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2016

OMB No 1545-0052

Form 990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2016, or tax year beginning 01-01-2	016 , aı	nd ending 12-31-	2016				
		indation R FAMILY FOUNDATION	A Employer id	entification numbe	r				
				41-1859711	41-1859711				
		d street (or P O $$ box number if mail is not delivered to street address ND AVE	Room/suite	B Telephone nu	B Telephone number (see instructions)				
			(651) 633-616	5					
		i, state or province, country, and ZIP or foreign postal code N 55105		C If exemption	application is pendin	g, check here			
G Ch	eck al	I that apply 🔲 Initial return 🔲 Initial return of a	former public charity	D 1. Foreign or	ganızatıons, check he	ere 🛴			
		☐ Final return ☐ Amended return	1		rganizations meeting				
		\square Address change \square Name change			k here and attach co	· -			
H Ch	eck ty	pe of organization 🛮 🗹 Section 501(c)(3) exempt private	foundation		undation status was t n 507(b)(1)(A), chec				
	Section	n 4947(a)(1) nonexempt charitable trust 🔲 Other taxabl							
		xet value of all assets at end from Part II, col (c),	✓ Cash ☐ Accru		ation is in a 60-month n 507(b)(1)(B), chec				
		\$ 12,055,702 Uher (specify) (Part I, column (d) mus	t he on cash hasis)	ander seeds	507 (5)(1)(5)/ 6.166				
			T Cash basis)		Γ	T			
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable			
		equal the amounts in column (a) (see instructions))	expenses per books	ıncome	ıncome	purposes (cash basis only)			
	1	Contributions, gifts, grants, etc , received (attach	2,576,326						
		schedule)							
	2	Check ► ☐ If the foundation is not required to attach Sch B							
	3	Interest on savings and temporary cash investments	1	1					
	4	Dividends and interest from securities	172,484	172,484					
	5a	Gross rents							
	b	Net rental income or (loss)	_						
E E	6a	Net gain or (loss) from sale of assets not on line 10	97,706						
Revenue	b	Gross sales price for all assets on line 6a 97,70	6						
ă	7	Capital gain net income (from Part IV, line 2)		97,706					
	8	Net short-term capital gain							
	9 10a	Income modifications							
	b	Gross sales less returns and allowances Less Cost of goods sold							
	c	Gross profit or (loss) (attach schedule)	<u>-</u>						
	11	Other income (attach schedule)	803	0					
	12	Total. Add lines 1 through 11	2,847,320	270,191					
	13	Compensation of officers, directors, trustees, etc	87,370			87,370			
	14	Other employee salaries and wages	19,103	0		19,103			
Š	15	Pension plans, employee benefits	2,267	0		2,267			
nse	16a	Legal fees (attach schedule)							
<u>\$</u>	b	Accounting fees (attach schedule)	3,800	1,900		1,900			
and Administrative Expenses	С	Other professional fees (attach schedule)	92,589	56,690		35,899			
Ĭ	17	Interest							
stra	18	Taxes (attach schedule) (see instructions)	10,270	0		8,145			
Ē	19	Depreciation (attach schedule) and depletion	393	0					
Ē	20	Occupancy	1,181	0		1,181			
Ψ D	21	Travel, conferences, and meetings	11,940	0		11,940			
등	22	Printing and publications	94			94			
Operating	23	Other expenses (attach schedule)	5,991	0		9,592			
er at	24	Total operating and administrative expenses.	221.53	50.55					
<u>ಹ</u>	25	Add lines 13 through 23	234,998	<u> </u>		177,491			
_	25	Contributions, gifts, grants paid	482,600			482,600			
	26	Total expenses and disbursements. Add lines 24 and 25	717,598	58,590		660,091			
	27	Subtract line 26 from line 12							
	а	Excess of revenue over expenses and disbursements	2,129,722						
	ь	Net investment income (If negative, enter -0-)		211,601					
	С	Adjusted net income(If negative, enter -0-)							
or	Paper	work Reduction Act Notice, see instructions.	1	Cat No 11289)	C For	m 990-PF (2016)			

4,981,183

4,580,131

9,752,052

9,752,052

9,752,052

9,752,052

1,977

4,130,760

5.019.043

12,055,702

12.055.702

12,055,702

12,055,702

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5 6 9,752,052

2,129,722

12,055,702

12,055,702

Form **990-PF** (2016)

173,928

3,621

4,130,760

5.019.043

12,055,702

3,621

	5
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₽S	10a

11

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21 22

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24

25 26

28

29

31 Part I

Liabilities

Fund Balances

ō

Assets 27

Net 30

2

8	Inventories for sale or use
9	Prepaid expenses and deferred charges
.0a	$Investments-U\ S\ \ and\ state\ government\ obligations\ (attach\ schedule)$
b	Investments—corporate stock (attach schedule)
C	Investments—corporate bonds (attach schedule)
11	Investments—land, buildings, and equipment basis ▶
	Less accumulated depreciation (attach schedule) ▶
12	Investments—mortgage loans
13	Investments—other (attach schedule)
14	Land, buildings, and equipment basis ►
	Less accumulated depreciation (attach schedule) ▶ 6,455
15	Other assets (describe ▶)
16	Total assets (to be completed by all filers—see the
	instructions Also, see page 1, item I)
17	Accounts payable and accrued expenses
18	Grants payable
19	Deferred revenue
20	Loans from officers, directors, trustees, and other disqualified persons
21	Mortgages and other notes payable (attach schedule)
22	Other liabilities (describe
23	Total liabilities(add lines 17 through 22)
	Foundations that follow SFAS 117, check here
	and complete lines 24 through 26 and lines 30 and 31.
24	Unrestricted
25	Temporarily restricted
26	Permanently restricted
	Foundations that do not follow SFAS 117, check here
	and complete lines 27 through 31.
27	Capital stock, trust principal, or current funds
28	Paid-in or capital surplus, or land, bldg , and equipment fund
29	Retained earnings, accumulated income, endowment, or other funds
30	Total net assets or fund balances (see instructions)
31	Total liabilities and net assets/fund balances (see instructions) .
t III	
	net assets or fund balances at beginning of year—Part II, column (a), lii
	ear figure reported on prior year's return)
Ente	r amount from Part I, line 27a
	r increases not included in line 2 (itemize) 🕨
	lines 1, 2, and 3
	eases not included in line 2 (itemize)
ıota	I net assets or fund balances at end of year (line 4 minus line 5)—Part II,

beginning of year-Part II, column (a), line 30 (must agree with end-

end of year (line 4 minus line 5)—Part II, column (b), line 30

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

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

5 Multiply line 4 by line 3

(d)					
Date sold					
(mo , day, yr)					

Page 3

	the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		How acquired P—Purchase D—Donation	Date acquired (mo , day, yr)	Date sold (mo , day, yr)
1 a CAPITAL GAINS DIVIDE	NDS		Р		
b					
с					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain d	h) or (loss) f) minus (g)
a S	97,706				97,706
b					
c					
d					
<u>е</u>					
			an 12/21/60		/IX
(i) F M V as of 12/31/69	s showing gain in column (h) and ow (j) Adjusted basis as of 12/31/69	Excess	(k) s of col (ı) l (j), ıf any	Gains (Col (col (k), but not	(I) (h) gain minus : less than -0-) or rom col (h))
а			,		97,706
b					· · · · · · · · · · · · · · · · · · ·
c					
<u>е</u>					
·	gain or (loss) gain or (loss) sert I, line 8, column (c) (see instructions is		·	3	97,706
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment 1	Income	
if section 4940(d)(2) applies, l Was the foundation liable for th if "Yes," the foundation does n	orivate foundations subject to the sec eave this part blank ne section 4942 tax on the distributa ot qualify under section 4940(e) Do nount in each column for each year,	ble amount of any year not complete this part	r in the base perio	od?	res 🗹 No
(a)	, , ,		I making any end	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		Distribution rat (col (b) divided by o	col (c))
2015	502,237		5,420,409		0 092657
2014	431,088		5,525,034		0 078024
2013	357,106		5,267,483		0 067794
2012	317,859		4,774,169		0 066579
2011	384,608		5,015,728		0 076680
2 Total of line 1, column (d)		2	!	0 381734
	o for the 5-year base period—divide ndation has been in existence if less		, or by the	,	0 076347

(b)

How acquired

(c)

7 736,970 **7** Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 660,091 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions Form **990-PF** (2016)

4

5

6

9,625,190

734,854

2,116

	If "Yes," attach the statement requir	ed b	y Regulations section 53	4945-5(d)					
6 a	Did the foundation, during the year,	rece	eive any funds, directly or	indirectly, to pay premiu	ims on				
	a personal benefit contract?				· 🗌 Yes 🗸				
b	Did the foundation, during the year,	pay	premiums, directly or ind	irectly, on a personal bei	nefit contract?	NO	6b		No
	If "Yes" to 6b, file Form 8870					Ī			
7a	At any time during the tax year, was	the	foundation a party to a p	rohibited tax shelter tran	nsaction? Yes				
b	If yes, did the foundation receive an				∟ Yes 💌	No	7b		
	Information About O		· · · · · · · · · · · · · · · · · · ·		nagers, Highly Paid Er	nplov	vees.		
Pa	and Contractors		,,		g, g ,		, ,		
1	List all officers, directors, trustee	s. f	oundation managers an	d their compensation	(see instructions).				
	Eist all officers, affectors, trastee	.5, 1			(d)				
	(a) Name and address		Title, and average hours per week	(c) Compensation (If not paid, enter	Contributions to employee			se acc	
	(a) Hame and dadress	(b) devoted to position	-0-)	benefit plans and deferred	d (e) other allowan		nces	
	Additional Data Table			-	compensation	1			
see	Additional Data Table								
						-			
2	Compensation of five highest-pai	d er	nployees (other than th	ose included on line 1		ne, er	nter "	NONE.	"
	(a)		Title, and average		Contributions to				
Na	ame and address of each employee pa	ıd	hours per week	(c) Compensation	employee benefit plans and deferred			se acco allowar	
	more than \$50,000		(b) devoted to position		(d) compensation	(0)	001101	ao.,, a.,	1000
NON	E								
]						
			1						
			1						
			1						
			1						
Tota	I number of other employees paid over	r ¢ F	<u> </u>	1					
OLA	in number of other employees paid over	ει φ Σ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · ·		Г	004)-PF (2016
						For	11 3 3	,-PF	/U1b

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		_
List the foundation's four largest direct charitable activities during the tax year Include rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc	
1		
		
2		
2		
2		
3		
		
4		
4		
Part IX-B Summary of Program-Related Investments (see	<u> </u>	
Describe the two largest program-related investments made by the foundation during t	the tax year on lines 1 and 2	Amount
1		
2		+
2		
All other program-related investments. See instructions		
all other program-related investments. See instructions		
<u> </u>		
Total. Add lines 1 through 3		▶ 0
		Form 990-PF (2016)

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

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

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

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

1

2

3

4

5

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

1a

1b

2

За 3b

4

5

660,091

660.091

660.091

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477.028

477.028

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	ж	Ш,			

Form

1 990-PF (20	016)	
art XIII	Undistributed Income	(see instructions)

b Total for prior years

From 2011.

b From 2012. c From 2013. . .

d From 2014.

e From 2015.

XII, line 4 > \$

indicated below:

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

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e.

d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

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

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

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

c Excess from 2014. . . .

b Excess from 2013. .

d Excess from 2015. .

e Excess from 2016. . .

6 Enter the net total of each column as

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

4 Qualifying distributions for 2016 from Part

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

142,666 81,684

99.316 189,502

239,307

81.684 99,316

189.502

239.307

183.063

(a)

Corpus

752,475

183.063

935.538

142,666

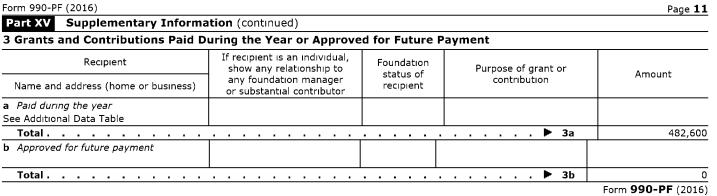
792,872

(b)

Years prior to 2015

(c)

2015



er gross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exem
-		(a)	(b)	(c)	(d)	function income (See instructions
-	service revenue	Business code	Amount	Exclusion code	Amount	(See matraction
l						
	and contracts from covernment agencies					
	and contracts from government agencies ship dues and assessments.					
Interes	st on savings and temporary cash			14	1	
	ds and interest from securities			14	172,484	
	tal income or (loss) from real estate					
	inanced property			-		
	ntal income or (loss) from personal property					
	vestment income.			+ +		
	r (loss) from sales of assets other than					
	pry			14	97,706	
	ome or (loss) from special events					
Gross p Other r	rofit or (loss) from sales of inventory					
	O OF OVERPAYMENT			01	803	
=						
	L Add solumns (b) (d) and (o)	+		 	270.004	
			(13	270,994	
Subtota Total. / worksh	l Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Leet in line 13 instructions to verify calculation	ns)		13	270,994	
Subtota Total. / worksh	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculation Relationship of Activities to th	^{ns}) e Accomplish	ment of Exem	pt Purposes	·	270,9
Subtota Fotal. / worksh rt XVII e No.	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex	ns) e Accomplish income is reporte	ment of Exem	13 pt Purposes of Part XVI-A contribut	ed importantly to	270,9
Subtota Fotal. / worksh rt XVII e No.	Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Leet in line 13 instructions to verify calculation Belationship of Activities to the Explain below how each activity for which it	ns) e Accomplish income is reporte	ment of Exem	13 pt Purposes of Part XVI-A contribut	ed importantly to	270,9
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Subtota Fotal. / worksh rt XVII e No.	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex	ns) e Accomplish income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	270,9
Subtota Fotal. A worksh t XVII e No.	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex	ns) e Accomplish income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	270,9
Subtota Fotal. A worksh t XVII e No.	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex	ns) e Accomplish income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	270,9
Subtota Fotal. A worksh t XVII e No.	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex	ns) e Accomplish income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	270,9

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part VATI	Exempt Organiz	ations							
	ganization directly or ind Code (other than section	irectly engage					501	Yes	No
a Transfers f	from the reporting found	ation to a nonc	haritable ex	empt organization	of	-			
(1) Cash.							1a(1)		No
(2) Other	rassets						1a(2)		No
b Other tran	sactions								
(1) Sales	of assets to a noncharit	able exempt or	ganızatıon.				. 1b(1)		No
(2) Purch	nases of assets from a no	oncharitable exe	empt organi	zation			. 1b(2)		No
(3) Renta	al of facilities, equipment	, or other asset	ts				. 1b(3)		No
(4) Reim	(4) Reimbursement arrangements								
(5) Loans or loan guarantees									No
(6) Perfor	(6) Performance of services or membership or fundraising solicitations								No
c Sharing of	facilities, equipment, m	ailing lists, othe	er assets, or	paid employees.			1c		No
	wer to any of the above i								
	ds, other assets, or serv nsaction or sharing arran								
many har	isaction or snaring arrain	gement, snow	in column (e	a) the value of the	goods, other asse	ets, or services received	1		
(a) Line No	(b) Amount involved	(c) Name of non	charitable exe	mpt organization	(d) Description of	transfers, transactions, ar	nd sharing arra	ngemen	its
2a Is the four	ndation directly or indirec	ctly affiliated wi	th, or relate	d to, one or more t	tax-exempt organ	ızatıons			
	in section 501(c) of the	•	•	•			. 🗆 Yes	✓ N	lo
	omplete the following sci	,		(-)(-),					
D 11 103, 00	(a) Name of organization		1 (b) Type of organizatio	n	(c) Description of	relationship		
	er penalties of perjury, I								
I	iy knowledge and belief, :h preparer has any knov		ct, and com	piete Declaration o	of preparer (otner	than taxpayer) is base	ed on all info	rmatior	n or
Jigii	*****	·icage		2017-03-29	\ *****	May	the IRS discu	ss this r	eturn
Here				2017-03-29			the preparer		
	Signature of officer or tru	ustee		Date	Title	(see	e instr)? 🗹 🔻	es 🗆 N	lo
	D	Ι_			L				
	Print/Type preparer's	name Pro	eparer's Sigi	nature	Date	Check if self-	LIN		
						employed ▶ □	P0096	5922	
Paid	ASHLEY C REHN CP.	Α			2017-03-21 employed >				
					<u> </u>				
Preparer		ATH AND COMP	PANY LTD			Fir	m's EIN ▶41	-09755	573
Use Only		.0 WHITE BEAR	DARK/M/AV						
	1 1 1 1 1 3 addie55 F 401	.S WITTE BLAK	TONINA			DI-	one no (651	1420	7000
	WHITE BEAR LAKE, MN 55110							1420-	,000

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation GARY B SAUER **TREASURER** 0 1 00 952 GRAND AVENUE ST PAUL, MN 55105 PATRICIA SAUER PRESIDENT 0 5 00 952 GRAND AVENUE ST PAUL, MN 55105

COREY SAUER	TRUSTEE	0	0	0
952 GRAND AVENUE ST PAUL, MN 55105	1 00			
JESSICA NICKELSON	TRUSTEE	0	0	0
952 GRAND AVENUE	1 00			

ST PAUL, MN 55105				
JESSICA NICKELSON	TRUSTEE	0	0	C
952 GRAND AVENUE ST PAUL, MN 55105	1 00			
STEPHANIE MORRISSEY	TRUSTEE	0	0	ſ

952 GRAND AVENUE ST PAUL, MN 55105	TRUSTEE 1 00	0	0	
STEPHANIE MORRISSEY	TRUSTEE	0	0	(
	1 1 00			1

952 GRAND AVENUE ST PAUL, MN 55105	1 00			
STEPHANIE MORRISSEY	TRUSTEE	0	0	
952 GRAND AVENUE	1 00			

,				i
STEPHANIE MORRISSEY	TRUSTEE	0	0	C
952 GRAND AVENUE ST PAUL, MN 55105	1 00			

952 GRAND AVENUE ST PAUL, MN 55105	1 00			
COLLEEN O'KEEFE	EXECUTIVE DIRECTOR	87 370	2 267	١

ST PAUL, MN 55105				
COLLEEN O'KEEFE	EXECUTIVE DIRECTOR	87,370	2,267	

ST PAUL, MN 55105

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

GARY B SAUER

PATRICIA SAUER

Form 990PF Part XV Line 3 - Grant	ts and Contributions Paid	During the `	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
AMPERSAND FAMILIES 2515 WABASH AVENUE SUITE 150 ST PAUL, MN 55114	NONE	PC	CHILD WELFARE/FOSTER CARE	15,000
ASPIREMN FOUNDATION 1000 WESTGATE DR 252 ST PAUL, MN 55114	NONE	PC	CHILD WELFARE/FOSTER CARE	20,000
BDOTE LEARNING CENTER 3216 EAST 29TH ST MINNEAPOLIS, MN 55406	NONE	PC	EDUCATION	20,000
CLOSE TO MY HEART 1740 VANDYKE ST N MAPLEWOOD, MN 55109	NONE	PC	EARLY CHILDHOOD EDUCATION	10,000
COMMUNITY RESOURCE CENTERST ANDREW'S LUTHERAN CHURCH 900 STILLWATER ROAD MAHTOMEDI, MN 55115	NONE	PC	JUNIOR BOARD	225
CONNECTIONS TO INDEPENDENCE 310 E 38TH STREET SUITE 300 MINNEAPOLIS, MN 55409	NONE	PC	CHILD WELFARE/FOSTER CARE	45,925
FAMILY ALTERNATIVES 1089 SE 10TH AVENUE MINNEAPOLIS, MN 55414	NONE	PC	CHILD WELFARE/FOSTER CARE	20,000
FAMILY ENHANCEMENT CENTER 4826 CHICAGO AVENUE SOUTH SUITE 105 MINNEAPOLIS, MN 55417	NONE	PC	CHILD WELFARE/FOSTER CARE	20,000
FAMILYWISE 3036 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414	NONE	PC	CHILD WELFARE/FOSTER CARE	10,000
FREEDOM ACADEMY CHARTER SCHOOL 2201 GIRARD AVE N MINNEAPOLIS, MN 55411	NONE	PC	EDUCATION	13,000
HARVEST NETWORK OF SCHOOLS 1300 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 55411	NONE	PC	EDUCATION	20,000
HIAWATHA ACADEMIES 1611 E 46TH STREET MINNEAPOLIS, MN 55407	NONE	PC	EDUCATION	25,000
KIPP MINNESOTA 5034 N OLIVER AVENUE MINNEAPOLIS, MN 55430	NONE	PC	EDUCATION	20,000
MAP FOR NONPROFITS (SAUER COLLABORATIVE FOR CHILD WELL- BEING) 2314 UNIVERSITY AVE W SUITE 28 ST PAUL, MN 55114	NONE	PC	CHILD WELFARE/FOSTER CARE	92,675
MN DEPARTMENT OF HUMAN SERVICES PO BOX 64943 ST PAUL, MN 551640934	NONE	GOV	CHILD WELFARE/FOSTER CARE	15,000

Total . 3a 482,600

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
NORTHEAST COLLEGE PREP SCHOOL 2511 TAYLOR ST MINNEAPOLIS, MN 55418	NONE	PC	EDUCATION	20,000
NORTHSIDE ACHIEVEMENT ZONE 2123 WEST BROADWAY AVENUE 100 MINNEAPOLIS, MN 55411	NONE	PC	EARLY CHILDHOOD EDUCATION	20,000
PARENT MENTOR PROGRAMINTERNATIONAL OUTREACH CHURCH 12115 16TH AVE SOUTH BURNSVILLE, MN 55337	NONE	PC	CHILD WELFARE/FOSTER CARE	20,000
PROJECT FOR PRIDE IN LIVING 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404	NONE	PC	CHILD WELFARE/FOSTER CARE	25,000
SAFE FAMILIES FOR CHILDREN 711 10TH AVENUE SOUTH MINNEAPOLIS, MN 55415	NONE	PC	CHILD WELFARE/FOSTER CARE	25,000
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST PAUL, MN 55109	NONE	PC	JUNIOR BOARD	120
SIMON SAYS GIVE PO BOX 211172 EAGAN, MN 55121	NONE	PC	JUNIOR BOARD	155
SPECIAL OLYMPICS MINNESOTA 100 WASHINGTON AVENUE SOUTH SUITE 550 MINNEAPOLIS, MN 55401	NONE	PC	JUNIOR BOARD	500
ST PETER CLAVER SCHOOL 1060 WEST CENTRAL ST PAUL, MN 55104	NONE	PC	EDUCATION	5,000
TESFA INTERNATIONAL SCHOOL 1745 UNIVERSITY AVE W FIRST FLOOR ST PAUL, MN 55104	NONE	PC	EDUCATION	20,000

482,600

Total . 3a

efile GRAPHIC print - DO NOT PROCE	SS As Filed D	ata -		DLN: 93491097000017
TY 2016 Accounting Fees S	Schedule			
_				
	me: THE SAU IN: 41-1859	ER FAMILY FOUNI 711	DATION	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,800	1,90	0	1,900

TY 2016 Depreciation Schedule

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: THE SAUER FAMILY FOUNDATION

inei The Shoek

		EIN: 4	1-1859711						
Description of Property	Date Acquired	Cost or Other Basıs	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
OFFICE FURNITURE	2007-02-21	3,203	3,203	SL	7 000000000000	0	0		
COMPUTER	2013-09-16	1,647	413	SL	5 000000000000	165	0		
DESK	2015-11-30	1,804	16	SL	7 000000000000	129	0		
DESK	2015-12-30	1,384	12	SL	7 000000000000	99	0		
MACBOOK AIRS (2)	2016-12-31	2,038		SL	5 000000000000	0	0		

DLN: 93491097000017

Y 2016 Investments Corporate Bonds Schedule

EIN: 41-1859711 Name of Bond

End of Year Book End of Year Fair

Value

4,130,760

DLN: 93491097000017

Market Value

4,130,760

Name: THE SAUER FAMILY FOUNDATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

WR IVY LIMITED-TERM BOND

effie GRAPHIC	print - DO NOT PROCESS	AS FIIEG Data -	DLN: 93491097000017

TY 2016 Investments - Other Schedule

Name: THE SAUER FAMILY FOUNDATION

EIN: 41-185971			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
WR ADVISORS CORE INVESTMENT A (621)	FMV	559,847	559,847
WR ADVISORS DIVIDEND OPPORTUNITIES A (676)	FMV	564,798	564,798
WR ADVISORS ENERGY A (687)	FMV	20,571	20,571
WR ADVISORS NEW CONCEPTS A (630)	FMV	273,614	273,614
WR ADVISORS SCIENCE AND TECHNOLOGY A (622)	FMV	262,979	262,979
WR ADVISORS VALUE A (672)	FMV	571,693	571,693
WR ADVISORS VANGUARD A (629)	FMV	495,671	495,671
WR ADVISORS ASSET STRATEGY A (684)	FMV	0	0
WR ADVISORS CONTINENTAL INCOME A (627)	FMV	550,175	550,175
WR ADVISORS BOND A (624)	FMV	244,232	244,232
WR ADVISORS HIGH INCOME A (628)	FMV	1,213,222	1,213,222
WR ADVISORS GLOBAL BOND A (634)	FMV	262,241	262,241

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TY 2016 Land, Etc.		

Name: THE SAUER FAMILY FOUNDATION

Schedule

EIN : 41-1859711					
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value	
OFFICE FURNITURE	3,203	3,203	0	0	
COMPUTER	1,647	1,402	245	245	
DESK	1,804	1,047	757	757	
DESK	1,384	803	581	581	
MACBOOK AIRS (2)	2,038	0	2,038	2,038	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	l: 93491097000017		
TY 2016 Other Expenses Schedule						
Nama	. THE CALLED EAD	ATLY FOUNDATIO	N I			
name	: THE SAUER FAN	ALLY FOUNDATION	IN			
EIN	: 41-1859711					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EDUCATION MATERIALS	41	0		41		
INSURANCE EXPENSE	345	0		345		

145

25

3,252

2,183

145

25

2,926

6,110

POSTAGE

SUPPLIES

MINNESOTA FILING FEE

DUES AND MEMBERSHIPS

Name: THE SAUER FAMILY FOUNDATION

As Filed Data -

REFUND OF OVERPAYMENT

EIN: 41-1859711

Other Income Schedule

Net Investment

Adjusted Net Income

DLN: 93491097000017

Description

803

Income

803

efile GRAPHIC print - DO NOT PROCESS

Revenue And **Expenses Per Books**

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491097000017			
TY 2016 Other Increases Schedule					
Name:	THE SAUER FAMILY FOUNDATION				
EIN:	41-1859711				
De	escription	Amount			
CHANGE IN UNREALIZED GAIN/LOSS		173,928			

efile GRAPHIC print - DO NOT PROCESS						
TY 2016 Other Professional Fees Schedule						
Name: THE SAUER FAMILY FOUNDATION EIN: 41-1859711						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
INVESTMENT ADVISORY 56,690 56,690 0						
PROFESSIONAL FEES	19,187	0		19,187		
IT EXPENSES	16,712	0		16,712		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491097000017			
TY 2016 Taxes Schedule	TY 2016 Taxes Schedule						
Name	e: THE SAUER	FAMILY FOUNDAT	ION				
EIN: 41-1859711							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
TAX ON NET INVESTMENT INCOME	2,125	0		0			
PAYROLL TAXES	8,145	0		8,145			

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491097000017					
Schedule B (Form 990, 990-EZ,	Schedule of Contributors		OMB No 1545-0047		
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990				
Name of the organizat		Employer id	dentification number		
		41-1859711			
Organization type (ch	eck one)				
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ation			
	☐ 527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
•	ration filing Form 990, 990-EZ, or 990-PF that received, during the year, contributer property) from any one contributor. Complete Parts I and II. See instructions for	_			
Special Rules					
under sections : received from a	tion described in section $501(c)(3)$ filing Form 990 or 990 -EZ that met the $33^13\%$ $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990 -EZ), F ny one contributor, during the year, total contributions of the greater of (1) \$5,000 ne 1h, or (ii) Form 990 -EZ, line 1 Complete Parts I and II	Part II, line 13,	16a, or 16b, and that		
during the year,	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rectotal contributions of more than \$1,000 exclusively for religious, charitable, scient the prevention of cruelty to children or animals. Complete Parts I, II, and III				
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recontributions exclusively for religious, charitable, etc., purposes, but no such contected, enter here the total contributions that were received during the year for an transfer complete any of the parts unless the General Rule applies to this organization lable, etc., contributions totaling \$5,000 or more during the year	ntributions tota exclusively re because it rec	aled more than \$1,000 eligious, charitable, etc, eived <i>nonexclusively</i>		
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not file tit must answer "No" on Part IV, line 2, of its Form 990, or check the box on line Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of	H of its			
For Paperwork Reduction for Form 990, 990-EZ, or 9		ule B (Form 990), 990-EZ, or 990-PF) (2016)		

HE SAUER FAMI	LY FOUNDATION	41-1859711	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	GARY & PAT SAUER		Person 🗸
1	2100 ADCADE CEREET		Payroll
	2100 ARCADE STREET	\$ 2,500,302	Noncash ✓
	MAPLEWOOD, MN 55109		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_	STEPHANIE & JASON MORRISSEY		Person 🗸
2	FOO MICCICCIPPI BIVER BLVD COLITI		Payroll
	590 MISSISSIPPI RIVER BLVD SOUTH	\$ 12,500	Noncash
	ST PAUL, MN55116		(Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 JESSICA & JASON NICKELSON	Total contributions	Type of contribution
<u>3</u>	JESSICA & JASON NICKELSON		Person
_	PO BOX 50725	0.40.504	Payroll
		\$ 12,524	Noncash 🗸
	MENDOTA, MN 55150		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	COREY SAUER		Person
4	1200 POSS BLASS		Payroll
	1299 ROSE PLACE	\$ 37,500	Noncash \Box
	ROSEVILLE, MN 55113		/Osmanlata Bart II faran arang la
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	CHAD SAUER		Person 🗸
<u>=</u>	12466 EVERTON CIRCLE NORTH		Payroll
	12 100 EVERTOR CIRCLE HORTH	\$ 12,500	Noncash
	WHITE BEAR LAKE, MN 55110		(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)
		Schodulo B (E	orm 990 990-E7 or 990-DE\ (2016)

Schedule B (Forr	n 990, 990-EZ, or 990-PF) (2016)		Page 3
Name of organization THE SAUER FAMILY FOUNDATION		Employer identification number	
THE SAUER FAMIL	T FOUNDATION	41-18	59711
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	OFFICE CHAIRS	\$ 302	2016-02-25
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	OFFICE SUPPLIES	\$ 24	2016-02-25
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		Schedule B (Form S	990, 990-EZ, or 990-PF) (2016)

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