOUNDATION  328 BARRY AVENUE SOUTH, SUITE 310  WAYZATA, MN 55391	\$ 35,995.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
8	MINNESOTA TIMBERWOLVES  600 HENNEPIN AVENUE, SUITE 300  MINNEAPOLIS, MN 55403	\$ 8,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
9	PATT CAVANAUGH  520 FERNDAL ROAD WEST  WAYZATA, MN 55391	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
10	STAR FOUNDATION  9980 DEERBROOK DRIVE  CHANHASSEN, MN 55317	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
11	THOMAS BERGMANN  3782 WOODLAND COVE PKWY  MINNETRISTA, MN 55331	\$ 11,397.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
12	TED BIGOS  560 HARRINGTON ROAD  WAYZATA, MN 55391	\$ 29,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)



Name of organization <b>LIFE TIME FOUNDATION</b>	Employer identification number <b>03-0533192</b>
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**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	CAMBRIA COMPANY LLC 11000 WEST 78TH STREET, SUITE 220 EDEN PRAIRIE, MN 55344	\$ 104,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
14	MICHAEL & BERIT FRANCIS 2905 FOX ST. ORONO, MN 55356	\$ 8,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
15	HOLMES CSM FAMILY FOUNDATION 500 WASHINGTON AVE S. STE 3000 MINNEAPOLIS, MN 55415	\$ 29,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
16	JAMES SPOLAR 5033 DUNKIRK PLACE NORTH PLYMOUTH, MN 55446	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
17	WHITELY FAMILY GIVING FUND C/O FIDELITY 2657 WOODBRIDGE RD WAYZATA, MN 55391	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
18	ELOISE AND CARL POHLAD FAMILY FUND 60 SOUTH SIXTH STREET, SUITE 3900 MINNEAPOLIS, MN 55402	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization <b>LIFE TIME FOUNDATION</b>	Employer identification number <b>03-0533192</b>
-----------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	BAHRAM AKRADI 4300 OAK ROAD MINNETRISTA, MN 55331	\$ 12,900.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
20	CHANCES FOR CHILDREN 1421 SOUTH GRANDVIEW DRIVE TEMPE, AZ 85281	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
21	LEONARD GREEN & PARTNERS LP 11111 SANTA MONICA BOULEVARD, STE 2000 LOS ANGELES, CA 90025	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
22	THE JAY & ROSE PHILLIPS FAMILY FOUNDATION OF MN 615 FIRST AVENUE NE, SUITE 330 MINNEAPOLIS, MN 55413	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
23	INTELLEX FORENSICS 80 S 8TH STREET, IDS CENTER SUITE 900 MINNEAPOLIS, MN 55402	\$ 17,976.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
24	STEVE & MARY LINDHOLM 5625 CHRISTMAS LAKE POINT EXCELSIOR, MN 55331	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization	Employer identification number
<b>LIFE TIME FOUNDATION</b>	<b>03-0533192</b>

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MARTY & ANNE DAVIS 26310 BIRCH BLUFF ROAD EXCELSIOR, MN 55331	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
26	JACOB TRIMBLE 11257 OAK RIDGE CIRCLE NORTH CHAMPLIN, MN 55316	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
27	HOSSEIN & KAZIM MUMTAZ ALIABADI 12 MERILANE AVENUE EDINA, MN 55436	\$ 11,990.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
28	DANHAKL FAMILY FOUNDATION 11111 SANTA MONICA BOULEVARD, STE 2000 LOS ANGELES, CA 90025	\$ 11,990.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
29	JEFFREY ZWIEFEL 1051 WEST 82ND STREET CHASKA, MN 55318	\$ 11,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
30	CORY SVIHLA 80 SOUTH 8TH STREET, IDS CENTER - SUITE 900 MINNEAPOLIS, MN 55402	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

**LIFE TIME FOUNDATION****03-0533192****Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	TECHNOGYM 700 US HIGHWAY 46 EAST FAIRFIELD, NJ 07004	\$ 10,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
32	DANHAKL REVOCABLE FAMILY TRUST 17717 CALLE DE PALERMO PACIFIC PALISADES, CA 90272	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
33	GALASHAN FAMILY CHARITABLE FUND 100 FEDERAL STREET BOSTON, MA 02110	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
34	NAZEE AND JOSEPH MOINIAN FOUNDATION 3 COLUMBUS CIRCLE, 23RD FLOOR NEW YORK, NY 10019	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
35	KEITH & LAURIE SCHLEETER 6600 IROQUOIS TRAIL EDINA, MN 55439	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
36	STEPHEN ROWLAND 15709 EXCELSIOR BOULEVARD MINNETONKA, MN 55345	\$ 9,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization <b>LIFE TIME FOUNDATION</b>	Employer identification number <b>03-0533192</b>
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**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	PETER & KRISTIN TAUNTON 2411 GALPIN COURT, SUITE 110 CHANHASSEN, MN 55317	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
38	MICHAEL BURGESS 4200 PARK LANE MINNEAPOLIS, MN 55407	\$ 7,799.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
39	HARRY SCHLEETER 1585 MEDINA ROAD LONG LAKE, MN 55356	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
40	JCOSLET & JROSNER COMMUNITY PROPERTY TRUST 301 COMMERCE STREET, SUITE 3150 FORT WORTH, TX 76102	\$ 5,995.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
41	CLOVERFIELDS FOUNDATION 50 SOUTH SIXTH STREET, SUITE 1500 MINNEAPOLIS, MN 55402	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
42	TRAVEL ONE 8009 34TH AVENUE SOUTH, SUITE 1500 MINNEAPOLIS, MN 55425	\$ 6,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization <b>LIFE TIME FOUNDATION</b>	Employer identification number <b>03-0533192</b>
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**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	ARTHUR COPPOLA 401 WILSHIRE BOULEVARD, SUITE 700 SANTA MONICA, CA 90401	\$ 5,995.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
44	ERIC STEPHENS 80 SOUTH 8TH STREET, IDS CENTER - SUITE 900 MINNEAPOLIS, MN 55402	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
45	RICK BORN 294 EAST GROVE LANE, SUITE 100 WAYZATA, MN 55391	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
46	BRIDGEWATER BANK 3800 AMERICAN BOULEVARD WEST, SUITE 100 BLOOMINGTON, MN 55431	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
47	NAZIE EFTEKHARI 7201 WEST 78TH STREET MINNEAPOLIS, MN 55439	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
48	SHANNON EVENSTAD 2520 CEDAR RIDGE ROAD WAYZATA, MN 55391	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization	Employer identification number
<b>LIFE TIME FOUNDATION</b>	<b>03-0533192</b>

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	CATHERINE FRAZIER 23412 NORTH 21ST WAY PHOENIX, AZ 85024	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
50	TIMOTHY LUNDGREN 1060 SYMPHONY LANE CHASKA, MN 55318	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
51	BOB LUX 201 SOUTH 11TH STREET, UNIT 2520 MINNEAPOLIS, MN 55403	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
52	SHYAN O'SHAUGHNESSY 5504 SCHAEFER ROAD EDINA, MN 55436	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
53	TPG GLOBAL LLC 301 COMMERCE STREET, SUITE 330 FORT WORTH, TX 77002	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
54	JAMES VASSALLUZZO 2200 CHERRY PALM ROAD BOCA RATON, FL 33432	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization	Employer identification number
<b>LIFE TIME FOUNDATION</b>	<b>03-0533192</b>

**Part II** **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>2</u>	PARKING SPACES, SPA PRODUCTS, AND MISCELLANEOUS GOODS	\$ <u>77,982.</u>	<u>VARIOUS</u>
<u>6</u>	APPETIZERS, DINNER, AND DESSERT	\$ <u>20,050.</u>	<u>VARIOUS</u>
<u>8</u>	TICKETS TO ALL-STAR GAME, LODGING, AND AIRFARE	\$ <u>8,000.</u>	<u>VARIOUS</u>
<u>19</u>	TWO WOODWAY TREADMILLS, ONE PRECOR ELIPTICAL, TWO BOTTLES OF JOSEPH PHELPS INSIGNIA RED WINE, FOUR C	\$ <u>12,900.</u>	<u>VARIOUS</u>
<u>23</u>	PENTHOUSE RENTAL AND DEEP-SEA FISHING CHARTER	\$ <u>17,976.</u>	<u>VARIOUS</u>
<u>31</u>	ARTIS SYNCHRO MACHINE	\$ <u>10,500.</u>	<u>VARIOUS</u>



Employer identification number

03-0533192

## Part II

**Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

Name of organization

Employer identification number

**LIFE TIME FOUNDATION****03-0533192**

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

03-0533192

Life Time Foundation  
 Grants and Contributions Paid During the Year  
 Part XV, Line 3a

Name	Tax Status of the		Purpose of Grant	Amount
	Recipient	Address		
Gigi's Playhouse	PC	4740 Park Glen Road, St Louis Park, MN 55416	Misc Non Cash Donation	3,940
Houston ISD Foundation	GOV	4400 West 18th Street, Houston, TX 77092	Feed Houston - School Nutrition	62,301
Roseville City School District	GOV	400 Derek Place Suite D, Roseville, CA 95678	Employee Hardship Assistance	47,952
Austin Independent School System	GOV	1111 West 6th Street, Suite D-300, Austin, TX 78703	School Nutrition	221,000
Boulder Valley School District RE-2	GOV	6500 East Arapahoe Road, PO Box 9011, Boulder, CO 90301	School Nutrition	51,758
Brewster Central Schools	GOV	30 Farm to Market Road Brewster, NY, 10509	School Nutrition	50,000
Chagrin Falls Exempted Village Schools	GOV	400 East Washington Street, Chagrin Falls, OH 44022	School Nutrition	4,412
Chef Ann Foundation	PC	5445 Conestoga Court #150, Boulder CO 80301	School Nutrition	602,351
Minneapolis Public Schools	GOV	812 Plymouth Ave Minneapolis, MN 55411	School Nutrition	1,500
MPS Culinary & Nutrition Services	GOV	812 Plymouth Ave Minneapolis, MN 55411	School Nutrition	206
Norwood City School District	GOV	2132 Williams Avenue, Norwood, OH 45212	School Nutrition	336
<b>Total</b>				<b>1,045,756</b>

Life Time Foundation

Grants and Contributions Approved for Future Payment

Part XV, Line 3b

03-0533192

Name	Address	Foundation Status of the Recipient	Amount
Austin Independent School System	1111 W 6th Street, Austin, TX 78703	GOV	30,250
Boulder Valley School District	6500 E Arapahoe Road PO Box 9011, Boulder, CO 80301	GOV	51,570
Chef Ann Foundation	4810 Riverbend Road, Boulder, CO 80301	PC	151,793
Roseville City School District	400 Derek Place, Suite D, Roseville, CA 95678	GOV	31,500
<b>Total</b>			<b>265,113</b>

## Life Time Foundation

### 2017 Summary of Direct Charitable Activities

#### **Part IX-A, Line 1**

Life Time Foundation's mission is to help children live healthy, happy lives. Our grants allow school district partners to eliminate highly processed, unhealthy foods from school meals. This is achieved by removing trans fats & hydrogenated oils, high-fructose corn syrup, hormones & antibiotics, processed & artificial sweeteners, artificial colors & flavors, artificial preservatives & bleached flour.

The base of our work is to provide nutrition counsel and financial grants to school districts with the goal of creating complete and sustainable nutrition alignment, in the best interest of all children. We provide grants to subsidize improved ingredients through procurement, grants for capital equipment to provide from-scratch cooking, grants for professional development and marketing to increase school lunch participation. We provided \$1,236,000 in grants in 2017.

Of this \$1,236,000 in grants delivered, \$75,100 was invested to support the LunchBox org, a best-in-class online tool for school nutrition professionals.

Of this \$1,236,600 in grants delivered, we spent an estimated \$256,800 on our nutrition education program, Hooray4Healthy org (Nutrition Literacy), for elementary students, taught by certified team members and provided online as a free resource for teachers and educators.

Separately, Life Time Foundation launched a new emergency program FEED HOUSTON, supporting the Houston Independent School District Foundation in providing breakfast, lunch and dinner meals to those in need in the greater Houston community while schools were closed during the aftermath of Hurricane Harvey. In 2017, the FEED HOUSTON program provided a grant of \$62,300 to the Houston Independent School District Foundation. All funds were raised and distributed within 60 days after the disaster.

#### **Part IX-A, Line 2**

Separately, Life Time Foundation launched a new employee grant assistant program in 2017. LIFE TIME LIFTS is a restricted fund administered by the Life Time Foundation to provide emergency assistance to Team Members who experience unexpected financial hardship circumstances that arise outside of their control. In 2017, the LIFE TIME LIFTS employee assistance program provided Life Time, Inc. employees a total of \$28,486 in emergency assistance grants.

FORM 990-PF	LEGAL FEES			STATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	4,358.	0.		4,358.
TO FM 990-PF, PG 1, LN 16A	4,358.	0.		4,358.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	14,500.	0.		14,500.
TO FORM 990-PF, PG 1, LN 16B	14,500.	0.		14,500.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TEMPORARY HELP CONTRACTS	1,480.	0.		1,450.
OTHER PROFESSIONAL FEES	840.	0.		840.
TO FORM 990-PF, PG 1, LN 16C	2,320.	0.		2,290.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CREDIT CARD FEES	9,367.	0.		9,560.
BANK FEES	4,727.	0.		4,936.
ANNUAL FILING FEES	6,266.	0.		6,266.
IT SUPPORT	12,763.	0.		13,035.
PRESS RELEASE	1,225.	0.		1,225.
SUPPLIES	9,858.	0.		9,968.
POSTAGE & SHIPPING	677.	0.		515.
MARKETING	72,283.	0.		73,577.
FUNDRAISING	231,262.	0.		238,936.
AUDIO/VIDEO	7,499.	0.		14,199.
BAD DEBTS	2,431.	0.		0.
APPRECIATION GIFTS	1,982.	0.		2,561.
LIFE TIME LIFTS	28,486.	0.		28,486.
NUTRITION LITERACY	256,800.	0.		256,800.
TO FORM 990-PF, PG 1, LN 23	645,626.	0.		660,064.

## FORM 990-PF

## OTHER LIABILITIES

## STATEMENT 5

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
OTHER ACCRUED EXPENSES	21,637.	22,383.
TOTAL TO FORM 990-PF, PART II, LINE 22	21,637.	22,383.

## FORM 990-PF

## LIST OF STATES RECEIVING COPY OF RETURN

## STATEMENT 6

## STATES

AL, CA, CO, CT, FL, GA, IN, IA, KS, MA, MD, MI, MN, NC, NE, NJ, NY, NV, TN, OK, VA, AK, OH, IL, PA  
WA

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BAHRAM AKRADI 2902 CORPORATE PLACE CHANHASSEN, MN 55317	CHAIR, PRESIDENT, AND DIRE 1.00	0.	0.	0.
JASON THUNSTROM 2902 CORPORATE PLACE CHANHASSEN, MN 55317	VICE CHAIR AND TREASURER 1.00	0.	0.	0.
JAMES SPOLAR 2902 CORPORATE PLACE CHANHASSEN, MN 55317	SECRETARY AND DIRECTOR 1.00	0.	0.	0.
BARBARA KOCH 2902 CORPORATE PLACE CHANHASSEN, MN 55317	EXECUTIVE DIRECTOR 40.00	143,077.	0.	24,638.
EMILY AKRADI 2902 CORPORATE PLACE CHANHASSEN, MN 55317	DIRECTOR 0.50	0.	0.	0.
TAMI KOZIKOWSKI 2902 CORPORATE PLACE CHANHASSEN, MN 55317	DIRECTOR 0.50	0.	0.	0.
LINDSAY POHLAD 2902 CORPORATE PLACE CHANHASSEN, MN 55317	DIRECTOR 0.50	0.	0.	0.
BRITTANY REGER 2902 CORPORATE PLACE CHANHASSEN, MN 55317	DIRECTOR 0.50	0.	0.	0.
AARON SWITZ 2902 CORPORATE PLACE CHANHASSEN, MN 55317	DIRECTOR 0.50	0.	0.	0.
PATRICIA WEBBER 2902 CORPORATE PLACE CHANHASSEN, MN 55317	DIRECTOR 0.50	0.	0.	0.



LIFE TIME FOUNDATION

03-0533192

DR. MERRITT BEH  
2902 CORPORATE PLACE  
CHANHASSEN, MN 55317

DIRECTOR  
0.50

0. 0. 0.

CORY SVIHLA  
2902 CORPORATE PLACE  
CHANHASSEN, MN 55317

DIRECTOR  
0.50

0. 0. 0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

143,077.

0.

24,638.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT 8

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LIFE TIME FOUNDATION  
2902 CORPORATE PLACE  
CHANHASSEN, MN 55317

TELEPHONE NUMBER

952-229-7226

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS ARE AVAILABLE ONLINE AT:  
[HTTP://WWW.LTFOUNDATION.ORG/FOR-SCHOOLS/](http://www.LTFOUNDATION.ORG/FOR-SCHOOLS/)

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS