#### EXTENDED TO NOVEMBER 15, 2017 **Return of Private Foundation**

OMB No. 1545-0052

Form **990-PF** or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Department of the Treasury Internal Revenue Service For calendar year 2016 or tax year beginning , and ending A Employer identification number Name of foundation THE CHASDREW FUND 52-6854447 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number 3720 SPRUCE STREET #419 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here PHILADEPHIA, PA 19104 G Check all that apply: Initial return Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation X Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ... 6,812,278. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (b) Net investment (a) Revenue and (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purposes (cash basis only) expenses per books income income 6,416,646 Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 11,698. 11,698. STATEMENT 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) -420,0406a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a ..... Capital gain net income (from F 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances **b** Less: Cost of goods sold c Gross profit or (loss) -165,483 322. -165,483.STATEMENT 2 11 Other income 5,842,821 12,020 -165,466. Total. Add lines 1 through 11 140,000 140,000. 140,000. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees **b** Accounting fees c Other professional fees STMT 3 16,437. 16,437. 0. 0. 1,029 1,029 0. and Administrative 0. **17** Interest ..... 7,347. <u>2</u>33. 0 Ο. 18 Depreciation and depletion 20 Occupancy 7,354 0. 7,354. 7,354. 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 189,846. 187,870 187,870. 0.

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

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335,224.

581,108.

916,332.

362,013

581,108

943,121

4,899,700

24 Total operating and administrative

**25** Contributions, gifts, grants paid 26 Total expenses and disbursements.

Add lines 24 and 25 27 Subtract line 26 from line 12:

expenses. Add lines 13 through 23

**a** Excess of revenue over expenses and disbursements

c Adjusted net income (if negative, enter -0-)

**b Net investment income** (if negative, enter -0-)

17,699.

17,699

0.

335,224

335,224

0.

В	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		of year
	art	column should be for end-of-year amounts only.	(a) Book Value	( <b>b)</b> Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		533,462.	533,462.
	2	Savings and temporary cash investments			
	3	Accounts receivable ► 38,496.			
		Less: allowance for doubtful accounts	87,572.	38,496.	38,496.
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	ļ .	Less: allowance for doubtful accounts			
w	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 7	1,193,155.	2,409,919.	2,409,919.
			1,155,155.	2,400,010	2,405,515.
		Investments - corporate bonds			
	''	Investments - land, buildings, and equipment: basis			
	40	Less: accumulated depreciation			
	12	Investments - mortgage loans	0.	3,830,401.	3,830,401.
		Investments - other STMT 8	0.	3,030,401.	3,030,401.
	14	Land, buildings, and equipment: basis			
	١	Less: accumulated depreciation			
		Other assets (describe			
	16	Total assets (to be completed by all filers - see the	1 000 707	C 010 070	6 010 070
_		instructions. Also, see page 1, item I)	1,280,727.	6,812,278.	6,812,278.
		Accounts payable and accrued expenses			
		Grants payable			
ies		Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Liat	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
	l		_	0	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
S	١.,	and complete lines 24 through 26 and lines 30 and 31.			
nç		Unrestricted			
ala	25	Temporarily restricted			
Net Assets or Fund Balances	26	Permanently restricted			
Ë		Foundations that do not follow SFAS 117, check here			
٩	<u>.                                    </u>	and complete lines 27 through 31.	1 200 727	C 010 070	
ts	27	Capital stock, trust principal, or current funds	1,280,727.	6,812,278.	
SSE		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
χ¥	29	Retained earnings, accumulated income, endowment, or other funds	0.	C 010 070	
ž	30	Total net assets or fund balances	1,280,727.	6,812,278.	
		Total liabilities and not assets found belongs	1,280,727.	6,812,278.	
_	31	Total liabilities and net assets/fund balances		0,012,270.	
P	<u>art</u>	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	1,280,727.
		r amount from Part I, line 27a			4,899,700.
3	Othe	r increases not included in line 2 (itemize)		ATEMENT 6 3	632,084.
		lines 1, 2, and 3		4	6,812,511.
5	Decr	eases not included in line 2 (itemize) NONDEDUCTIBLE	EXPENSES	5	233.

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

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6

(a) List and descri	and Losses for Tax on li ribe the kind(s) of property sold (e.ç rehouse; or common stock, 200 sh	g., real estate,	Income	( <b>b)</b> H	ow acquired Purchase	(c) Date : (mo., d	acquired av. vr.)	( <b>d)</b> Date sold (mo., day, yr.)
				υ-	Donation	(,	5, 5 7	(,, , , ,)
b SEE ATTACHED	STATEMENTS							
<u>c</u>	D IIII IIIIIII II							
d								
e								
(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss s (f) minus (	
a								
b								
С								
d 2 554 000			2 004 00					400 040
e 3,554,222.			3,974,29	11.				-420,040.
Complete only for assets showin	g gain in column (h) and owned by	1			C	(I) Gains (C	ol. (h) gain not less thai	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			Losses	(from col. (	h))
a								
b								
C								
d								400 040
е				_				-420,040.
2 Capital gain net income or (net ca	pital loss) { If gain, also ente	r in Part I, line )- in Part I, line	7 7	}[	2			-420,040.
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) a	nd (6):						
If gain, also enter in Part I, line 8,				$\downarrow$				4.5
If (loss), enter -0- in Part I, line 8		. D - d d	T N-1		3			17.
Part V Qualification U	<u>`</u>					come		
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	icome.				
If section 4940(d)(2) applies, leave the	nis part blank.							
Man the foundation liable for the coat	tion 4040 to con the distributeble some		ou in the been no	مام ماد				Yes X No
Was the foundation liable for the sect		, ,	•	iiou?				Yes [A] NO
If "Yes," the foundation does not qual	each column for each year; see the i			ntries				
(a)	(b)	11001 00010110 001	oro making any o	(c)				(d) oution ratio
Base period years Calendar year (or tax year beginniı	والمراشقين المراجع المستون المراجع الم	stributions	Net value of no		able-use asset	s	Distrib (col. (b.) div	oùtión ratio rided by col. (c))
2015		1,492.		1.	482,44		(00.11 (0) 0.11	•378761
2014		4,522.		<del>-,</del>	024,84	3.		.278798
2013		6,212.			467,87			.322630
2012		8,109.			966,40			.272421
2011		20,767.			801,98			.242181
		,						
2 Total of line 1, column (d)						2		1.494791
3 Average distribution ratio for the								
	nce if less than 5 years		-	-		3		.298958
4 Enter the net value of noncharitab	le-use assets for 2016 from Part X,	line 5				4		7,111,823.
	,							<u> </u>
5 Multiply line 4 by line 3						5		2,126,136.
, , , , , , , , , , , , , , , , , , , ,								
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					. 6		0.
7 Add lines 5 and 6						7		2,126,136.
8 Enter qualifying distributions from								916,332.
						[ 0		710,334
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	e ib, and comp	iete that part usin	ıg a 1%	tax rate.			

Part VI   Excise Tax Based on Investment Income (Section	· 4940(a), 4940(	(b), 4940(e), or 4	948 -	see instr	uctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here	and enter "N/A" on lir	ne 1.				
Date of ruling or determination letter: (attach copy of lette	r if necessary-see ins	structions)				
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check he	ere 🕨 🔙 and en	ter 1%	1			0.
of Part I, line 27b						
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations er		, ,				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of	only. Others enter -0-)		2			<u>0.</u>
3 Add lines 1 and 2			3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations			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:	1 . 1	2 200				
a 2016 estimated tax payments and 2015 overpayment credited to 2016		2,989.				
<b>b</b> Exempt foreign organizations - tax withheld at source						
c Tax paid with application for extension of time to file (Form 8868)						
d Backup withholding erroneously withheld			_		2 0	
7 Total credits and payments. Add lines 6a through 6d			7		4,9	89.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220			8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount over			10		4,9	89.
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Part VII-A   Statements Regarding Activities	2,9	89 • Refunded ▶	11			0.
	al lawialatian an did it.		!		IV <sub>0</sub> c	No
1a During the tax year, did the foundation attempt to influence any national, state, or local and state of the state of th			ın	10	165	X
any political campaign?				1a		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political		•				
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activ	rities and copies of	any materiais publisr	iea or			
distributed by the foundation in connection with the activities.				10		X
c Did the foundation file Form 1120-POL for this year?				1c		
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed dur  (1) On the foundation. ▶ \$ 0 • (2) On foundation ma		0.				
e Enter the reimbursement (if any) paid by the foundation during the year for political e						
managers. > \$ 0 •	xperiulture tax imposi	eu on iounuation				
2 Has the foundation engaged in any activities that have not previously been reported to	o the IRS2			2		Х
If "Yes," attach a detailed description of the activities.	o the into:			······		21
3 Has the foundation made any changes, not previously reported to the IRS, in its gove	erning instrument arti	cles of incorporation o	r			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the	-			3		Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during to					Х	<del> </del>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?					X	_
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	e vear?			5		Х
If "Yes," attach the statement required by General Instruction T.						
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfies	sfied either:					
By language in the governing instrument, or						
By state legislation that effectively amends the governing instrument so that no ma	ndatory directions tha	at conflict with the state	law			
remain in the governing instrument?	-			6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes	s," complete Part II,	col. (c), and Part XV	,	7	Х	
		. , ,				
8a Enter the states to which the foundation reports or with which it is registered (see ins	tructions)					
MD						
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to	o the Attorney Genera	l (or designate)				
of each state as required by General Instruction G? If "No," attach explanation	-			8b	Х	
9 Is the foundation claiming status as a private operating foundation within the meanin						
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Y	es," complete Part	· XIV		9		Х
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a	schedule listing their nar	mes and addresses		10		Х

P	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)	11		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)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶ WWW.CHASDREWFUND.ORG			
14	The books are in care of ▶ JULIE J JENSEN  Telephone no. ▶215-92	1-6	800	
	Located at ► 3720 SPRUCE STREET #419, PHILADELPHIA, PA ZIP+4 ►19	104		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041 -</b> Check here			-
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art 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
1	a 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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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.)			
	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)?	1b		Х
	Organizations relying on a current notice regarding disaster assistance check here	10		
	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			
		1c		Х
9	before the first day of the tax year beginning in 2016?  Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	16		25
	defined in section 4942(j)(3) or 4942(j)(5)):			
	a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2016? Yes X No			
	LE IIV.			
	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		
	statement - see instructions.) N/A  c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	20		
	_			
2	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3	T v V			
	during the year?			
	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,	26		
,	Form 4720, to determine if the foundation had excess business holdings in 2016.)  N/A	3b	$\vdash \vdash \vdash$	Х
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Α.
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	AL		Х
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	, ,	<u>^</u>

Fait VII-D Statements negarding Activities for Willon	FORTH 4/20 IVIAY BE F	required (continu	uea)	
<b>5a</b> During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🔼 No	
(2) Influence the outcome of any specific public election (see section 4955); o				
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es 🔼 No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio				
4945(d)(4)(A)? (see instructions)		Ye	es 🔼 No 📗	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo			
the prevention of cruelty to children or animals?			es X No	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und				
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□ [	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax because it maintai	ned		
expenditure responsibility for the grant?	N	/A Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53.494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?		Ye	es X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p				6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No	
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribu	Itable to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust				
Paid Employees, and Contractors	<b>,</b>	····· <b>J</b> ···· <b>J</b>	•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	<b>(b)</b> Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances
		,	compensation	
SEE STATEMENT 9		140,000.	7,000.	0.
<u> </u>			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1\ If none	ontor INONE II		
2 Compensation of the highest-paid employees (other than those inc	(b) Title, and average	enter NONE."	(d) Contributions to	(a) Evnense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
2000 00000	devoted to position	0.011.00.00	compensation	allowances
	PROJECT DEVEL			
#419, PHILADELPHIA, PA 19104	40.00	91,000.	6,370.	0.
	1			
Total number of other employees paid over \$50,000	<u> </u>		<b></b>	0

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Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ex	nter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant st	atistical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers	oroduced, etc.	LXpelises
1 SEE LIST OF CHARITABLE GRANTS ATTACHED		
		E01 067
2		581,067.
3		
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>•</b>	0 • Form <b>990-PF</b> (2016)
		rorm <b>330-PF</b> (2016)

Р	art X	Minimum Investment Return (All domestic foun	dations must complete	e this part. Foreign four	ndations, s	see instructions.)
1	Fair mark	set value of assets not used (or held for use) directly in carrying ou	ut charitable, etc., purpos	es:		
		monthly fair market value of securities			1a	6,637,804.
		of monthly cash balances			1b	582,321.
		et value of all other assets			1c	
		ld lines 1a, b, and c)			1d	7,220,125.
е	Reductio	n claimed for blockage or other factors reported on lines 1a and				
	1c (attac	h detailed explanation)	1e	0.		
2	Acquisiti	on indebtedness applicable to line 1 assets			2	0.
3		line 2 from line 1d			3	7,220,125.
4	Cash dee	emed held for charitable activities. Enter 1 1/2% of line 3 (for great	er amount, see instruction	ns)	4	108,302.
5		e of noncharitable-use assets. Subtract line 4 from line 3. Enter h			5	7,111,823.
6					6	355,591.
P	art XI	Distributable Amount (see instructions) (Section 49 foreign organizations check here ► X and do not complete	942(j)(3) and (j)(5) private e this part.)	e operating foundations an	d certain	
1	Minimun	n investment return from Part X, line 6			1	
2a	Tax on in	vestment income for 2016 from Part VI, line 5	2a			
		ax for 2016. (This does not include the tax from Part VI.)				
		2a and 2b			2c	
3	Distributa	able amount before adjustments. Subtract line 2c from line 1			3	
4		es of amounts treated as qualifying distributions			4	
5		3 and 4			5	
6	Deductio	n from distributable amount (see instructions)			6	
7		able amount as adjusted. Subtract line 6 from line 5. Enter here a			7	
Р	art XII	Qualifying Distributions (see instructions)			·	
1	Amounts	paid (including administrative expenses) to accomplish charitable	e, etc., purposes:			
а	Expenses	s, contributions, gifts, etc total from Part I, column (d), line 26			1a	916,332.
b	Program	-related investments - total from Part IX-B			1b	0.
2		paid to acquire assets used (or held for use) directly in carrying o			2	
3	Amounts	set aside for specific charitable projects that satisfy the:				
а	Suitabilit	y test (prior IRS approval required)			3a	
b		tribution test (attach the required schedule)			3b	
4		ng distributions. Add lines 1a through 3b. Enter here and on Part			4	916,332.
5	Foundati	ons that qualify under section 4940(e) for the reduced rate of tax of	on net investment			
	income.	Enter 1% of Part I, line 27b			5	0.
6	Adjusted	qualifying distributions. Subtract line 5 from line 4			6	916,332.
		a amount on line 6 will be used in Part V, column (h), in subseque			ualifies for	the section

4940(e) reduction of tax in those years.

Form 990-PF (2016) Page **9** 

Part XIII Undistributed Income (see	instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2015	2015	2016
1 Distributable amount for 2016 from Part XI,				
line 7				
2 Undistributed income, if any, as of the end of 2016:				
a Enter amount for 2015 only				
<b>b</b> Total for prior years:				
3 Excess distributions carryover, if any, to 2016:				
<b>a</b> From 2011				
<b>b</b> From 2012				
<b>c</b> From 2013				
<b>d</b> From 2014				
e From 2015				
f Total of lines 3a through e				
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$				
<b>a</b> Applied to 2015, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2016 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016				
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as				
indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed				
<b>d</b> Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr				
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)				
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015 e Excess from 2016				
<b>⊌</b> ∟∧∪533    ∪    ∠∪   ∪				

TOTH 990-FT (2010) TILL CILA	DIVEM LOND			32-0034447	ı ayı
Part XIV   Private Operating Fo	<b>oundations</b> (see ins	structions and Part VII-A, question	19)		
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	2016, enter the date of t	he ruling	<b>&gt;</b>		
<b>b</b> Check box to indicate whether the foundate	ation is a private operatin	g foundation described in section	<b>X</b> 4942(j)(3) o	r 4942(j)(5)	
	Т	Duisu O			

foundation, and the ruling is effective for	2016, enter the date of the	ruling			
<b>b</b> Check box to indicate whether the foundate	ation is a private operating f	oundation described in	sectionX 4	.942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	<b>(b)</b> 2015	(c) 2014	( <b>d</b> ) 2013	(e) Total
investment return from Part X for					
each year listed	0.	7,948.	23,963.	53,299.	85,210.
<b>b</b> 85% of line 2a	0.	6,756.	20,369.	45,304.	72,429.
c Qualifying distributions from Part XII,			,		<u> </u>
line 4 for each year listed	916,332.	564,377.	564,522.	796,212.	2,841,443.
<b>d</b> Amounts included in line 2c not		,	,	,	,,
used directly for active conduct of					
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	916,332.	564,377.	564,522.	796.212.	2,841,443.
3 Complete 3a, b, or c for the	310,3321	301,011	301,3221	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,011,1100
alternative test relied upon:					
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed	237,061.	49,415.	67,495.	82,263.	436,234.
<b>c</b> "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					0.
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from					
an exempt organization					0.
(4) Gross investment income		_			0.

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

#### Information Regarding Foundation Managers:

a 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). (See section 507(d)(2).)

#### NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

# Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here  $\triangleright X$  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:
- **b** The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form **990-PF** (2016)

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year A CARING HAND, FOUNDED IN MEMORY OF 501(C)(3) GENERAL PURPOSE BILLY ESPOSITO P O BOX 1232 NEW YORK, NY 10276 10,000. VENTURE PHILANTHROPHY PARTNERS, INC. 501(C)(3) GENERAL PURPOSE 1201 15TH STREET, NW STE 510 WASHINGTON, DC 20005 166,667. READING HOLIDAY PROJECT, INC. 501(C)(3) GENERAL PURPOSE 124 E 117TH STRET NEW YORK, NY 10035 14,500. PIONEER WORKS ART FOUNDATION 501(C)(3) GENERAL PURPOSE 159 PIONEER STREET BROOKLYN, NY 11231 225,000. A FAIR SHAKE FOR YOUTH, INC. 501(C)(3) GENERAL PURPOSE 210 W 101ST ST APT 7D NEW YORK, NY 10025 5,000. SEE CONTINUATION SHEET(S) 581,108. ➤ 3a Total **b** Approved for future payment NONE Total **▶** 3b

# Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
•	(a) Business	<b>(b)</b> Amount	(C) Exclu- sion code	( <b>d)</b> Amount	Related or exempt function income
1 Program service revenue:	code		code	, unount	Tanotion moonio
a					
	+				
d					
u					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	11,698.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			15	322.	
8 Gain or (loss) from sales of assets other than inventory			18	-420,040.	
9 Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a SEE STATEMENT 10		-165,599.		-206.	
b					
C					
d					
e		4.65 500		400 006	
12 Subtotal. Add columns (b), (d), and (e)		-165,599.		-408,226.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	-573,825.
(See worksheet in line 13 instructions to verify calculations.)					

# Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.						
_			her than by providing funds for such purposes).			
4	INVESTMENT	RELATED	ACTIVITIES			
8	INVESTMENT	RELATED	ACTIVITIES			

Form **990-PF** (2016)

Dord V		HASDKEW F			I D . I . I'	52-00:			ige 13
Part X	Information Re Exempt Organ		sters to a	and Transactions a	and Relations	nips With Nonch	aritable	е	
1 Did t	ne organization directly or indi		of the followir	ng with any other organization	on described in sect	ion 501(c) of		Yes	No
	ode (other than section 501(c					· ,			
<b>a</b> Trans	fers from the reporting found	ation to a noncharita	ble exempt or	ganization of:					
(1)	Cash						1a(1)		Х
(2)	Other assets						1a(2)		X
	transactions:								
(1)	Sales of assets to a noncharita	ble exempt organizat	tion				1b(1)		X
	Purchases of assets from a no								Х
	Rental of facilities, equipment,								X
	Reimbursement arrangements								X
	oans or loan guarantees								X
	Performance of services or me		-						X
	ng of facilities, equipment, ma							<u> </u>	X
	answer to any of the above is		-	• •	-			sets,	
	rvices given by the reporting font (d) the value of the goods,				ie in any transactior	i or snaring arrangement,	snow in		
(a)Line no.	(b) Amount involved			e exempt organization	(d) Description	n of transfers, transactions, an	d abarina a		nto
(w)Line no.	(b) Amount involved	(b) Name of	N/A	c exempt organization	(a) Description	TOT transfers, transactions, an	u snamy a	rangeme	1115
			и/л						
	foundation directly or indirec	•			zations described				7
	ction 501(c) of the Code (other		(3)) or in sect	tion 527?			Yes	LX.	No
<b>b</b> If "Ye	s," complete the following sch			(h) Type of organization	<u> </u>	(a) Description of relation	ahin		
	(a) Name of org	Janization		(b) Type of organization		(c) Description of relation	istiip		
	N/A								
T	Under penalties of perjury, I declare	that I have examined thi	s return, includir	I ng accompanying schedules and	I statements, and to the	best of my knowledge		,.	, .
Sign	and belief, it is true, correct, and cor	nplete. Declaration of pr	eparer (other tha	n taxpayer) is based on all inforn	nation of which prepare	r has any knowledge.	lay the IRS eturn with th	e prepar	er
Here				Ī	TRUST		hown below X Yes		No
	Signature of officer or trustee			Date	Title		103	,	_ 140
	Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if PTIN			
						self- employed			
Paid	NORMAN ELL	ISON			11/10/17	P(	0492	066	
Prepai	er Firm's name ►RSM		•			Firm's EIN ► 42-0			
Use O	-								
	Firm's address ► 11								
	NE	W YORK, N	Y 1003	6-2602		Phone no. 212-3	<u> 372-</u> 1	000	

CONTINUATION FOR 990-PF, PART IV THE CHASDREW FUND 52-6854447 PAGE OF Part IV Capital Gains and Losses for Tax on Investment Income **(b)** How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold (c) Date acquired 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 18 BESSEMER TRUST #8P0217 - CAPITAL GAIN DISTRIBUTIO b THRU MAGELLAN MIDSTREAM PARTNERS c THRU MAGELLAN MIDSTREAM PARTNERS d THRU BUCKEYE PARTNERS e CLASS ACTION PROCEEDS 09/21/16 f 100000 SHS FEDERAL HOME LOAN BANKS 05/04/1607/18/16 g 150000 SHS FEDERAL HOME LOAN BANKS 08/02/1609/23/16 h 100000 09/26/16 SHS FEDERAL HOME LOAN BANKS 11/01/1612/20/16 SHS FEDERAL HOME LOAN BANKS 100000 35 SHS PVH CORP 12/05/16|12/08/16 10/24/1612/22/16 900000 SHS FEDERAL HOME LOAN BANKS 400000 SHS US TREASURY BILLS 10/03/1612/02/16 m 10270 SHS KINDER MORGAN INC D 10/03/16 10/03/16 n 5505 SHS PLAINS GP HOLDINGS LP CL A D 0 3176 SHS WILLIAMS COMPANIES D 10/03/16 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 4,542. 4,542. а -17. b -26. С 72. d 5 , 5. 99,921 99,919. 149,867. 149,885 18. 99,842. 99,858 16. -17.99,889 99,906. 3,857. 3,703. <u>154.</u> 899,106 899,249.  $\overline{-143}$ . 399,688 399,684. 4. 235,790 263,165. -27,375. m -78,591.70,101 148,692. n 96,930. 154,585. -57,655. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 4,542. а -17. \* \* b -26. С 72. d 5. е \* \* 2. \* \* 18. \* \* 16. \* \* -17.\* \* 154.

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
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

\*\* (SHORT-TERM)

\* \*

2

3

m

n

-143. 4.

-27,375.

-78,591.

-57,655.

CONTINUATION FOR 990-PF, PART IV 52-6854447 PAGE 2 OF

Part IV Capital Gains and Lo	sses for Tax on Investment Income				
	describe the kind(s) of property solicick warehouse; or common stock, 2		( <b>b)</b> How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a ENERGY TRANSFE	R PARTNERS, LP		D		10/03/16
b ENERGY TRANSFE	R EQUITY		D		10/03/16
c HOLLY ENERGY P.			D		10/03/16
d PLAINS ALL AME		LP	D		10/03/16
e SONOCO LOGISTI			D		12/02/16
f VALERO ENERGY	PARTNERS LP		D		10/03/16
g					
h					
<u>i</u>					
<u> </u>					
<u>k</u>					
m					
n					
0					
(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a 324,972.	· · · · · · · · · · · · · · · · · · ·	401,900.	(3) P	. ,	-76.928.
b 5,831.		9,333.			-76,928. $-3,502.$
c 192,201.		301,920.		_	109,719.
d 400,676.		800,980.			400,304.
e 463,038.		132,161.			330,877.
f 7,932.		9,385.			-1,453.
g					
h					
<u>i</u>					
j					
k					
m					
<u>n</u> 0					
	ng gain in column (h) and owned by	the foundation on 12/31/69	(I) Los	ses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess o	of col. (h) gain ove ot less than "-0-")	
a		.,,,			-76,928.
b					-3,502.
С				_	109,719.
d				_	400,304.
е					330,877.
f					-1,453.
<u>g</u>					
<u>h</u>					
i					
<u>J</u>					
<u>k</u>					
m					
n					
0					
2 Capital gain net income or (net ca		5	2		420,040.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8		<b>)</b>	3		17.

\*\* (SHORT-TERM)

Part XV | Supplementary Information

3 Grants and Contributions Paid During the Y				
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
name and address (name of sacross)	or substantial contributor	recipient		
SILICON VALLEY COMMUNITY FOUNDATION		501(C)(3)	GENERAL PURPOSE	
2440 WEST EL CAMINO REAL STE 300				
MOUNTAIN VIEW, CA 94040				150,000
GEORGE JACKSON ACADEMY		501(C)(3)	GENERAL PURPOSE	
104 SAINT MARKS PLACE				
NEW YORK, NY 10009				9,900
THRU ENERGY TRANSFER PARTNERS LP		501(C)(3)	GENERAL PURPOSE	
8111 WESTCHESTER DR SUITE 600 DALLAS, TX 75225				4
,				_
THRU BUCKEYE PARTNERS LP		501(C)(3)	GENERAL PURPOSE	
PO BOX 56169		501(0)(3)	GENERAL FORFOSE	
HOUSTON, TX 77256				3
,				
THRU HOLLY ENERGY PARTNERS LP		501(C)(3)	GENERAL PURPOSE	
2828 NORTH HARWOOD SUITE 1300		301(0)(3)		
DALLAS, TX 75201				1
THRU PLAINS ALL AMERICAN PIPELINE LP		501(C)(3)	GENERAL PURPOSE	
333 CLAY STREET SUITE 1600				
HOUSTON, TX 77002				5
THRU SUNOCO LOGISTICS PARTNERS LP		501(C)(3)	GENERAL PURPOSE	
3807 WEST CHESTER PIKE				
NEWTON SQUARE, PA 19073				28
Total from continuation sheets				159,941

#### 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.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

THE CHASDREW FUND 52-6854447

Organization type (check one):

Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
•	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
•	1,0,0,1,1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0					
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						
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1)(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 outor, 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, I-EZ, line 1. Complete Parts I and II.					
year, total cont	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.					
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> table, etc., contributions totaling \$5,000 or more during the year \bigsim \$\$					
Caution: An organization	in that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule R (Form 990, 990, F7, or 990, PF)					

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) (2016)

Name of organization Employer identification number

THE CHASDREW FUND 52-6854447

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	ESTATE OF GLADYS JENSEN  3720 SPRUCE STREET #419  PHILADELPHIA, PA 19104	\$\$6,416,646.	Person X Payroll Noncash X (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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE CHASDREW FUND

Part II	Noncash Property (See instructions). Use duplicate copies of F	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
	TEEKAY LNG PARTNERS LP		
1			
		\$\$	08/24/16
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	PLAINS GP HOLDINGS LP-CL A		
$\frac{1}{}$			
		\$\$	08/24/16
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	VALERO ENERGY PARTNERS LP		
1			
		\$7,749 <b>.</b>	08/24/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	ENERGY TRANSFER EQUITY LP		
1			
		\$6,265.	08/24/16
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	WILLIAMS COMPANIES INC		
$-\!$			
		\$\$	08/24/16
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	HOLLY ENERGY PARTNERS LP		
1			
	-	<sub>\$</sub> 182,395.	08/25/16
623453 10-18	<del></del>		90, 990-EZ, or 990-PF) (2016

THE CHASDREW FUND

Part II	Noncash Property (See instructions). Use duplicate copies of Pa	rt 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
1	KINDER MORGAN INC	_	
		 \$\$224,399.	08/25/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	EQT MIDSTREAM PARTNERS	_	
		\$146,214.	08/25/16
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	BUCKEYE PARTNERS LP UNIT LTD	_	
		ss207,126.	08/25/16
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	ENERGY TRANSFER PARTNER LP		
		 \$\$353,508.	08/25/16
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	ENTERPRISE PRODUCTS PARTNERS LP	_	
			08/25/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	MAGELLAN MIDSTREAM PARTNERS	_	
602452 10 1		1,763,032.	08/25/16 080.FF. or 990.PF) (2016)

THE CHASDREW FUND

Noncash Property (See instructions). Use duplicate copies of P	art II if additional space is needed.	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
ONEOK PARTNERS LP UT		
	\$\$	08/25/16
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
PLAINS ALL AMERICAN LTD		
	\$	08/25/16
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
SUNOCO LOGISTICS PARTNERS LP		
	\ \\$1,185,332.	08/25/16
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	(b)  Description of noncash property given  (b)  Description of noncash property given  PLAINS ALL AMERICAN LTD  (b)  Description of noncash property given  SUNOCO LOGISTICS PARTNERS LP  (b)  Description of noncash property given  (b)  Description of noncash property given  (b)  Description of noncash property given	Description of noncash property given  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions)  (b) Description of noncash property given  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) FMV (or estimate) (See instructions)  SUNOCO LOGISTICS PARTNERS LP  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions)  (d) FMV (or estimate) (See instructions)  (e) FMV (or estimate) (See instructions)  (f) FMV (or estimate) (See instructions)

Name of organization Employer identification number 52-6854447 THE CHASDREW FUND Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (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 (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

## Form **2220**

Name

**Underpayment of Estimated Tax by Corporations** 

Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

2016

Employer identification number

THE CHASDREW FUND					52-6854447		
<b>Note:</b> Generally, the corporation isn't required to file Form 2 bill the corporation. However, the corporation may still use estimated tax penalty line of the corporation's income tax re	For	m 2220 to figure the p	enalty. If s	o, enter the	-		•
Part I Required Annual Payment							
1 Total tax (see instructions)						1	
2 a Personal holding company tax (Schedule PH (Form 1120), line	e 26	) included on line 1	1	2a			
<b>b</b> Look-back interest included on line 1 under section 460(b)(2)							
contracts or section 167(g) for depreciation under the income				2b			
c Credit for federal tax paid on fuels (see instructions)				2c			
d Total. Add lines 2a through 2c						2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do							
doesn't owe the penalty						3	
4 Enter the tax shown on the corporation's 2015 income tax retu							
or the tax year was for less than 12 months, skip this line ar	na e	iter the amount from iin	e 3 on line t	)		4	
5 Required annual payment. Enter the smaller of line 3 or line	Л If	the cornoration is require	ad to skin lin	۸ م			
enter the amount from line 3		·	•			5	
Part II Reasons for Filing - Check the boxes belo even if it doesn't owe a penalty. See instructions.						_	
6 The corporation is using the adjusted seasonal installr	nent	method.					
7 The corporation is using the annualized income install	men	t method.					
8 The corporation is a "large corporation" figuring its firs	st rec	uired installment based	on the prior	year's tax.			
Part III Figuring the Underpayment							
,		(a)		(b)	(c)		(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th ( <i>Form 990-PF filers:</i> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9						
10 Required installments. If the box on line 6 and/or line 7							
above is checked, enter the amounts from Sch A, line 38. If							
the box on line 8 (but not 6 or 7) is checked, see instructions							
for the amounts to enter. If none of these boxes are checked,							
enter 25% (0.25) of line 5 shove in each column	10		1				

from line 15. Then go to line 12 of the next column Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

11

12 13

14

15

16

17

18

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2016)

11 Estimated tax paid or credited for each period. For

before going to the next column.

Complete lines 12 through 18 of one column

12 Enter amount, if any, from line 18 of the preceding column

15 Subtract line 14 from line 13. If zero or less, enter -0-

17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18

18 Overpayment. If line 10 is less than line 15, subtract line 10

If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-

Add lines 11 and 12 14 Add amounts on lines 16 and 17 of the preceding column

See instructions

column (a) only, enter the amount from line 11 on line 15.

Form 2220 (2016)

# Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
21	Number of days on line 20 after 4/15/2016 and before 7/1/2016	21				
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$	\$
23	Number of days on line 20 after 06/30/2016 and before 10/1/2016	23				
24	Underpayment on line 17 x Number of days on line 23 x 4% (0.04)	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2016 and before 1/1/2017	25				
26	Underpayment on line 17 x Number of days on line 25 x 4% (0.04)	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2016 and before 4/1/2017	27				
28	Underpayment on line 17 x Number of days on line 27 x 4% (0.04)	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2017 and before 7/1/2017	29				
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2017 and before 10/1/2017	31				
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2017 and before 1/1/2018	33				
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2017 and before 3/16/2018	35				
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	<b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the tot or the comparable line for other income tax returns					38 \$ 0

<sup>\*</sup> Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2016)

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECU	RITIES S'	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
BESSEMER TRUST					
#8G3992	1,736.	0.	1,736	1,736.	0.
BESSEMER TRUST					
#8P0217	6,600.	0.	6,600	6,600.	0.
BESSEMER TRUST	0.0	0	0.0	0.0	0
#8P0750	29.	0.	29		0.
BUCKEYE PARTNERS ENERGY TRANSFER	19.	0.	19	. 19.	0.
EQUITY TRANSFER	6.	0.	6	. 6.	0.
ENERGY TRANSFER	0.	0.	O	•	0.
PARTNERS	529.	0.	529	. 529.	0.
ENTERPRISE	3230		323	3230	
PRODUCTS PARTNERS	66.	0.	66	. 66.	0.
EQT MIDSTREAM					
PARTNERS	54.	0.	54	. 54.	0.
MAGELLAN MIDSTREAM					
PARTNERS	59.	0.	59		0.
ONEOK PARTNERS	3.	0.	3	. 3.	0.
PLAINS ALL	1	0	4	1	0
AMERICAN PIPELINE	1.	0.	1	. 1.	0.
SUNOCO LOGISTICS PARTNERS	75.	0.	75	. 75.	0.
TEEKAY LNG	75.	0.	7.5	• /5•	0.
PARTNERS	2,432.	0.	2,432	. 2,432.	0.
VALERO ENERGY	_,		_,	_,,	
PARTNERS	89.	0.	89	. 89.	0.
TO PART I, LINE 4	11,698.	0.	11,698	. 11,698.	0.
=				=	
FORM 990-PF		OTHER INCO	ME	S.	TATEMENT 2
DEGGETERION				(B) NET INVEST-	(C) ADJUSTED
DESCRIPTION		PER	BOOKS 1	MENT INCOME	NET INCOME
OTHER PORTFOLIO INCO		RIOUS	319.	319.	319.
ROYALTIES FROM ENERG PARTNERS	Y TRANSFER		3.	3.	3.
INCOME FROM ENERGY T	RANSFER		J •	J •	<b>3</b> •
PARTNERS			-8,915.	0.	-8,915.
SEC 1231 NET LOSS FF	,,,M, P.M.D.D.C.A				

0. 0. 0. 0. 0. 0. 0.	-2. 975,079. 7,3375,515. 30. 9,92051,721. 35,02550. 116. 48.
0. 0. 0. 0. 0. 0.	975,079. 7,3375,515. 30. 9,92051,721. 35,02550.
0. 0. 0. 0. 0.	975,079. 7,3375,515. 30. 9,92051,721. 35,025.
0. 0. 0. 0. 0.	975,079. 7,3375,515. 30. 9,92051,721. 35,025.
0. 0. 0. 0.	975,079. 7,3375,515. 30. 9,92051,721.
0. 0. 0. 0.	975,079. 7,3375,515. 30. 9,920.
0. 0. 0. 0.	975,079. 7,3375,515. 30. 9,920.
0. 0. 0.	97. -5,079. 7,337. -5,515.
0. 0. 0.	97. -5,079. 7,337. -5,515.
0. 0. 0.	97. -5,079. 7,337. -5,515.
0. 0.	97. -5,079. 7,337.
0. 0.	97. -5,079. 7,337.
0.	97. -5,079.
0.	97. -5,079.
0.	97.
0.	97.
0.	-2.
0	_ 2
0.	
0.	-114 <b>.</b>
0.	-573.
0 •	3,134.
0.	-3,134.
0.	-41,017.
0.	-45,307.
•	/ 4
0.	-72.
0.	-6,560.
0. 0.	
^	-402.
0.	-54,104.
_	
0.	4,355.
	0.

(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
16,437.	16,437.	0.	0.	
16,437.	16,437.	0.	0.	
	(A) EXPENSES PER BOOKS 16,437.	(A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME  16,437. 16,437.	(A) (B) (C) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME NET INCOME  16,437. 16,437. 0.	

FORM 990-PF	TAX	TAXES				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI E PURPOSI		
FEDERAL EXCISE TAX FOREIGN TAXES	7,114. 233.	0. 233.		). ).	0.	
TO FORM 990-PF, PG 1, LN 18	7,347.	233.	(	). =	0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT	5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI E PURPOSI		
CONSULTING EMPLOYEE LEASING OFFICE INSURANCE	52,382. 135,488. 95. 1,881.	0. 0. 0.				
TO FORM 990-PF, PG 1, LN 23	189,846.	0.	187,870	187,8	70.	
FORM 990-PF OTHER INCREASE	S IN NET ASS	ETS OR FUND B	ALANCES	STATEMENT	6	
DESCRIPTION				AMOUNT		
UNREALIZED HOLDING GAIN/LOSS PRIOR PERIOD ADJUSTMENT - NO	TAX EFFECT			628,58		
TOTAL TO FORM 990-PF, PART I	II, LINE 3		=	632,08	34.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	7	
FORM 990-PF  DESCRIPTION	CORPORAT		OK VALUE	STATEMENT FAIR MARKET		
		ВО	OK VALUE 2,409,919.	FAIR MARKE	r	

FORM 990-PF OTH	HER INVESTMENTS		STAT:	EMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUI		MARKET ALUE
INVESTMENT IN BUCKEYE PARTNERS LP	COST	197,78	84.	197,784.
INVESTMENT IN ENTERPRISE PRODUCTS PARTNERS LP	COST	952,43	18.	952,418.
INVESTMENT IN EQT MIDSTREAM PARTNERS	COST	134,28		134,288.
INVESTMENT IN MAGELLAN MIDSTREAM	COST			
PARTNERS INVESTMENT IN ONEOK PARTNERS LP INVESTMENT IN SUNOCO LOGISTICS	COST COST	1,674,85 311,98		,674,850. 311,988.
PARTNERS LP		520,52	26.	520,526.
INVESTMENT IN TEEKAY LNG PARTNERS LP	COST	38,5	47.	38,547.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	3,830,40	01. 3	,830,401.
	OF OFFICERS, D		STAT	EMENT 9
TRUSTEES AND	FOUNDATION MANA	GERS COMPEN-	EMPLOYEE BEN PLAN	EXPENSE
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	GERS  COMPEN- SATION	EMPLOYEE BEN PLAN	
NAME AND ADDRESS  JULIE JENSEN 3720 SPRUCE STREET #419	FOUNDATION MANA	GERS  COMPEN- SATION	EMPLOYEE BEN PLAN	EXPENSE
NAME AND ADDRESS  JULIE JENSEN 3720 SPRUCE STREET #419	TITLE AND AVRG HRS/WK TRUSTEE, CHAIR	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NAME AND ADDRESS  JULIE JENSEN 3720 SPRUCE STREET #419 PHILADELPHIA, PA 19104  ANN BELZNER 3720 SPRUCE STREET #419 PHILADELPHIA, PA 19104  KATHRYN GORMAN	TITLE AND AVRG HRS/WK  TRUSTEE, CHAIR 5.00  TRUSTEE 5.00	COMPEN- SATION  MAN  0.	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT  0.
NAME AND ADDRESS  JULIE JENSEN 3720 SPRUCE STREET #419 PHILADELPHIA, PA 19104  ANN BELZNER 3720 SPRUCE STREET #419 PHILADELPHIA, PA 19104  KATHRYN GORMAN 3720 SPRUCE STREET #419	TITLE AND AVRG HRS/WK  TRUSTEE, CHAIR 5.00  TRUSTEE 5.00	COMPEN- SATION MAN	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NAME AND ADDRESS  JULIE JENSEN 3720 SPRUCE STREET #419 PHILADELPHIA, PA 19104  ANN BELZNER 3720 SPRUCE STREET #419 PHILADELPHIA, PA 19104  KATHRYN GORMAN	TITLE AND AVRG HRS/WK  TRUSTEE, CHAIR 5.00  TRUSTEE 5.00	COMPEN- SATION  MAN  0.	EMPLOYEE BEN PLAN CONTRIB  0.	EXPENSE ACCOUNT  0.

RONALD D ELUM 3720 SPRUCE STREET #419 PHILADELPHIA, PA 19104

EXECUTIVE DIRECTOR 24.00

70,000. 4,900. 0.

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

140,000. 7,000.

0.

FORM 990-PF	ОТ	HER REVENUE			STATEMENT 10
DECORTORION	BUS	UNRELATED	EXCL	EXCLUDED	RELATED OR EXEMPT FUNC-
DESCRIPTION	CODE	BUSINESS INC	CODE	AMOUNT	TION INCOME
INCOME FROM ENERGY	900000				
TRANSFER PARTNERS	30000	-8,915.			
INCOME FROM ENERGY	900000	,			
TRANSFER PARTNERS		42.	14	-42.	
SEC 1231 NET LOSS FROM	900000				
ENERGY TRANSFER PARTNERS		-168.			
SEC 751 ORDINARY INCOME	900000				
FROM ENERGY TRANSFER					
PARTNERS		4,355.			
INCOME FROM ENTERPRISE	900000	E 4 104			
PRODUCTS PARTNERS	00000	-54,104.			
SEC 1231 NET LOSS FROM ENERGY PRODUCTS PARTNERS	900000	-402.			
INCOME FROM EQT MIDSTREAM	900000	-402.			
PARTNERS	900000	-6,560.			
SEC 1231 NET LOSS FROM	900000	0,500.			
EQT MIDSTREAM PARTNERS	300000	-72.			
INCOME FROM MAGELLAN	900000	, = -			
MIDSTREAM PARTNERS		-45,307.			
INCOME FROM ONEOK	900000	·			
PARTNERS		-41,017.			
INCOME FROM BUCKEYE	900000				
PARTNERS		-3,134.			
SEC 1231 NET LOSS FROM	900000				
BUCKEYE PARTNERS		-573.			
INCOME FROM ENERGY	900000	111			
TRANSFER EQUITY	00000	-114.			
SEC 1231 NET LOSS FROM ENERGY TRANSFER EQUITY	900000	-2.			
SEC 751 ORDINARY INCOME	900000	-2.			
FROM ENERGY TRANSFER	200000				
EQUITY		97.			
INCOME FROM HOLLY ENERGY	900000	37.			
PARTNERS		-5,079.			
SEC 751 ORDINARY INCOME	900000	-,			
FROM HOLLY ENERGY					
PARTNERS		7,337.			

THE CHASDREW FUND			52-6854447
NCOME FROM PLAINS ALL	900000		
MERICAN PIPELINE		-5,515.	
SEC 1231 NET GAIN FROM	900000		
LAINS ALL AMERICAN			
PIPELINE		30.	

INCOME FROM PLAINS ALL AMERICAN PIPELINE	900000	-5,515.			
SEC 1231 NET GAIN FROM	900000	-5,515.			
PLAINS ALL AMERICAN PIPELINE		30.			
SEC 751 ORDINARY INCOME	900000	30.			
FROM PLAINS ALL AMERICAN					
PIPELINE		9,920.			
INCOME FROM SUNOCO	900000				
LOGISTICS PARTNERS		-51,721.			
INCOME FROM SUNOCO	900000				
LOGISTICS PARTNERS		164.	14	-164.	
SEC 751 ORDINARY INCOME	900000				
FROM SUNOCO LOGISTICS		35,025.			
INCOME FROM VALERO ENERGY	900000				
PARTNERS		-50.			
SEC 751 ORDINARY INCOME	900000				
FROM VALERO ENERGY					
PARTNERS		116.			
INCOME FROM TEEKAY LNG	900000				
PARTNERS		48.			
TOTAL TO FORM 990-PF, PG 12	2, LN 11	-165,599.	_	-206.	

Point terror with a result of the result of	Form	990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							OMB No. 1545-0687	
Performation about Form 9007 and this instructions is available at wown the gouthern9007.   Performation about Form 9007 and this instructions.			For cal	•					.	2016	
Name   December   D	Donor	tment of the Transury								2010	
The CHASDREW FUND   S2-6854447   Suppose   S			▶								
X   S01 (2 N 3   20   20   1   3   1   3   1   3   20   5   5   1   20   5   3   20   5   5   1   3   3   20   5   5   1   3   3   20   5   5   1   3   3   3   3   3   3   3   3   3	Α [			Name of organization ( Check box it flame changed and see instructions.)						loyees' trust, see	
Adole   20(e)   20(e)   30(a)   PILL ADDEPHIA, PA 1910 4   900000   900000   900000   900000   900000   900000   900000   900000   900000   9000000   9000000   9000000   9000000   9000000   9000000   9000000   9000000   9000000   9000000   9000000   900000000		_ '	Print	THE CHASDRE	W FUND						
408A   309(a)   509(a)   50	X						structions.				
Section   PHILADPPHIA   PA 19104   900000			••								
Boundary   Comparison   Soft(c) treat   401(a) trust   Other trust		]529(a)		PHILADEPHIA	, PA 19104	•	ı postal code		900	000	
Describe the organization's primary unrelated business activity.	C Boo	end of vear .				<u> </u>					
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   Ves   X   No								401(a) trust		Other trust	
If **Yes,** enter the name and identifying number of the parent corporation, ▶    The books are in care of ▶ JULIE J JENSEN   Telephone number ▶ 215-921-6800									1	[ <b>T 7</b> ]	
The books are in care of   JULLE J JENSEN   Telephone number   ≥ 215 - 921 - 6800				•	* '. '	ıt-subsi	diary controlled group?	▶ [	Ye	es <u>X</u> No	
Part     Unrelated Trade or Business Income   (A) Income   (B) Expenses   (C) Net							T		11 =	001 6000	
1						1					
Description				de or busilless ille			(A) illicollic	(D) Expense	<u> </u>	(O) Net	
2 Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c 4 Capital gain ent income (fastach Schedule D) 4 ta Lapital gain ent income (astach Schedule D) 5 Income (loss) (from partnerships and S corporations (attach statement) 5   Income (loss) (from partnerships and S corporations (attach statement) 5   Income (loss) (from partnerships and S corporations (attach statement) 6   Rent Income (Schedule C) 7   Unrelated debt-financed income (Schedule E) 8   Interest, annulies, royalties, and rents from controlled organizations (Sch. F) 9   Investment income of a section 501(c)/T), (9), or (17) organization (Schedule G) 10   Exploited cewnfr activity income (Schedule I) 11   Advertising income (Schedule I) 12   Other income (See instructions; attach schedule) 13   Total, Combine lines 3 through 12   13   -164, 412.   -164, 412.    Part III   Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)  14   Compensation of officers, directors, and trustees (Schedule K) 16   Repairs and maintenance   16   16   16   16   16   16   16   1					• Palanca	10					
3	_			A line 7)		-					
4a	_										
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)   4b   4c   4c   4c   4c   4c   4c   4c		•									
c Capital loss deduction for trusts 5 Income (loss) from partnerships and S corporations (attach statement) 5 Income (loss) from partnerships and S corporations (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuties, royalties, and rents from controlled organizations (Sch. F). 8 Interest, annuties, royalties, and rents from controlled organizations (Sch. F). 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (Schedule J) 13 Total. Combine lines 3 through 12 15 Total. Combine lines 3 through 12 16 Total combine lines 3 through 12 17 Total Complex and maintenance (Schedule K) 18 Against and maintenance (Schedule K) 19 Salaries and wages 15 Salaries and wages 16 Repairs and maintenance (Schedule K) 17 Interest (attach schedule) 18 Interest (attach schedule) 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Charitable contributions (See instructions for limitation rules) 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Depreciation (attach Form 4562) 21 Depreciation (attach Form 4562) 22 Excess exempt expenses (Schedule I) 23 Charitable contributions to deferred compensation plans 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Total deductions (Add lines 14 through 28 28 Total deductions (Add lines 14 through 28 29 Total deduction (Ghearlally \$1,000, but see line 33 instructions for exceptions) 30 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 31 Lorelated business taxable income before specific deduction for exceptions) 32 Unrelated business taxable income before specific deduction for exceptions) 33	h	Net gain (loss) (Form	1797 P	art II line 17) (attach Forn	n 4797)						
5   -164,412.   6   Rent income (Schedule C)   6   Rent income (Schedule C)   7   Unrelated debt-financed income (Schedule E)   7   Unrelated yeb-t-financed income (Schedule E)   7   Unrelated yeb-t-financed income (Schedule E)   8   Interest, annutities, royalties, and rents from controlled organizations (Sch. F)   8   Unrestined income of a section 501(c)(7), (9), or (17) organization (Schedule G)   9   Unrestined income (Schedule I)   10   Unrestined income (Schedule I)   11   Advertising income (Schedule I)   12   Other income (See instructions; attach schedule)   13   Total. Combine lines 3 through 12   Total Combine lines 1 through 28   Total Combine lines 1 through 29   Total Combine lines 1 through											
6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F). 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6) 9 Unvestment income of a section 501(c)(7), (9), or (17) organization (Schedule 6) 10 Exploited exempt activity income (Schedule 1) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 13 −164 , 412 .    Part III	_						-164,412.			-164,412.	
Total treated debt-financed income (Schedule E)						6	,			,	
Interest, annuities, royalties, and rents from controlled organizations (Sch. F.)   Interestment income of a section 501(c)(7), (9), or (17) organization (Schedule 6)   9						7					
10	8					8					
11   Advertising income (Schedule J)   11   12	9		-			9					
12   Other income (See instructions; attach schedule)   12   13   -1.64 , 412 .	10	Exploited exempt act	ivity inco	me (Schedule I)		10					
Total. Combine lines 3 through 12   13   -164,412.   -164,412.     -164,412.	11	Advertising income (	Schedule	e J)		11					
Part II   Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)   (Except for contributions, deductions must be directly connected with the unrelated business income.)    Compensation of officers, directors, and trustees (Schedule K)	12	Other income (See in	struction	ıs; attach schedule)							
(Except for contributions, deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K)  15 Salaries and wages  16 Repairs and maintenance  16 17 Bad debts  17 Interest (attach schedule)  18 Interest (attach schedule)  19 Taxes and licenses  19 Depreciation (attach Form 4562)  20 Less depreciation (attach Form 4562)  21 Depreciation (attach Form 4562)  22 Less depreciation claimed on Schedule A and elsewhere on return  22 Depletion  23 Depletion  24 Contributions to deferred compensation plans  25 Employee benefit programs  26 Excess exempt expenses (Schedule I)  27 Excess readership costs (Schedule J)  28 Other deductions (attach schedule)  29 Total deductions. Add lines 14 through 28  20 Unrelated business taxable income before specific deduction. Subtract line 29 from line 13  30 -164,412.  31 Net operating loss deduction (limited to the amount on line 30)  32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 32, enter the smaller of zero or										-164,412.	
14         Compensation of officers, directors, and trustees (Schedule K)         14           15         Salaries and wages         15           16         Repairs and maintenance         16           17         Bad debts         17           18         Interest (attach schedule)         18           19         Taxes and licenses         19           20         Charitable contributions (See instructions for limitation rules)         20           21         Depreciation (attach Form 4562)         21           22         Less depreciation claimed on Schedule A and elsewhere on return         23           24         Contributions to deferred compensation plans         24           25         Employee benefit programs         25           26         Excess exempt expenses (Schedule I)         25           26         Excess readership costs (Schedule J)         27           28         Other deductions (attach schedule)         28           29         Total deductions. Add lines 14 through 28         29         0 .           30         Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13         30         -164 , 412 .           31         Unrelated business taxable income before specific deduction. Subtract line 31 from line 30<	Pa										
15         Salaries and wages         15           16         Repairs and maintenance         16           17         Bad debts         17           18         Interest (attach schedule)         18           19         Taxes and licenses         19           20         Charitable contributions (See instructions for limitation rules)         20           21         Depreciation (attach Form 4562)         21           22         Less depreciation claimed on Schedule A and elsewhere on return         22a         22b           23         Depletion         23         24           24         Contributions to deferred compensation plans         24         24           25         Employee benefit programs         25         25           26         Excess exempt expenses (Schedule I)         26         27           27         Excess readership costs (Schedule J)         27         28           29         Total deductions, Add lines 14 through 28         29         0.           30         Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13         30         -164,412.           31         Net operating loss deduction (limited to the amount on line 30)         31         -164,412.					<u>-</u>			<u>-</u>			
16         Repairs and maintenance         16           17         Bad debts         17           18         Interest (attach schedule)         18           19         Taxes and licenses         19           20         Charitable contributions (See instructions for limitation rules)         20           21         Depreciation (attach Form 4562)         21           22         Less depreciation claimed on Schedule A and elsewhere on return         23           23         Depletion         23           24         Contributions to deferred compensation plans         24           25         Employee benefit programs         25           26         Excess exempt expenses (Schedule I)         26           27         Excess readership costs (Schedule J)         27           28         Other deductions, dattach schedule)         28           29         Total deductions, Add lines 14 through 28         29         0.           30         Unrelated business taxable income before net operating loss deduction, Subtract line 29 from line 13         30         -164,412.           31         Net operating loss deduction (limited to the amount on line 30)         31         -1164,412.           32         Unrelated business taxable income before specific deduction, Subtract line	14										
17Bad debts1718Interest (attach schedule)1819Taxes and licenses1920Charitable contributions (See instructions for limitation rules)2021Depreciation (attach Form 4562)2122Less depreciation claimed on Schedule A and elsewhere on return22a22b23Depletion2324Contributions to deferred compensation plans2425Employee benefit programs2526Excess exempt expenses (Schedule I)2627Excess readership costs (Schedule J)2728Other deductions (attach schedule)2829Total deductions (attach schedule)2829Total deductions. Add lines 14 through 28290 •30Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 1330-164 , 412 •31Net operating loss deduction (limited to the amount on line 30)3132Unrelated business taxable income before specific deduction. Subtract line 31 from line 3032-164 , 412 •33Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)331,000 •34Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or											
18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       23       22b         23       Depletion       23       24         24       Contributions to deferred compensation plans       24       24         25       Employee benefit programs       25       25         26       Excess exempt expenses (Schedule I)       26       27         27       Excess readership costs (Schedule J)       27       27         28       Other deductions (attach schedule)       28       29       0 -         29       Total deductions. Add lines 14 through 28       29       0 -         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       -164 , 412 .         31       Net operating loss deduction (limited to the amount on line 30)       31       1         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       -164 , 412 .         33       Specific deduct											
Taxes and licenses 19   Charitable contributions (See instructions for limitation rules) 20   Depreciation (attach Form 4562) 21   Depreciation (attach Form 4562) 22a   Depletion 22   Depletion 23   Depletion 23   Contributions to deferred compensation plans 24   Depletion 25   Employee benefit programs 25   Employee benefit programs 25   Excess exempt expenses (Schedule I) 26   Excess readership costs (Schedule J) 27   Excess readership costs (Schedule J) 27   Depletion 28   Other deductions (attach schedule) 28   Depletion 29   Total deductions. Add lines 14 through 28   Durrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13   Depletion 29   Depletion 20   Durrelated business taxable income before specific deduction. Subtract line 31 from line 30   Durrelated business taxable income. Subtract line 33 instructions for exceptions) 31   Unrelated business taxable income. Subtract line 33 instructions for exceptions) 31   Unrelated business taxable income. Subtract line 33 instructions for exceptions) 31   Unrelated business taxable income. Subtract line 33 instructions for exceptions) 31   Unrelated business taxable income. Subtract line 33 instructions for exceptions) 31   Unrelated business taxable income. Subtract line 33 instructions for exceptions) 31   Unrelated business taxable income. Subtract line 33 instructions for exceptions) 31   Unrelated business taxable income. Subtract line 33 instructions for exceptions) 31   Unrelated business taxable income. Subtract line 33 instructions for exceptions) 31   Unrelated business taxable income. Subtract line 33 instructions for exceptions) 31   Unrelated business taxable income. Subtract line 33 instructions for exceptions) 32   Unrelated business taxable income. Subtract line 33 instructions for exceptions 32   Unrelated business taxable income. Subtract line 33 instructions for exceptions 32   Unrelated business taxable income. Subtract line 33 instructions for exceptions 32   Unrelated business taxable income. S											
Charitable contributions (See instructions for limitation rules)  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income before specific deductions for exceptions)  Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or											
Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Lurelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income. Subtract line 33 instructions for exceptions)  Unrelated business taxable income. Subtract line 33 instructions for exceptions)  Unrelated business taxable income. Subtract line 32. If line 33 is greater than line 32, enter the smaller of zero or		Charitable contribut	ione (Sa	instructions for limitation							
22Less depreciation claimed on Schedule A and elsewhere on return22a22b23Depletion2324Contributions to deferred compensation plans2425Employee benefit programs2526Excess exempt expenses (Schedule I)2627Excess readership costs (Schedule J)2728Other deductions (attach schedule)2829Total deductions. Add lines 14 through 28290 •30Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 1330-164,412 •31Net operating loss deduction (limited to the amount on line 30)3132Unrelated business taxable income before specific deduction. Subtract line 31 from line 3032-164,412 •33Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)331,000 •34Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or									20		
Depletion 23									22h		
Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income. Subtract line 33 instructions for exceptions)  Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or									+		
Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income. Subtract line 33 instructions for exceptions)  Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or											
Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  Unrelated business taxable income. Subtract line 31 from line 32, enter the smaller of zero or	25	Employee benefit pr	ograms						25		
Excess readership costs (Schedule J)  Other deductions (attach schedule)  28  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  31  Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	26	Excess exempt expe	enses (So	chedule I)					26		
28Other deductions (attach schedule)2829Total deductions. Add lines 14 through 28290 •30Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 1330-164,412 •31Net operating loss deduction (limited to the amount on line 30)3132Unrelated business taxable income before specific deduction. Subtract line 31 from line 3032-164,412 •33Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)331,000 •34Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	27	Excess readership of	osts (Sc	hedule J)					27		
Total deductions. Add lines 14 through 28  10 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  11 Net operating loss deduction (limited to the amount on line 30)  12 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  13 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  13 Pecific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  14 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	28	Other deductions (a	ttach sch	nedule)					28		
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  Unrelated business taxable income. Subtract line 31 from line 32, enter the smaller of zero or	29	Total deductions. A	Add lines	14 through 28					29		
Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  32	30	Unrelated business	taxable iı	ncome before net operatin	g loss deduction. Subtrac	t line 29	from line 13		_	-164,412.	
Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  33 1,000.  34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	31									444	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	32										
									33	1,000.	
	34						·		34	-164,412.	

623701 01-18-17 LHA For Paperwork Reduction Act Notice, see instructions.

Part I	II Tax Computation						
35	Organizations Taxable as Corporations. See instru	·					
	Controlled group members (sections 1561 and 1563	3) check here 🕨 📖 See instruction	s and:				
а	Enter your share of the \$50,000, \$25,000, and \$9,92	25,000 taxable income brackets (in that c	rder):				
		(3) \$					
b	Enter organization's share of: (1) Additional 5% tax	(not more than \$11,750) \$					
	(2) Additional 3% tax (not more than \$100,000)						
C	Income tax on the amount on line 34				► 35c		0.
	Trusts Taxable at Trust Rates. See instructions for						
	Tax rate schedule or Schedule D (Form	m 1041)		<b>)</b>	▶ 36		
37	Proxy tax. See instructions						
38	All I I I I I I I I I I I I I I I I I I						
39	Tax on Non-Compliant Facility Income. See instruc	ctions			. 39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whi						0.
Part I	V Tax and Payments						
	Foreign tax credit (corporations attach Form 1118; to						
b	Other credits (see instructions)		41b				
C	General business credit. Attach Form 3800		41c				
d	0 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
е	Total credits. Add lines 41a through 41d				. 41e		
42	Subtract line 41e from line 40				1 40 1		0.
43	Other taxes. Check if from: Form 4255 F	Form 8611 🔲 Form 8697 🔲 Form	n 8866 🔲 Other	(attach schedule			
44	Total tax. Add lines 42 and 43				. 44		0.
45 a	Payments: A 2015 overpayment credited to 2016						
	2016 estimated tax payments						
С	Tax deposited with Form 8868		45c				
d	Foreign organizations: Tax paid or withheld at source	e (see instructions)	45d				
	Backup withholding (see instructions)						
	Credit for small employer health insurance premium						
		rm 2439					
J	Form 4136 Oth		▶ 45g				
46	Total payments. Add lines 45a through 45g				46		
47	Estimated tax penalty (see instructions). Check if For	rm 2220 is attached ▶			47		
48	Tax due. If line 46 is less than the total of lines 44 ar						0.
49	Overpayment. If line 46 is larger than the total of line				<b>→</b> 49		0.
50	Enter the amount of line 49 you want: <b>Credited to 20</b>			efunded	▶ 50		
	/ Statements Regarding Certain						
51	At any time during the 2016 calendar year, did the o		•			Yes	No
	over a financial account (bank, securities, or other) i						
	FinCEN Form 114, Report of Foreign Bank and Finan	icial Accounts. If YES, enter the name of	the foreign country				
	here <b>&gt;</b>	,	· · ·				Х
52	During the tax year, did the organization receive a dis	stribution from, or was it the grantor of, o	or transferor to, a fo	reign trust?		_	Х
	If YES, see instructions for other forms the organiza		,				
53	Enter the amount of tax-exempt interest received or	accrued during the tax year >\$					
	Under penalties of perjury, I declare that I have examined	this return, including accompanying schedules			nowledge and belie	f, it is true,	
Sign	correct, and complete. Declaration of preparer (other than	taxpayer) is based on all information of which pi	reparer has any knowle	edge.	May the IRS discus	se thie return	with
Here		│	EE		the preparer show		WILII
	Signature of officer	Date			instructions)? X	] Yes [	□No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN		
Paid		-		self- employe	ed		
Prepa	NORMAN ELLISON		11/10/17	. ,		92066	
Use C	I Phanala areas & DCM IIC IID			Firm's EIN		71432	
USE C		E OF THE AMERICAS					
	Firm's address ► NEW YORK, 1			Phone no.	212-372	-1000	1
	•						

Page 3

Schedule A - Cost of Goods	<b>Sold.</b> Enter	method of inve	ntory \	valuation ► N/A					
1 Inventory at beginning of year			_	Inventory at end of yea			6		
2 Purchases	2		_	Cost of goods sold. Su					
3 Cost of labor	. 3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	. 4a		8	Do the rules of section	263A (	with respect to		Yes	No
<b>b</b> Other costs (attach schedule)				property produced or a	cquire	d for resale) apply to			
5 Total. Add lines 1 through 4b				the organization?					
Schedule C - Rent Income (F (see instructions)	rom Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	у)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				0(5)5   11   11   11			
` rent for personal property is more than \ ' of rent for p			persona	sonal property (if the percenta I property exceeds 50% or if sed on profit or income)	age	<b>3(a)</b> Deductions directicolumns 2(a) a		cted with the income (attach schedule)	in
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2(						(b) Total deductions. Enter here and on page 1,			
here and on page 1, Part I, line 6, column (					0.	Part I, line 6, column (B)	<u>.                                    </u>		0.
Schedule E - Unrelated Debt	-Financed	I Income (see	instru	ıctions)					
			1 :	2. Gross income from		<ol><li>Deductions directly co to debt-finar</li></ol>			
1. Description of debt-finar	nced property			or allocable to debt- financed property	(a)	Straight line depreciation	Ť	(b) Other deduction	
23 2330, 2330, 3330, 3330, 3330				illianced property		(attach schedule)		(attach schedule)	
(1)							-		
(2)			+				_		
(3)							_		
(4)	_			_			_		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	'	6. Column 4 divided by column 5				<b>8.</b> Allocable deduction (column 6 x total of column 3(a) and 3(b))	olumns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
			ı			inter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totals				<b>.</b>		0			0.
Total dividends-received deductions incli							<u> </u>		0.

Form **990-T** (2016)

Schedule F - Interest,			_	Controlled O						
1. Name of controlled organize	ident	2. Employer identification number		related income instructions)	<b>4.</b> Tot payr	al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		<b>6.</b> Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	nizations									
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified payi made	nents	10. Part of column in the controll gross		nization's		ductions directly connected income in column 10
(1)										
(2)										
(3)										
(4)										
						Add colur Enter here and line 8, o		e 1, Part I,	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals	<u></u>	<u></u>	<u></u>	<u></u>	▶			0.		0
Schedule G - Investme	ent Income of a tructions)	Sectio	n 501(c)(	7), (9), or	(17) Or	ganizatior	1			
<b>1</b> . Des	cription of income			2. Amount of	income	<ol> <li>Deduction</li> <li>directly connected</li> <li>(attach sched)</li> </ol>	ected	<b>4.</b> Set-a (attach s		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
				Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B).
Totals			•		0.					0
Schedule I - Exploited (see instr	Exempt Activit			r Than Ac		ing Income	)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of u	xpenses connected production nrelated ass income	4. Net incom from unrelated business (co minus colum gain, comput- through	I trade or olumn 2 n 3). If a e cols. 5	5. Gross inco from activity is not unrelat business inco	that ted	<b>6.</b> Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
(1)	Enter here and on page 1, Part I, line 10, col. (A).	page	ere and on 1, Part I, 0, col. (B).							Enter here and on page 1, Part II, line 26.
Totals	0.		0.							0
Schedule J - Advertis										
Part I Income From	Periodicals Rep	ported o	on a Con	solidated	Basis					
1. Name of periodical	2. Gross advertising income	ad	3. Direct vertising costs	or (loss) (cocol. 3). If a ga	ising gain ol. 2 minus ain, comput nrough 7.			6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5)).	▶	0.	0	•						0
, (-//:	•	· ·				•				Form <b>990-T</b> (2016

# Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	<b>2.</b> Gross advertising income	<b>3.</b> Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	<b>5.</b> Circulation income	<b>6.</b> Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form **990-T** (2016)

FORM 990-T INCOME (LOSS)	FROM PARTNERS	HIPS	STATEMENT 11
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
SEC 751 ORDINARY GAIN ON PTP			
DISPOSITIONS	56,850.	0.	56,850.
THRU ENERGY TRANSFER PARTNERS	27,406.	36,279.	-8,873.
THRU ENTERPRISE PRODUCTS PARTNERS	140,936.	195,040.	-54,104.
THRU EQT MIDSTREAM PARTNERS	5,431.	11,991.	-6,560.
THRU MAGELLAN MIDSTREAM PARTNERS	91,378.	-	-45,307.
THRU ONEOK PARTNERS	96,581.	137,598.	-41,017.
THRU BUCKEYE PARTNERS	23,112.	26,246.	-3,134.
THRU ENERGY TRANSFER EQUITY	229.	343.	-114.
THRU HOLLY ENERGY PARTNERS	6,139.	· · · · · · · · · · · · · · · · · · ·	-5,079.
THRU PLAINS ALL AMERICAN PIPELINE	226,244.	231,759.	-5,515.
THRU SUNOCO LOGISTICS	354,977.	406,534.	-51,557.
THRU TEEKAY LNG PARTNERS	9,114.	-	48.
THRU VALERO ENERGY PARTNERS	156.	206.	-50.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	1,038,553.	1,202,965.	-164,412.

# Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a>, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must u	se Form 7004 to request an extension of time to file income	e tax retur	ns.				
				Enter file	er's identifying nur	nber	
Туре с	or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print							
File by th	THE CHASDREW FUND			52-6854447			
due date filing you return. Se	for Number, street, and room or suite no. If a P.O. box, ser 3720 SPRIICE STREET #419	ee instructions.		Social security number (SSN)		l)	
instructio							
Enter t	he Return Code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Application Return Application					Return		
ls For	For Code Is For					Code	
Form 9	990 or Form 990-EZ	01 Form 990-T (corporation)			07		
Form 9	990-BL	02	Form 1041-A			08	
	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	990-PF	04	Form 5227			10	
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	orm 990-T (trust other than above) 06 Form 8870				12		
Tele	JULIE J JENSEN  books are in the care of ► 3720 SPRUCE STE  sphone No. ► 215-921-6800  be organization does not have an office or place of business  sis is for a Group Return, enter the organization's four digit (  If it is for part of the group, check this box ►	s in the Ur Group Exe	Fax No. ▶ited States, check this box	f this is fo	r the whole group, o		
1	I request an automatic 6-month extension of time until NOVEMBER 15, 2017 , to file the exempt organization return						
for the organization named above. The extension is for the organization's return for:							
ļ	lacksquare calendar year $2016$ or						
J	tax year beginning		d ending		<u> </u>		
2	f the tax year entered in line 1 is for less than 12 months, cl	heck reas	on:	Final retur	n		
	Change in accounting period						
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
-	nonrefundable credits. See instructions.  3a \$						
	f this application is for Forms 990-PF, 990-T, 4720, or 6069					2,989.	
-	estimated tax payments made. Include any prior year overp			3b	\$ 4	., , , , , , .	
	<b>Balance due.</b> Subtract line 3b from line 3a. Include your pa by using EFTPS (Electronic Federal Tax Payment System). \$	-	•	3c	\$	0.	
<u> </u>	by using EFTPS (Electronic Federal Tax Payment System).			450.50	<b>3</b>		

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)