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2020

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public

						Inspection
For	calen	ndar year 2020, or tax year beginning 01-01-20)20 , ar	nd ending 12-31-	2020	
	e of fou			A Employer id	entification numbe	er
CF	IASE FAI	MILY FOUNDATION		37-1452120		
		I street (or P.O. box number if mail is not delivered to street address)	Room/suite	R Telephone nu	mber (see instructio	ne)
2	140 COL	JNTY ROAD 42 W		(952) 898-5600	,	113)
City	or town	, state or province, country, and ZIP or foreign postal code				
BUR	NSVILLE	E, MN 55337		C If exemption	application is pendir	ng, check here
G C	neck all	l that apply: 🔲 Initial return 🔲 Initial return of a	former public charity	D 1. Foreign or	ganizations, check h	ere
		☐ Final return ☐ Amended return			ganizations meeting	
		Address change Name change			k here and attach co	· —
H C	neck ty	pe of organization: \square Section 501(c)(3) exempt private	foundation		ındation status was n 507(b)(1)(A), ched	
	Section	4947(a)(1) nonexempt charitable trust	e private foundation			
			☑ Cash ☐ Accrus		ation is in a 60-mont	h termination
		rom Part II, col. (c), ▶\$ 8,559,748 Other (specify)		under sectio	n 507(b)(1)(B), ched	ck nere P
		(Part I, column (d) must	be on cash basis.)			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	income	income	purposes
	1	Contributions, gifts, grants, etc., received (attach				(cash basis only)
	•	schedule)	1,984,763			
	2	Check \blacktriangleright \square if the foundation is not required to attach				
	_	Sch. B Interest on savings and temporary cash investments	1,743	1,743		
	3	Dividends and interest from securities	144,510	· · · · · · · · · · · · · · · · · · ·		
	5a	Gross rents	144,310	144,310		
	ь	Net rental income or (loss)				
e	6a	Net gain or (loss) from sale of assets not on line 10	578,942			
37.	ь	Gross sales price for all assets on line 6a				
Revenue		2,538,882				
~	7	Capital gain net income (from Part IV, line 2)		578,942		
	8	Net short-term capital gain				
	9 10a	I				
	b	Gross sales less returns and allowances Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	913	913		
	12	Total. Add lines 1 through 11	2,710,871	726,108		
	13	Compensation of officers, directors, trustees, etc.	0	0		C
	14	Other employee salaries and wages				
Ş	15	Pension plans, employee benefits				
nse	16a	Legal fees (attach schedule)				
0	ь	Accounting fees (attach schedule)	% J 6,000	3,000		3,000
G G	c	Other professional fees (attach schedule)	48,631	48,631		C
Operating and Administrative Expenses	17	Interest				
st ra	18	Taxes (attach schedule) (see instructions)	10,074	3,044		C
Ξ	19	Depreciation (attach schedule) and depletion				
틀	20	Occupancy				
ط ح	21	Travel, conferences, and meetings				
ä	22	Printing and publications				
ing	23	Other expenses (attach schedule)	172	42		130
rat	24	Total operating and administrative expenses.				
<u>pe</u>		Add lines 13 through 23	64,877	54,717		3,130
J	25	Contributions, gifts, grants paid	328,908			328,908
	26	Total expenses and disbursements. Add lines 24 and 25	393,785	54,717		332,038
	27	Subtract line 26 from line 12:	393,/85	34,/1/		332,038
	a	Excess of revenue over expenses and				
		disbursements	2,317,086			
	b	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		671,391		
	C	Aujusteu net moome (ii negative, elitel -0-)	I	l	l	i

		PF (2020)			Page 2
Part	Ш	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year (a) Book Value	End o (b) Book Value	f year (c) Fair Market Value
1		Cash—non-interest-bearing	21,432	105,346	
2	:	Savings and temporary cash investments	176,552	128,196	128,196
3		Accounts receivable			
		Less: allowance for doubtful accounts			
4		Pledges receivable ▶			
		Less: allowance for doubtful accounts			
5	:	Grants receivable			
6		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
7		Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ►			
, 8	!	Inventories for sale or use			
ς 9 ο		Prepaid expenses and deferred charges			
9 10		Investments—U.S. and state government obligations (attach schedule)			
`	b b	Investments—corporate stock (attach schedule)	3,088,564	4,581,587	4,581,587
			226,341		
	с	Investments—corporate bonds (attach schedule)	220,341	406,129	406,129
11	L	Investments—land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule) ▶			
12		Investments—mortgage loans		61	
13		Investments—other (attach schedule)	2,617,601	3,338,490	3,338,490
14	1	Land, buildings, and equipment: basis ►			
		Less: accumulated depreciation (attach schedule) ▶			
15		Other assets (describe ►)			
16	5	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	6,130,490	8,559,748	8,559,748
17	7	Accounts payable and accrued expenses			
18	3	Grants payable			
<u> </u>	•	Deferred revenue			
<u> </u>)	Loans from officers, directors, trustees, and other disqualified persons			
19 20 21	L	Mortgages and other notes payable (attach schedule)			
- 22	2	Other liabilities (describe ▶)			
23	3	Total liabilities(add lines 17 through 22)	0	0	
5		Foundations that follow FASB ASC 958, check here			
<u>2</u>		and complete lines 24, 25, 29 and 30.			
흔 24	1	Net assets without donor restrictions			
အျ ₂ ့		Net assets with donor restrictions			
Fund Balance					
로		Foundations that do not follow FASB ASC 958, check here			
ଧ୍ୟ 🛴	=	and complete lines 26 through 30.	E 201 400	6 343 663	
Assets		Capital stock, trust principal, or current funds	5,201,486	6,242,662	
8 27		Paid-in or capital surplus, or land, bldg., and equipment fund		2 217 006	
		Retained earnings, accumulated income, endowment, or other funds	929,004	2,317,086	
<u>ود</u> الخ		Total net assets or fund balances (see instructions)	6,130,490	8,559,748	
30		Total liabilities and net assets/fund balances (see instructions) .	6,130,490	8,559,748	
Part		Analysis of Changes in Net Assets or Fund Balances	20 (
		l net assets or fund balances at beginning of year—Part II, column (a), line ear figure reported on prior year's return)	29 (must agree with	end- . 1	6,130,490
		r amount from Part I, line 27a		. 2	2,317,086
_		er increases not included in line 2 (itemize)	06-1	3	112,172
		lines 1, 2, and 3		. 4	8,559,748
		reases 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, co	olumn (b), line 29	. 6	8,559,748

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		kind(s) of property sold (e.g., se; or common stock, 200 shs		(b) How acq P—Purcl D—Dona	uired hase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a l	PUBLICLY TRADED STOCK						
b	CAPITAL GAINS DIVIDENDS			Р			
С							
d							
е							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) or other basis xpense of sale		Gain o	h) r (loss)) minus (g)
а	2,517,902			1,9	959,940		557,962
b	20,980						20,980
С							
d							
e							
	Complete only for assets show	. ,	ned by the foundation		9		l)
	(i)	(j) Adjusted basis	Eve	(k) ess of col. (i)			h) gain minus less than -0-) or
	F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any			om col.(h))
a				3),,		,	557,962
b							20,980
							·
d							
e							
Part	•	(loss) as defined in sections 1 to 8, column (c) (see instruction	ons). If (loss), enter	-0- · · · · · ·	. }	2 3 come	578,942
	:ON 4940(e) REPEALED (Reserved	UN DECEMBER 20, 2019	- DO NOT COM	LEIE			
	(a)	(b)	(c)		1	(d)	
	Reserved	Reserved	Reserv	ed		Reserved	
2 F	Reserved				2		
3 F	Reserved				3		
4 F	Reserved				4		
	Reserved				5	<u> </u>	
						L]	
	Reserved				6	<u>l</u>	
7	Reserved				7		
)	
	Reserved ,				8		

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Yes No

Par	t VII-B	Statements Regarding Activities for Which Form 4720 May Be Required (continued)
5a	During the	e year did the foundation pay or incur any amount to:

	(1) Carry on propaganda, or otherw(2) Influence the outcome of any sp			∐ Yes ⊻	No	
	on, directly or indirectly, any vo (3) Provide a grant to an individual	•		· · ☐ Yes ☑ Yes ☑	i	
	(4) Provide a grant to an organizati in section 4945(d)(4)(A)? See in		· -			
	(5) Provide for any purpose other th			·· ∐ Yes ⊻	No	
b	educational purposes, or for the If any answer is "Yes" to $5a(1)-(5)$,	•		⊔ Yes 🛂	No	
	Regulations section 53.4945 or in a				5b	
_	Organizations relying on a current n If the answer is "Yes" to question 5a			· · · · · · • 🗀]	
С	tax because it maintained expenditu		•		1	
	If "Yes," attach the statement require	· · · · · · · · · · · · · · · · · · ·		· · L Yes L	No	
6 a	Did the foundation, during the year,	receive any funds, directly of	or indirectly, to pay premit	ıms on		
b	a personal benefit contract? Did the foundation, during the year,			⊥ Yes 💌	No 6b	No
- -	If "Yes" to 6b, file Form 8870.	- No. 6 d-1			.	
7a b	At any time during the tax year, was If "Yes", did the foundation receive a		·	∟ res 💌	No 7b	
8	Is the foundation subject to the sect	, ,			1.5	
	excess parachute payment during th	ne year?		· · 🗌 Yes 🔽] _{No}	
	and Contractors					_
1	List all officers, directors, trustee					
1	(a) Name and address	es, foundation managers a (b) Title, and average hours per week devoted to position	(c) Compensation not paid, enter -0-)	. See instructions (d) Contributions to employee benefit plans and deferred compensation		nse account, allowances
ANDR	(a) Name and address	(b) Title, and average hours per week devoted to position PRESIDENT	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and deferred compensation		
ANDR	(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		
ANDR 18178 PRIOF MONI	(a) Name and address EW CHASE CLEARY LAKE CT LAKE, MN 55372 CA CHASE	(b) Title, and average hours per week devoted to position PRESIDENT 0.50 SECRETARY-TREASURER	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		
ANDR 18178 PRIOF MONI 18178	(a) Name and address EW CHASE CLEARY LAKE CT LAKE, MN 55372 CA CHASE CLEARY LAKE CT	(b) Title, and average hours per week devoted to position PRESIDENT 0.50	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a	
ANDR 18178 PRIOF MONI 18178	(a) Name and address EW CHASE CLEARY LAKE CT LAKE, MN 55372 CA CHASE	(b) Title, and average hours per week devoted to position PRESIDENT 0.50 SECRETARY-TREASURER 0.50	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a	allowances 0
ANDR 18178 PRIOF MONI 18178 PRIOF 2	(a) Name and address EW CHASE CLEARY LAKE CT LAKE, MN 55372 CA CHASE CLEARY LAKE CT LAKE, MN 55372	(b) Title, and average hours per week devoted to position PRESIDENT 0.50 SECRETARY-TREASURER 0.50 id employees (other than	(c) Compensation (If not paid, enter -0-) 0 those included on line 1	(d) Contributions to employee benefit plans and deferred compensation	other a	allowances C
ANDR 18178 PRIOF MONI 18178 PRIOF 2	(a) Name and address EW CHASE 3 CLEARY LAKE CT 1 LAKE, MN 55372 CA CHASE 2 CLEARY LAKE CT 1 LAKE, MN 55372 Compensation of five highest-pai Name and address of each employee more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 0.50 SECRETARY-TREASURER 0.50 id employees (other than paid (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 those included on line 1	(d) Contributions to employee benefit plans and deferred compensation L—see instructions). If no employee benefit plans and deferred	other a	`NONE."
ANDR 18178 PRIOF MONI 18178 PRIOF 2 (a)	(a) Name and address EW CHASE 3 CLEARY LAKE CT 1 LAKE, MN 55372 CA CHASE 2 CLEARY LAKE CT 1 LAKE, MN 55372 Compensation of five highest-pai Name and address of each employee more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 0.50 SECRETARY-TREASURER 0.50 id employees (other than paid (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 those included on line 1	(d) Contributions to employee benefit plans and deferred compensation L—see instructions). If no employee benefit plans and deferred	other a	`NONE."
ANDR 18178 PRIOF MONI 18178 PRIOF 2 (a)	(a) Name and address EW CHASE 3 CLEARY LAKE CT 1 LAKE, MN 55372 CA CHASE 2 CLEARY LAKE CT 1 LAKE, MN 55372 Compensation of five highest-pai Name and address of each employee more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 0.50 SECRETARY-TREASURER 0.50 id employees (other than paid (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 those included on line 1	(d) Contributions to employee benefit plans and deferred compensation L—see instructions). If no employee benefit plans and deferred	other a	0 NONE."
ANDR 18178 PRIOF MONI 18178 PRIOF 2 (a)	(a) Name and address EW CHASE 3 CLEARY LAKE CT 1 LAKE, MN 55372 CA CHASE 2 CLEARY LAKE CT 1 LAKE, MN 55372 Compensation of five highest-pai Name and address of each employee more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 0.50 SECRETARY-TREASURER 0.50 id employees (other than paid (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 those included on line 1	(d) Contributions to employee benefit plans and deferred compensation L—see instructions). If no employee benefit plans and deferred	other a	0 NONE."
ANDR 18178 PRIOF MONI 18178 PRIOF 2 (a)	(a) Name and address EW CHASE 3 CLEARY LAKE CT 1 LAKE, MN 55372 CA CHASE 2 CLEARY LAKE CT 1 LAKE, MN 55372 Compensation of five highest-pai Name and address of each employee more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 0.50 SECRETARY-TREASURER 0.50 id employees (other than paid (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 those included on line 1	(d) Contributions to employee benefit plans and deferred compensation L—see instructions). If no employee benefit plans and deferred	other a	0 NONE."
ANDR 18178 PRIOF MONI 18178 PRIOF 2 (a)	(a) Name and address EW CHASE 3 CLEARY LAKE CT 1 LAKE, MN 55372 CA CHASE 2 CLEARY LAKE CT 1 LAKE, MN 55372 Compensation of five highest-pai Name and address of each employee more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 0.50 SECRETARY-TREASURER 0.50 id employees (other than paid (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 those included on line 1	(d) Contributions to employee benefit plans and deferred compensation L—see instructions). If no employee benefit plans and deferred	other a	0 NONE."
ANDR 18178 PRIOF MONI 18177 PRIOF 2 (a)	(a) Name and address EW CHASE 3 CLEARY LAKE CT 1 LAKE, MN 55372 CA CHASE 2 CLEARY LAKE CT 1 LAKE, MN 55372 Compensation of five highest-pai Name and address of each employee more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 0.50 SECRETARY-TREASURER 0.50 id employees (other than hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 0 those included on line 1 (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation L—see instructions). If no employee benefit plans and deferred	other a	0 NONE."

Form 990-PF (2020)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	ONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
-	
All other program-related investments. See instructions.	
3	4
	\dashv
Total. Add lines 1 through 3	0
	5 000 PE (2020)

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

9,332

289,254

289.254

289.254

332,038

332,038

332.038

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Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

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

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

income. Enter 1% of Part I, line 27b. See instructions.

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

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

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

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

3

4 5

6

1

2

3

4

5

b

Part XII

289,254

289.254

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90-PF	(2	020)	

a From 2015. **b** From 2016. c From 2017. . . . d From 2018. e From 2019.

Excess distributions carryover, if any, to 2020:

f Total of lines 3a through e. 4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

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

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . . **b** Excess from 2017. . c Excess from 2018. . . . d Excess from 2019. . . e Excess from 2020. . .

Subtract lines 7 and 8 from line 6a

indicated below:

Form 990-PF (26	020)	
Part XIII	Undistributed Income (see instruc	tions)

Form 990-PF (2	020)
Part XIII	Une

- 1 Distributable amount for 2020 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only.

(a)

Corpus

32.030

32,030

32,030

32.030

Years prior to 2019

(b)

(c)

2019

10.754

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F	Part XIV Private Operating Found	ations (see instr	uctions and Part \	VII-A, question 9)		
1a	If the foundation has received a ruling or de foundation, and the ruling is effective for 20					
b	Check box to indicate whether the organization	ion is a private oper	ating foundation des	scribed in section	☐ 4942(j)(3) or ☐] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Total
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"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 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С						
	(1) Total support other than gross investment income (interest, dividends, rents, payments on 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					
	Supplementary Information			foundation had	\$5,000 or more	in
	assets at any time during th		ructions.)			
1 a	Information Regarding Foundation Man List any managers of the foundation who hav before the close of any tax year (but only if	e contributed more	than 2% of the tota ed more than \$5,00	al contributions recei 10). (See section 507	ved by the foundatio 7(d)(2).)	n
_	See Additional Data Table					
b	List any managers of the foundation who ow ownership of a partnership or other entity)	n 10% or more of th of which the foundat	ie stock of a corpora ion has a 10% or g	ation (or an equally l reater interest.	arge portion of the	
2	Information Regarding Contribution, Gr		• • • • • • • • • • • • • • • • • • • •	-		
	Check here ► ☑ if the foundation only mak unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gra	ants, etc. to individu	le organizations and uals or organizations	does not accept under	
a	The name, address, and telephone number of	or email address of t	the person to whom	applications should	be addressed:	
b	The form in which applications should be sul	omitted and informa	tion and materials t	hey should include:		
С	Any submission deadlines:					
d	Any restrictions or limitations on awards, su factors:	ch as by geographic	al areas, charitable	fields, kinds of instit	utions, or other	

Form 990-PF (2020)				Page 11
Part XV Supplementary Informa	ition (continued)			
3 Grants and Contributions Paid	d During the Year or Appro	oved for Future	e Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	328,908
b Approved for future payment				,
	+	 		
		1		
		1		
		1		
		1		
Total			▶ 3b	0

nter gross	amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Progran	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
	<u> </u>					
-	and contracts from government agencies					
_	rship dues and assessments					
	t on savings and temporary cash					
investn	ients			14	1,743	
	ds and interest from securities			14	144,510	
	tal income or (loss) from real estate:					
	financed property					
	ebt-financed property tall income or (loss) from personal property					
	nvestment income.			14	913	
	(loss) from sales of assets other than			1-1	713	
invento				18	578,942	
Net inc	ome or (loss) from special events:				,	
	profit or (loss) from sales of inventory					
1 Other i	evenue: a					
b						
b						
c						
b c d e			0		726 108	
b c d e 2 Subtot	al. Add columns (b), (d), and (e).		0		726,108 3	
b c d e 2 Subtot: 3 Total. (See we	Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Orksheet in line 13 instructions to verify calcu	lations.)		1	726,108 3	
b c d e 2 Subtot: 3 Total. (See we	al. Add columns (b), (d), and (e)	lations.)		1		
b c d e 2 Subtot 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) IE Accomplish income is report	nment of Exem	pt Purposes Part XVI-A contribu	3	726,108
b c d e 2 Subtot 3 Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which	lations.) IE Accomplish income is report	nment of Exem	pt Purposes Part XVI-A contribu	3	726,108
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orr	n 990-PF	· /										Pa	age 13
	art XVII	Exempt Organi	zations						ionships With No		table		
		rganization directly or in than section 501(c)(3)								tion 501		Yes	No
а	Transfers	from the reporting foun	dation to a no	ncha	ritable exe	mpt organiza	ition c	of:					
	(1) Cash										1a(1)		No
	(2) Othe	er assets									1a(2)		No
b	Other trar	nsactions:											
	(1) Sales	s of assets to a nonchari	itable exempt	orga	nization.						1b(1)		No
	(2) Purcl	hases of assets from a r	oncharitable e	exem	pt organiz	ation					1b(2)		No
	(3) Rent	al of facilities, equipmer	nt, or other as	sets.							1b(3)		No
	(4) Reim	nbursement arrangemen	ts								1b(4)		No
	` .	s or loan guarantees.									1b(5)		No
	• •	rmance of services or m			_					•	1b(6)		No
	_	f facilities, equipment, n									1c		No
	of the goo in any tra	wer to any of the above ods, other assets, or ser nsaction or sharing arra	vices given by ngement, sho	the win	reporting f column (d	oundation. If) the value of	the fo	oundation rece goods, other a	ived less than fair massets, or services rec	arket valu eived.	е		
(a)	Line No.	(b) Amount involved	(c) Name of n	oncha	aritable exen	npt organizatior	1	(d) Description	of transfers, transaction	ns, and sha	ring arra	ngemer	nts
							_						
							_						
							+						
							_						
							-						
22	Is the four	ndation directly or indire	ctly affiliated	with	or related	to one or m	ore t	av-evemnt ord	anizations				
		in section 501(c) (other	•		,				_	Yes 🖪	Z No		
		complete the following s		301(C)(3)) 01 11	ii section 527				163			
ט	11 165, C	(a) Name of organization			(b) Type of organ	nization	<u> </u>	(c) Description	on of relation	nshin		
		(a) Name of organization			(5	7 Type or organ	nzacioi		(C) Beschiper	or relativ	энэтр		
c:.	of m	ler penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co							based on	aĺl infor	rmatio	n of
Sig	n re L	*****				2021-10-18		*****	*	May ti return	ne IRS di	scuss th	his
пе	re .							—) ——			he prepa	rer show	wn
	'	Signature of officer or t	rustee			Date		Title			nstr.) 🔽	Yes [□ _{No}
	I	Print/Type preparer's	name	Prepa	arer's Sian	ature		Date		PTIN			
		, , , , , , , , , , , , , , ,	my type preparers harne Prep.		eparer's Signature			Date	Check if self-		DOOOCE	-022	
		ASHLEY C REHN C	ΡΔ					2021 10 19	employed ▶ ☐		P00965	922	
Pa								2021-10-18	'				
	eparer e Only		PATH AND CO	MPAN	NY LTD		ı			Firm's E	IN ▶41	-09755	573
و پ	_ _ y		10 WHITE BE	AR PA	ARKWAY								
		164	HITE BEAR LA	KE M	AN 55110					Phone n	o. (651) 426-	7000
		I VV	TIL DEAK LA	· ` -, '	"" DOTTO					1			

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

MONICA CHASE

ANDREW CHASE

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

a Paid during the year				
30 DAYS FOUNDATION 3109 DOUGLAS DRIVE MINNEAPOLIS, MN 55422	NONE	PC	COMMUNITY WELFARE	12,400

MINNEAPOLIS, MN 55422				
360 COMMUNITIES 501 HIGHWAY 13 112	NONE	PC	COMMUNITY WELFARE	4,250
BURNSVILLE MN 55337				

360 COMMUNITIES 501 HIGHWAY 13 112 BURNSVILLE, MN 55337	NONE	PC	COMMUNITY WELFARE	4,250
40 DAYS FOR LIFE1511 S TEXAS AVE	NONE	PC	COMMUNITY WELFARE	500

BURNSVILLE, MN 55337				
40 DAYS FOR LIFE1511 S TEXAS AVE	NONE	PC	COMMUNITY WELFARE	500

328,908

■ 3a

BURNSVILLE, MIN 55337				
40 DAYS FOR LIFE1511 S TEXAS AVE COLLEGE STATION, TX 77840	NONE	PC	COMMUNITY WELFARE	500

40 DAYS FOR LIFE1511 S TEXAS AVE	NONE	PC	COMMUNITY WELFARE	5
COLLEGE STATION, TX 77840				

Total .

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

ABRIA PREGANCY RESOURCES 2200 UNIVERSITY AVE W SUITE 160 ST PAUL, MN 55114	NONE	PC	MEDICAL	2,500
AID TO THE CHURCH IN NEED 725 LEONARD ST	NONE	PC	RELIGIOUS	1,000

AID TO THE CHURCH IN NEED 725 LEONARD ST BROOKLYN, NY 11222	NONE	PC	RELIGIOUS	1,000
ALIGHT615 1ST AVE 500	NONE	PC	COMMUNITY WELFARE	4,000

328,908

■ 3a

725 LEONARD ST BROOKLYN, NY 11222				
ALIGHT615 1ST AVE 500 MINNEAPOLIS, MN 55413	NONE	PC	COMMUNITY WELFARE	4,00

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ALLINA HEALTH HOSPICE FOUNDATION 3915 GOLDEN VALLEY RD MINNEAPOLIS, MN 55422	NONE	PC	MEDICAL	1,000
ALPHA WOMENS CENTERPO BOX 435	NONE	PC	COMMUNITY WELFARE	3,500

MINNEAPOLIS, MN 55422				
ALPHA WOMENS CENTERPO BOX 435 SAVAGE, MN 55378	NONE	PC	COMMUNITY WELFARE	3,500
ALS MN ONLINE	NONE	PC	MEDICAL	350

SAVAGE, MN 55378	NONE	PC	COMMUNITY WELFARE	3,500
ALS MN ONLINE 1919 UNIVERSITY AVE W 175	NONE	PC	MEDICAL	350
ST PAUL, MN 55104				

ALS MN ONLINE 1919 UNIVERSITY AVE W 175 ST PAUL, MN 55104	NONE	PC	MEDICAL	350

Total .

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

AMERICAN CANCER SOCIETY - HOPE LODGE 250 WILLIAMS ST NW SUITE 400 ATLANTA, GA 30303	NONE	PC	COMMUNITY WELFARE	1,000
AMERICAN RED CROSS	NONE	PC	COMMUNITY WELFARE	13,000

ATLANTA, GA 30303				
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	NONE	PC	COMMUNITY WELFARE	13,000
AMNION PREGNANCY CENTER 13775 NICOLLET AVE S	NONE	PC	MEDICAL	1,000

WASHINGTON, DC 20006				
AMNION PREGNANCY CENTER 13775 NICOLLET AVE S BURNSVILLE, MN 55337	NONE	PC	MEDICAL	1,000

Total .

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

or substantial contributor

Total .

	or substantial continuation			
a Paid during the year				
ARCHDIOCESE FOR THE MILITARY SERVICES PO BOX 4469 WASHINGTON, DC 20017	NONE	PC	RELIGIOUS	500

DEEDIENDED MINICEDY	NONE	200	BEL TOTOLIC	F00
AUTISM SPEAKS1 EAST 33RD ST 4TH FL NEW YORK, NY 10016	NONE	PC	MEDICAL	500
WASHINGTON, DC 20017				

AUTISM SPEAKS1 EAST 33RD ST 4TH FL NEW YORK, NY 10016	NONE	PC	MEDICAL	500
BEFRIENDER MINISTRY 1120 E 80TH ST 105 BLOOMINGTON, MN 55420	NONE	PC	RELIGIOUS	500

NEW YORK, NY 10016				
BEFRIENDER MINISTRY 1120 E 80TH ST 105 BLOOMINGTON, MN 55420	NONE	PC	RELIGIOUS	500

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

BOYS AND GIRLS CLUB TWIN CITIES 690 JACKSON STREET ST PAUL, MN 551304345	NONE	PC	COMMUNITY WELFARE	4,250
BRIDGING INC DBA BRIDGING	NONE	PC	RELIGIOUS	2,000

31 17(02,1111 331301313				
BRIDGING INC DBA BRIDGING 201 W 87TH ST BLOOMINGTON, MN 55420	NONE	PC	RELIGIOUS	2,000
BURNSVILLE COMMUNITY FOUNDATIONS	NONE	PC	COMMUNITY WELFARE	250

BLOOMINGTON, MN 55420				
BURNSVILLE COMMUNITY FOUNDATIONS 350 BURNSVILLE PARKWAY BURNSVILLE, MN 55337	NONE	PC	COMMUNITY WELFARE	250

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CAN DO CANINES NONE PC GENERAL SUPPORT 1,000

NEW HOPE, MN 55428				
CAP AGENCY712 CANTERBURY RD S SHAKOPEE, MN 55379	NONE	PC	COMMUNITY WELFARE	12,000
CARE FOR THE WOUNDED	NONE	PC	MEDICAL	2,100

SHAKOPEE, MN 55379	NONE	FC	COMMONITY WELFARE	12,000
CARE FOR THE WOUNDED 24818 EAST CEDAR LAKE DRIVE NEW PRAGUE, MN 56071	NONE	PC	MEDICAL	2,100
Total			▶ 3a	328,908

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

a Paid during the year			
Name and address (home or business)	or substantial contributor	recipient	

MINNEAPOLIS, MN 55403	NONE	PC	RELIGIOUS	27,000
CATHOLIC COMMUNITY FOUNDATION MN 2610 UNIVERSITY AVE W	NONE	PC	RELIGIOUS	1,500

CATHOLIC COMMUNITY FOUNDATION MN 2610 UNIVERSITY AVE W MINNEAPOLIS, MN 551140000	NONE	PC	RELIGIOUS	1,500
CATHOLIC EXTENSIONS	NONE	PC	RELIGIOUS	1,000

2610 UNIVERSITY AVE W MINNEAPOLIS, MN 551140000				
CATHOLIC EXTENSIONS 150 S WACKER DR 20 CHICAGO, IL 60606	NONE	PC	RELIGIOUS	1,000

MINNEAPOLIS, MN 551140000				
CATHOLIC EXTENSIONS 150 S WACKER DR 20 CHICAGO, IL 60606	NONE	PC	RELIGIOUS	1,000
Total			▶ 3a	328,908

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (nome or business)	or substantial contributor	,		
a Paid during the year				
CATHOLIC MEDICAL MISSION BOARD	NONE	PC	RELIGIOUS	2,000

100 WALL STREET NO 9TH NEW YORK, NY 10005	NONE	PC	RELIGIOUS	2,000
CATHOLIC RELIEF SERVICES 228 W LEXINGTON STREET	NONE	PC	RELIGIOUS	10,000

1 1211 101111,111 10005				
CATHOLIC RELIEF SERVICES 228 W LEXINGTON STREET BALTIMORE, MD 21203	NONE	PC	RELIGIOUS	10,000
CATHOLIC SERVICES APPEAL 12805 HIGHWAY 55 SUITE 210	NONE	PC	RELIGIOUS	20,000

228 W LEXINGTON STREET BALTIMORE, MD 21203	NONE	PC	RELIGIOUS	10,000
CATHOLIC SERVICES APPEAL 12805 HIGHWAY 55 SUITE 210 PLYMOUTH, MN 55441	NONE	PC	RELIGIOUS	20,000

Total			▶ 3a	328,908
CATHOLIC SERVICES APPEAL 12805 HIGHWAY 55 SUITE 210 PLYMOUTH, MN 55441	NONE	PC	RELIGIOUS	20,000
BALTIMORE, MD 21203				

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

or substantial contributor

a Paid during the year				
CHILDREN'S CANCER RESEARCH FUND 7301 OHMS LANE SUITE 355 MINNEAPOLIS, MN 55439	NONE	PC	MEDICAL	1,000

CHRISTIAN APPALACHIAN PROJECT INC NONE PC RELIGIOU 485 PONDEROSA DRIVE PAINTSVILLE, KY 41240	JS	

CHRISTIAN APPALACHIAN PROJECT INC 485 PONDEROSA DRIVE PAINTSVILLE, KY 41240	NONE	PC	RELIGIOUS	
CHURCH OF ST MICHAEL	NONE	PC	RELIGIOUS	26

485 PONDEROSA DRIVE PAINTSVILLE, KY 41240	NONE	PC	RELIGIOUS	500
CHURCH OF ST MICHAEL 1036 COUNTY ROAD 4 ST CLOUD, MN 56303	NONE	PC	RELIGIOUS	26,500

PAINTSVILLE, KY 41240				
CHURCH OF ST MICHAEL 1036 COUNTY ROAD 4 ST CLOUD, MN 56303	NONE	PC	RELIGIOUS	26,500

Total			▶ 3a	328,908
1036 COUNTY ROAD 4 ST CLOUD, MN 56303				
CHURCH OF ST MICHAEL	NONE	PC PC	RELIGIOUS	26,50

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

COMMON HOPE 1400 ENERGY PARK DRIVE NO 23 ST PAUL, MN 55108	NONE	PC	RELIGIOUS	1,000
CROSS INTERNATIONAL CATHOLIC	NONE	PC	RELIGIOUS	7,000

ST PAUL, MN 55108				
CROSS INTERNATIONAL CATHOLIC OUTREACH 370 W CAMINO GARDENS BLVD BOCO RATON, FL 33432	NONE	PC	RELIGIOUS	7,000
DOMINICAN EDIADS EQUINDATIONS	NONE	DC.	PELICIOUS	500

OUTREACH 370 W CAMINO GARDENS BLVD BOCO RATON, FL 33432				,
DOMINICAN FRIARS FOUNDATIONS 141 E 65TH ST NEW YORK NY 10065	NONE	PC	RELIGIOUS	500

BOCO RATON, FL 33432				
DOMINICAN FRIARS FOUNDATIONS 141 E 65TH ST NEW YORK, NY 10065	NONE	PC	RELIGIOUS	500

328,908

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DYNAMIC CATHOLIC INSTITUTE NONE PC RELIGIOUS 500

901 ADAMS CROSSING CINCINNATI, OH 45206				
EWTN MISSION ADVANCEMENT 5817 OLD LEEDS RD	NONE	PC	RELIGIOUS	400

EWTN MISSION ADVANCEMENT 5817 OLD LEEDS RD IRONDALE, AL 35210	NONE	PC	RELIGIOUS	40
FAMILIES AND INDIVIDUALS SHARING HOPE (FISH)	NONE	PC	GENERAL SUPPORT	9,40

5817 OLD LEEDS RD IRONDALE, AL 35210				
FAMILIES AND INDIVIDUALS SHARING HOPE (FISH) 16049 FRANKLIN TRAIL SE PRIOR LAKE MN 55372	NONE	PC	GENERAL SUPPORT	9,400

Total .

IRONDALE, AL 35210				
FAMILIES AND INDIVIDUALS SHARING HOPE (FISH) 16049 FRANKLIN TRAIL SE PRIOR LAKE, MN 55372	NONE	PC	GENERAL SUPPORT	9,400

Recipient
Recipient
Recipient
If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient

Amount

Purpose of grant or contribution

Purpose of grant or contribution

recipient

a Paid during the year

FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	PC	COMMUNITY WELFARE	25,000
FIRST BAPTIST CHURCH ST PAUL 499 WACOUTA AVE	NONE	PC	RELIGIOUS	5,000

FIRST BAPTIST CHURCH ST PAUL 499 WACOUTA AVE ST PAUL, MN 55101	NONE	PC	RELIGIOUS	5,000
FOCUS603 PARK POINTE DRIVE GOLDEN, CO 804015715	NONE	PC	COMMUNITY WELFARE	1,200

Total .

328,908

■ 3a

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

,	or substantial contributor			
a Paid during the year				
FOOD FOR THE POOR6401 LYONS ROAD COCONUT CREEK, FL 33073	NONE	PC	COMMUNITY WELFARE	5,525

5,000

328,908

▶ 3a

FOUNDATION FIGHTING BLINDNESS 7168 COLUMBIA GATEWAY COLUMBIA, MD 21046	NONE	PC	MEDICAL	
FOLINDATION FOR PHYSICAL THERADY	NONE	DC.	EDUCATIONAL	

Total . .

7168 COLUMBIA GATEWAY COLUMBIA, MD 21046				
FOUNDATION FOR PHYSICAL THERAPY INC 1111 N FAIRFAX ST ALEXANDRIA, VA 22314	NONE	PC	EDUCATIONAL	1,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **FUND FOR VOCATIONS** NONE PC RELIGIOUS 1,000

9343 OLD CREE MOUNTAIN

Total .

ESMONT, VA 22937				
GENERAL SECRETARIAT FRANCISCIAN MISSIONS 940 N BROWNS LAKE DR	NONE	PC	RELIGIOUS	2,000

MISSIONS 940 N BROWNS LAKE DR BURLINGTON, WI 53105				
HABITAT FOR HUMANITY 270 PEACHTREE STREET SUITE 1300 ATLANTA, GA 30303	NONE	PC	COMMUNITY WELFARE	17,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HOSEA'S HEARTPO BOX 695 NONE PC COMMUNITY WELFARE 2,500

MARSHALL, WI 53559				
IMMACULATE HEART MEDIA INC DBA RELEVANT RADIO 1496 BELLEVUE STREET NO 202 GREEN BAY, WI 54311	NONE	PC	GENERAL SUPPORT	1,200
INTERNATIONAL CATHOLIC MIGRATION COMMISSION 31 MILK STREET SUITE 315	NONE	PC	RELIGIOUS	6,000

328,908

BOSTON, MA 02109

Total .

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Foundation status of recipient recipient

NONE

LABOURE SOCIETY

Total .

1365 CORPORATE CENTER CURVE NO 104 EAGAN, MN 55121				
LINGAP CHILDREN'S FOUNDATION PO BOX 1553	NONE	PC	COMMUNITY WELFARE	2,500

PC

GENERAL SUPPORT

За

2,000

LINGAP CHILDREN'S FOUNDATION PO BOX 1553 JACKSON, MI 49204	NONE	PC	COMMUNITY WELFARE	2,500
LITTLE SISTERS OF THE POOR 330 EXCHANGE ST S ST PAUL, MN 55102	NONE	PC	RELIGIOUS	1,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ARLINGTON, VA 22201	NONE	PC	COMMUNITY WELFARE	500
LOAVES & FISHES TOO 1121 JACKSON STREET NE 143 MINNEAPOLIS, MN 55413	NONE	PC	COMMUNITY WELFARE	3,500

1121 JACKSON STREET NE 143 MINNEAPOLIS, MN 55413				5,255
MARRIAGE MATERIAL 1920 OAK GLEN TRAIL STILLWATER, MN 55082	NONE	PC	GENERAL SUPPORT	1,000

,				l
MARRIAGE MATERIAL 1920 OAK GLEN TRAIL STILLWATER, MN 55082	NONE	PC	GENERAL SUPPORT	1,000
Total			▶ 3a	328,908

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

a Paid during the year				
METAVIVOR RESEARCH AND SUPPORT INC 1783 FOREST DRIVE ANNAPOLIS MD 21401	NONE	PC	GENERAL SUPPORT	1,500

ANNAPOLIS, MD 21401				
METRO MEALS ON WHEELS 1200 WASHINGTON AVE MINNEAPOLIS, MN 55413	NONE	PC	COMMUNITY WELFARE	

or substantial contributor

Total .

METRO MEALS ON WHEELS 1200 WASHINGTON AVE MINNEAPOLIS, MN 55413	NONE	PC	COMMUNITY WELFARE	1,000
NAMIPO BOX 49104	NONE	PC	COMMUNITY WELFARE	1.000

MINNEAPOLIS, MN 55413				
NAMIPO BOX 49104 BALTIMORE, MD 21297	NONE	PC	COMMUNITY WELFARE	1,000

MINNEAPOLIS, MIN 55413				1
NAMIPO BOX 49104 BALTIMORE, MD 21297	NONE	PC	COMMUNITY WELFARE	1,00

▶ 3a

NAMIPO BOX 49104	NONE	PC	COMMUNITY WELFARE	1
BALTIMORE, MD 21297				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NATIONAL MS SOCIETY733 3RD AVE NONE PC MEDICAL 1,000 NEW YORK, NY 10017

NET MINISTRIES3360 THRORTON RD FERNDALE, WA 98248	NONE	PC	RELIGIOUS	500
ODEDATION SMILE3641 FACULTY BLVD	NONE	DC .	GENERAL SURPORT	1 000

· -· · · · - · · - · · · · · · · · · ·				
OPERATION SMILE3641 FACULTY BLVD	NONE	PC	GENERAL SUPPORT	1,000
\/TDCTNITA DEACH \/A 324E2				i

328,908

OPERATION SMILE3641 FACULTY BLVD	NONE	PC	GENERAL SUPPORT	1,0
VIRGINIA BEACH, VA 23453				

Total .

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

a raid during the year				
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE 200 MANHATTAN BEACH, CA 90266	NONE	PC	MEDICAL	3,000

MANHATTAN BEACH, CA 90266				
PARTNERS IN HEALTH 888 COMMONWEALTH AVE 3RD FL BOSTON, MA 02215	NONE	PC	MEDICAL	1,750

PARTNERS IN HEALTH 888 COMMONWEALTH AVE 3RD FL BOSTON, MA 02215	NONE	PC	MEDICAL	1,750
PRO-LIFE ACTION MINISTRIES 1163 PAYNE AVE	NONE	PC	GENERAL SUPPORT	500

BOSTON, MA 02215				
PRO-LIFE ACTION MINISTRIES 1163 PAYNE AVE ST PAUL, MN 55101	NONE	PC	GENERAL SUPPORT	500

Total .

PRO-LIFE ACTION MINISTRIES NONE PC GENERAL SUPPORT 500 1163 PAYNE AVE ST PAUL, MN 55101	,				
	1163 PAYNE AVE	NONE	PC	GENERAL SUPPORT	500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

RISEN SAVIOR MISSIONS 14533 EUREKA CT APPLE VALLEY, MN 55124	NONE	PC	RELIGIOUS	1,000
ROCK MN16511 ANNA TRAIL E PRIOR LAKE, MN 55372	NONE	PC	COMMUNITY WELFARE	515

ROCK MN16511 ANNA TRAIL E PRIOR LAKE, MN 55372	NONE	PC	COMMUNITY WELFARE	515
SECOND HARVEST HEARTLAND 1140 GERVAIS AVE MAPLEWOOD, MN 55109	NONE	PC	COMMUNITY WELFARE	3,000

•				l
SECOND HARVEST HEARTLAND 1140 GERVAIS AVE MAPLEWOOD, MN 55109	NONE	PC	COMMUNITY WELFARE	3,000
Total			▶ 3a	328,908

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

	or substantial contributor			
a Paid during the year				
SHARING AND CARING HANDS	NONE	PC	COMMUNITY WELFARE	25,100

525 NORTH 7TH STREET MINNEAPOLIS, MN 55405				
SMILE NETWORK1807 COLFAX AVE SO MINNEAPOLIS, MN 55403	NONE	PC	COMMUNITY WELFARE	

Total .

SMILE NETWORK1807 COLFAX AVE SO MINNEAPOLIS, MN 55403	NONE	PC	COMMUNITY WELFARE	1,000
SOCIETY FOR CREATIVE ANACHRONISM	NONE	PC	RELIGIOUS	1,028

INNEAPOLIS, MN 55403				
OCIETY FOR CREATIVE ANACHRONISM SCAORG) 450 E 275TH ST	NONE	PC	RELIGIOUS	1,0

11211112711 022071111 00100				
SOCIETY FOR CREATIVE ANACHRONISM	NONE	PC	RELIGIOUS	1,028
(SCAORG)				
9450 E 275TH ST				
FLKO MN 55020				

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
SPECIAL OLYMPICS 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	PC	GENERAL SUPPORT	200
ST PAUL'S OUTREACH	NONE	PC	RELIGIOUS	5.000

WASHINGTON, DC 20030				
ST PAUL'S OUTREACH 5814 BLACKSHIRE PATH INVER GROVE HEIGHTS, MN 55076	NONE	PC	RELIGIOUS	5,000
ST AUGUSTINE'S CHURCH	NONE	PC	RELIGIOUS	500

5814 BLACKSHIRE PATH INVER GROVE HEIGHTS, MN 55076				,
ST AUGUSTINE'S CHURCH 442 SECOND ST SE ST CLOUD. MN 56304	NONE	PC	RELIGIOUS	500

INVER GROVE HEIGHTS, MN 55076				
ST AUGUSTINE'S CHURCH 442 SECOND ST SE ST CLOUD, MN 56304	NONE	PC	RELIGIOUS	500

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

a Paid during the year				
ST LAWRENCE CATHOLIC CHURCH 1203 5TH STREET SE	NONE	PC	RELIGIOUS	

IINNEAPOLIS, MN 55414				
T PAUL CENTER FOR BIBLICAL HEOLOGY	NONE	PC	RELIGIOUS	
468 PARKVIEW CIRCLE				
TEHBENI/THE OH 42052				

or substantial contributor

Total .

	1468 PARKVIEW CIRCLE STEUBENVILLE, OH 43952		
ı	THEOLOGY	 -	

1468 PARKVIEW CIRCLE STEUBENVILLE, OH 43952				
ST PAUL SEMINARY2260 SUMMIT AVE	NONE	PC	RELIGIOUS	3,030

STEUBENVILLE, OH 43952				
ST PAUL SEMINARY2260 SUMMIT AVE	NONE	PC	RELIGIOUS	3,030

500

500

	NONE	PC	RELIGIOUS	3,030
ST PAUL, MN 55105				

ST PAUL SEMINART 2260 SUMMIT AVE	NONE	I PC	KELIGIOUS	ا,د
ST PAUL, MN 55105				

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

(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or substantial contributor			
a Paid during the year				
STUDENTS FOR LIFE ACTION 600 PRINCESS ANN ST	NONE	PC	COMMUNITY WELFARE	500

FREDRICKSBURG, VA 224015915				
SUDAN RELIEF FUND 3220 N STREET NW STE 302 WASHINGTON DC 20007	NONE	PC	COMMUNITY WELFARE	1,000

SUDAN RELIEF FUND 3220 N STREET NW STE 302 WASHINGTON, DC 20007	NONE	PC	COMMUNITY WELFARE	1,000
SYRIAN AMERICAN MEDICAL SOCIETY PO BOX 34115	NONE	PC	COMMUNITY WELFARE	1,500

3220 N STREET NW STE 302 WASHINGTON, DC 20007				
SYRIAN AMERICAN MEDICAL SOCIETY PO BOX 34115 WASHINGTON, DC 20043	NONE	PC	COMMUNITY WELFARE	1,500

SYRIAN AMERICAN MEDICAL SOCIETY PO BOX 34115 WASHINGTON, DC 20043	NONE	PC	COMMUNITY WELFARE	1,500

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

THE OPEN DOOR3910 RAHN RD EAGAN, MN 55122	NONE	PC	COMMUNITY WELFARE	1,500
THE PHILOMENA HOUSE CORP PO BOX 13041 ROSEVILLE, MN 55113	NONE	PC	GENERAL SUPPORT	500

PO BOX 13041 ROSEVILLE, MN 55113				
TRUE FRIENDS 10509 108TH STREET NORTHWEST ANNANDALE MN 55302	NONE	PC	GENERAL SUPPORT	2,000

ROSEVILLE, MN 55113				
TRUE FRIENDS 10509 108TH STREET NORTHWEST ANNANDALE, MN 55302	NONE	PC	GENERAL SUPPORT	2,000
•				

Total .

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

UNIVERSITY OF MINNESOTA FOUNDATION (ENGINEERS WITHOUT BORDERS) 200 OAK STREET SE SUITE 500 MINNEAPOLIS, MN 55455	NONE	PC	COMMUNITY WELFARE	2,500
UNIVERSITY OF WISCONSIN LACROSSE	NONE	PC	EDUCATIONAL	2,360

MINNEAPOLIS, MN 55455				
UNIVERSITY OF WISCONSIN LACROSSE FOUNDATION 615 EAST AVENUE N LACROSSE, WI 54601	NONE	PC	EDUCATIONAL	2,360
WOMEN FOR WOMEN INTERNATIONAL 2000 M ST NW 200	NONE	PC	COMMUNITY WELFARE	5,500

FOUNDATION 615 EAST AVENUE N LACROSSE, WI 54601				
WOMEN FOR WOMEN INTERNATIONAL 2000 M ST NW 200 WASHINGTON, DC 20036	NONE	PC	COMMUNITY WELFARE	5,500

328,908

Total .

file GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491308005411							
TY 2020 Accounting Fees Schedule							
	Name: CHASE F EIN: 37-1452	AMILY FOUNDATIO	N				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING FEES	6,000	3,000		3,000			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -				
TY 2020 Investments Corporate Bonds Schedule					

Name: CHASE FAMILY FOUNDATION

EIN: 37-1452120

Investments Cornerate Bonds Schodule

investments corporate Bonds Schedule						
Name of Bond	End of Year Book Value	End of Year Fair Market Value				
CISCO SYSTEMS INC	26,000	26,000				
METROPOLITAN WEST TOTAL RETURN BOND FUND CLASS PLN	380,129	380,129				

DLN: 93491308005411

TY 2020 Investments Corporate Stock Schedule

Name: CHASE FAMILY FOUNDATION

EIN: 37-1452120

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ALPHABET INC	113,872	113,872
AMGEN INC	26,441	26,441
APPLE INC	424,608	424,608
AT&T	47,166	47,166
BLACKROCK INC	61,331	61,331
BLACKSTONE GROUP INC	29,164	29,164
BOEING CO	25,687	25,687
BOOKING HOLDINGS INC	22,273	22,273
BROADCOM INC	59,110	59,110
CISCO SYSTEMS INC	48,554	48,554
CITIGROUP INC	66,593	66,593
CVS HEALTH CORP	39,955	39,955
DIAGEO PLC - ADR	41,291	41,291
EATON CORP PLC	24,629	24,629
ELECTRONIC ARTS INC	47,388	47,388
FIDELITY NATL INFORMATION SVCS INC	27,585	27,585
FLEX LTD	56,367	56,367
GARMIN LTD	26,923	26,923
GILEAD SCIENCES INC	16,895	16,895
INTERPUBLIC GROUP COS INC	27,283	27,283
JP MORGAN CHASE & CO	73,701	73,701
LAM RESEARCH CORP CO	51,950	51,950
LAS VEGAS SANDS CORP COM	43,210	43,210
MEDTRONIC	33,971	33,971
MICROSOFT CORP	646,130	646,130
MONDELEZ INTERNATIONAL INC	48,530	48,530
NIKE INC CL B	51,637	51,637
RAYTHEON COMPANY	25,815	25,815
SUNCOR ENERGY INC NEW F	23,240	23,240
SYSCO CORP	41,586	41,586

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
TARGET CORP	50,311	50,311
THERMO FISHER SCIENTIFIC INC	41,920	41,920
TORONTO DOMINION BK ONT COM NEW	45,700	45,700
TOTAL SE	37,090	37,090
UNILEVER PLC	35,612	35,612
UNITEDHEALTH GROUP INC	80,656	80,656
UNITED PARCEL SERVICES - CL B	70,728	70,728
VISA INC	38,278	38,278
WALT DISNEY CO	48,919	48,919
WASTE MANAGEMENT INC	39,506	39,506
HAIN CELESTIAL GROUP INC	37,339	37,339
ELI LILLY & CO COM	29,547	29,547
MERCK & CO INC NEW	34,356	34,356
UNION PACIFIC CORP	51,014	51,014
COGNIZANT TECH SOLUTIONS CRP COM	48,760	48,760
CELANESE CORP	47,428	47,428
MANULIFE FINANCIAL CORP	44,995	44,995
TE CONNECTIVITY LTD	41,164	41,164
APPLE INC	265,380	265,380
CRYOPORT INC	307,160	307,160
DANAHER CORPORATION	72,196	72,196
DIGI INTL INC	113,400	113,400
EDWARD LIFESCIENCES CORP	225,794	225,794
LULULEMON ATHLETICA INC	60,905	60,905
NVIDIA CORPORATION	156,660	156,660
VEEVA SYS INC	108,900	108,900
VISA INC	174,984	174,984

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491308005411

TY 2020 Investments - Other Schedule

Name: CHASE FAMILY FOUNDATION

FTN: 37-1452120

EIN: 37-1452120					
Investments Other Schedule 2					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
BLACKROCK GLOBAL LONG/SHORT CREDIT FUND	FMV	179,279	179,279		
COHEN & STEERS PREFERRED SECURITIES	FMV	94,909	94,909		
EATON VANCE GLOBAL MACRO ABSOLUTE RETURN ADVANTAGE FUND	FMV	185,332	185,332		
INVESCO OPPENHEIMER DEVELOPING MARKETS FUND	FMV	119,927	119,927		
ISHARES CORE S&P SMALL CAP EFT	FMV	107,983	107,983		
ISHARES IBOXX \$ INVESTMENT	FMV	113,405	113,405		
ISHARES TIPS BOND ETF	FMV	60,889	60,889		
MAINSTAY MACKAY CONVERTIBLE FUND CLASS I	FMV	132,089	132,089		
NEUBERGER BERMAN LONG SHORT FUND	FMV	178,820	178,820		
PIMCO MORTGAGE OPPORTUNITIES FUND CLASS	FMV	121,084	121,084		
POWERSHARES DB OPTIMUM YIELD	FMV	120,798	120,798		
PRINCIPAL PREFERRED SECURITIES FUND	FMV	179,970	179,970		
PRINCIPAL MIDCAP FUND	FMV	314,439	314,439		
SPDR GOLD TRUST SHARES GLD	FMV	69,739	69,739		
SPDR S&P MIDCAP 400 EFT TRUST	FMV	339,295	339,295		
TCW EMRG MKTS	FMV	301,298	301,298		
VANGUARD FTSE EMERGING MARKETS ETF	FMV	96,813	96,813		
VANGUARD HIGH YIELD CORPORATE FUND ADMIRAL SHARES	FMV	306,790	306,790		
VANGUARD SHORT TERM CORP BOND ETF	FMV	79,587	79,587		
VANGUARD FTSE DEVELOPED MARKETS	FMV	70,201	70,201		
WELLS FARGO ULTRA SHORT TERM INCOME FUND- CLASS	FMV	165,843	165,843		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491308005411		
TY 2020 Other Expenses Schedule						
ı						
Name:	Name: CHASE FAMILY FOUNDATION					
EIN:	EIN: 37-1452120					
Other Expenses Schedule						
Description	Revenue and	Net Investment	Adjusted Net	Disbursements for		

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADR FEES	42	42		0

DUES AND SUBSCRIPTIONS

efile GRAPHIC print - DO NOT PROCESS

Name: CHASE FAMILY FOUNDATION

As Filed Data -

OTHER INVESTMENT INCOME

EIN: 37-1452120

Net Investment Income

Adjusted Net Income

Other Income Schedule Description

Revenue And **Expenses Per Books**

913

913

DLN: 93491308005411

913

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491308005411		
TY 2020 Other Increases Schedule					
Name:	CHASE FAMIL	Y FOUNDATION			
EIN:	37-1452120				
Other Increases Schedule					
De	escription		Amount		
UNREALIZED CHANGE IN FMV OF INVES	TMENTS		110,437		
NONDIVIDEND DISTRIBUTIONS			1,735		

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLN	l: 93491308005411	
TY 2020 Other Professional Fees Schedule					
Name: CHASE FAMILY FOUNDATION					
EIN: 37-1452120					
Catogory	Amount	Not Investment	Adjusted Not	Dichursoments	

		,		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

48,631

48,631

INVESTMENT ADVISOR FEES

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491308005411	
TY 2020 Taxes Schedule					
Name: CHASE FAMILY FOUNDATION					
E	EIN: 37-1452120				
Taxes Schedule					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FOREIGN TAX PAID	3,044	3,044		0	
IRS TAX PAYMENT	7,030	0		0	

efile GRAPHIC print - DC	NOT PROCESS As Filed Data	1 -		DLN: 93491308005411		
Schedule B	Sche	dule of Contributors		OMB No. 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		► Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.				
Name of the organization CHASE FAMILY FOUNDATION	N		Employer i	dentification number		
Organization type (chec	(one).		37-1452120			
	,					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number	☐ 501(c)() (enter number) organization				
	☐ 4947(a)(1) nonexempt cl	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	☐ 527 political organization	☐ 527 political organization				
Form 990-PF	☑ 501(c)(3) exempt private	☑ 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt ch	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private	☐ 501(c)(3) taxable private foundation				
	ion filing Form 990, 990-EZ, or 99 property) from any one contributor					
Special Rules						
under sections 50 received from any	n described in section 501(c)(3) fi 9(a)(1) and 170(b)(1)(A)(vi), that cone contributor, during the year, the one (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 total contributions of the greater	or 990-EZ), Part II, line 13,	, 16a, or 16b, and that		
during the year, to	n described in section 501(c)(7), (tal contributions of more than \$1,0 e prevention of cruelty to children	000 <i>exclusively</i> for religious, cha	aritable, scientific, literary, e			
during the year, co If this box is check purpose. Don't co	on described in section 501(c)(7), (contributions exclusively for religious ted, enter here the total contribution mplete any of the parts unless the e, etc., contributions totaling \$5,00	s, charitable, etc., purposes, buons that were received during the General Rule applies to this or	it no such contributions tota le year for an <i>exclusively</i> re rganization because it rece	aled more than \$1,000. eligious, charitable, etc., ived <i>nonexclusively</i>		
990-EZ, or 990-PF), but it	that isn't covered by the General must answer "No" on Part IV, line t I, line 2, to certify that it doesn't	e 2, of its Form 990; or check th	e box on line H of its Form			
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 990	D, 990-EZ, or 990-PF) (2020)		

for Form 990, 990-EZ, or 990-PF.

Employer identification number

HASE FAMILY FC	JUNDATION	37-1452120	
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANDREW AND MONICA CHASE 18178 CLEARY LAKE COURT PRIOR LAKE, MN 55372	\$ 1,984,763	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)