

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## 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 separate instructions is at www.irs gov/form990pf

<u>For</u>	cale	adar year 2016 or tax yea	r beginning		, and ending		
Na	ame (	of foundation				A Employer identification	number
_1	CHE	FREIER FAMI	LY FOUNDATI	ON, INC.		41-1990257	, 
		and street (or P O box number r		address)	Room/suite	B Telephone number	
		MILLWOOD AV	<del></del>			6514832758	<del></del>
		town, state or province, co	• • • • • • • • • • • • • • • • • • • •	ostal code		C If exemption application is p	ending, check here
		EVILLE, MN	55113	<del></del>		4	
	Chec	k all that apply:	Initial return	<del></del> 1	ormer public charity	D 1. Foreign organization	s, check here
SCARL SCARL		<u></u>	Final return	Amended return		2. Foreign organizations me	eeting the 85% test,
-		<del> </del>	Address change	Name change	<del></del>	Foreign organizations me check here and attach co	omputation
	_		<b>X</b> Section 501(c)(3) e:			E If private foundation sta	_
		ection 4947(a)(1) nonexem		Other taxable private founda		under section 507(b)(1)	)(A), check here
		narket value of all assets at	· 1	ing method: X Cash	Accrual	F If the foundation is in a	
<b>z</b> [	rom ►\$	Part II, col (c), line 16)		ther (specify)		under section 507(b)(1)	)(B), check here
عبزتر	<u>art</u>			mn (d) must be on cash b		4.3.4.5.4.4.5.4	(d) Disbursements
<b>S</b>	211	(The total of amounts in colu- necessarily equal the amoun	mns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
இ	1	<del></del>	<del></del>	2,620.		N/A	(casti basis offy)
	2			2,020.	<del>,</del>	1	<del> </del>
2017	3	Interest on savings and tempo		6.	6.	<del> </del>	STATEMENT 2
	4	Dividends and interest fro	om securities	15,571.	15,571.		STATEMENT 3
	5	a Gross rents	5111 505 di 11155	20,0,20	20/0/20	<del> </del>	
	1 .	Net rental income or (loss)					* * *
	1	R Net gain or (loss) from sale of	assets not on line 10	64,556.		<u> </u>	STATEMENT 1
9	1	Gross sales price for all assets on line 6a	71,278.				, ,
Revenue	7				71,048.		
ď	8	Net short-term capital gai	ın		*	RFC	FIVED
	9	Income modifications					3
	108	Gross sales less returns and allowances				- IN	0 0 9817 9
	t	Less Cost of goods sold				S MAT	4 4 4 4
	0	Gross profit or (loss)					149
	11	Other income				OGI	JEN, UI
	12			82,753.	86,625.	<u></u>	
	13	Compensation of officers, dire	* *	0.	<u> </u>		0.
	14	Other employee salaries a	•				<del>                                     </del>
ı,	15	Pension plans, employee	benefits	<b></b>		<del></del>	<del> </del>
enses	168	Legal fees	STMT 4	2,620.	1,310.		1,310.
0	ľ	Accounting fees Other professional fees	SIMI 4	2,020.	1,310.		1,310.
ũ	17	Interest		<del></del>	<del></del>		<del> </del>
tiv	18	Taxes		\ <del></del>		<del></del>	<del> </del>
Administrative Ex	19	Depreciation and depletion	n				· · · · · · · · · · · · · · · · · · ·
į	20	Occupancy	•	<del></del>			
Agu	21	Travel, conferences, and r	meetings		<del></del>		<del> </del>
		Printing and publications	go		<del></del>		<del> </del>
9	23	Other expenses	STMT 5	25.	0.		25.
ati.	24	Total operating and admi					
Operating and		expenses. Add lines 13 ti		2,645.	1,310.		1,335.
ō	25	Contributions, gifts, grant	_	70,500.	,		1,335. 70,500.
Ì		Total expenses and disbu					}
		Add lines 24 and 25		73,145.	1,310.		71,835.
1	27	Subtract line 26 from line	12:				
1	a	Excess of revenue over expens	es and disbursements	9,608.	· · · · · · · · · · · · · · · · · · ·		
- 1	b	Net investment income (d	f negative, enter -0-)		85,315.		,
	C	Adjusted net income (if ne	egative, enter -0-)			N/A	<u> </u>
62350	1 11-	-23-16 LHA For Papery	work Reduction Act Notice	e, see instructions.			Form 990-PF (2016)

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

For	m 99	O-PF (2016) THE FREIER FAMILY FOUNDA	ATION, INC.	41-	1990257 Page 2
P	art	Balance Sheets   Attached schedules and amounts in the description	Beginning of year	End o	f year
Ė	uit	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	326.	326.	326.
	2	Savings and temporary cash investments	3,189.	19,519.	19,519.
		Accounts receivable		7 7 7	
	ľ	Less; allowance for doubtful accounts			
	۱,	Pledges receivable	<del></del>	<del></del> ,	<del>                                     </del>
	"				
	۱ ـ	Less: allowance for doubtful accounts	<del></del>	<del></del>	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	i i		
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
'n	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ą	108	Investments - U.S. and state government obligations			
	l	Investments - corporate stock STMT 7	97,930.	91,208.	977,204.
		Investments - corporate bonds	3,,,,,,,	71,2001	371,204.
		_	<del>                                     </del>		
	יין	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	101,445.	111,053.	997,049.
	17	Accounts payable and accrued expenses			
	18	Grants payable			,
	19	Deferred revenue			
ties	20	Loans from officers, directors, trustees, and other disqualified persons			į į
Ē		Mortgages and other notes payable			,
		Other liabilities (describe )			- '
Ų	22	Other Habilities (describe)			^ ,
	00	Total liabilities (add lines 47 through 00)	0.	0.	
┥	23	Total liabilities (add lines 17 through 22)		<del></del>	
- 1		Foundations that follow SFAS 117, check here			
اي		and complete lines 24 through 26 and lines 30 and 31.			
υı		Unrestricted			land the state of
힐		Temporarily restricted			
2	26	Permanently restricted			
Fund Balan		Foundations that do not follow SFAS 117, check here			
		and complete lines 27 through 31.			*
١٥	27	Capital stock, trust principal, or current funds	0.(	0.	
ĕ	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Į Š		Retained earnings, accumulated income, endowment, or other funds	101,445.	111,053.	STATEMENT 6
		Total net assets or fund balances	101,445.	111,053.	
2	••	Total net about of land balances			
-1	31	Total liabilities and net assets/fund balances	101,445.	111,053.	(
				111,000.	
P	art I	II Analysis of Changes in Net Assets or Fund Ba	lances		
7	ntal	net assets or fund balances at beginning of year - Part II, column (a), line	30	<del></del>	
		agree with end-of-year figure reported on prior year's return)	00		101,445.
				1.	
		amount from Part I, line 27a		2	9,608.
		Increases not included in line 2 (itemize)	<del></del>	3	111 053
		nes 1, 2, and 3		4	111,053.
		ases not included in line 2 (itemize)	<u> </u>	5	0.
_1	otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	111,053.
					Form <b>990-PF</b> (2016)

	FREIER FAMILY FO			•			41	-199	0257	Page 3
(a) List and descri	ibe the kind(s) of property sold (e.g. ehouse; or common stock, 200 shs	, real estate,	<del> </del>	(b)	How acquire - Purchase - Donation	d (	c) Date ad (mo., day	cquired y, yr.)	(d) Date (mo., da	
1a 450 SHS UNITED	HEALTH GROUP		<del></del>	<del>                                     </del>	D	1	2/27	7/00	12/07	7/16
b						$\neg$		•		
c						1				
d						_				
e				!		$\neg$				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ın or (loss) (f) mınus (		
a 71,278.			23	0.					71	048.
b										
C										
d										
e										
	gain in column (h) and owned by t	he foundation	on 12/31/69			an e	Sains (Co	il. (h) gain	minus	
(i) F.M.V. as of 12/31/69	(i) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1) col. (j), if any			col. (	k), but no	ot less than from col. (I	1-0-) or	
a		<del></del>							71	048.
b		<del></del>			<del></del> -					
										<del></del>
d	<del></del>	<u> </u>								
	<del></del>									
<u>e</u>	<del></del>			_	<del></del>					
2 Capital gain net income or (net cap	ertal loss) If gain, also enter If (loss), enter -0-			}	2				71,	048.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c		d (6):		}				<b>37 / 3</b>		
If (loss), enter -0- in Part I, line 8  Part V   Qualification Un	der Section 4940(e) for	Daduand	Tau an Nati	الر	3			N/A		
<del></del>	<del></del>					ncon	16			
(For optional use by domestic private f	foundations subject to the section 4	940(a) tax on	net investment ind	come	.)					
If section 4940(d)(2) applies, leave this	o part blook									
ir section 4540(u)(z) applies, leave this	s part biank.									
Was the foundation liable for the section of the foundation does not qualify.	y under section 4940(e). Do not cor	nplete this par	t						Yes	X No
<ol> <li>Enter the appropriate amount in ea</li> </ol>	ich column for each year; see the in	structions befo	ore making any en	tries.						
(a) Base period years Calendar year (or tax year beginning			Net value of no	(c) nchar	ıtable-use as		(c	Distrib col. (b) divi	( <b>d)</b> ution ratio ded by col. (	
2015	5	4,709.			791,9	40.	l		.06	9082
2014	6	0,017.			614,7	58.			.09	7627
2013	3'	7,087.			509,5	67.			.07	2781
2012	10	6,170.			457,7					5326
2011		5,418.	<del></del>		415,7					1137
		-1								
2 Total of line 1, column (d) 3 Average distribution ratio for the 5-	year base period - divide the total o	n line 2 hv 5	or by the number i	of vo	are		2	<del></del>	. 33	5953
the foundation has been in existence		11 mile 2 by 5, t	or by the number t	or yea	, i S		3		.06	7191
Enter the net value of noncharitable	-use assets for 2016 from Part X, I	ne 5					4		882,	405.
Multiply line 4 by line 3							5		59,	290.
Enter 1% of net investment income	(1% of Part I, line 27b)						6			853.
' Add lines 5 and 6							7		60,	143.
Enter qualifying distributions from F	Part XII, line 4					į	8		71,	835.
If line 8 is equal to or greater than li	ine 7, check the box in Part VI, line	1b, and compl	lete that part using	ja 19	% tax rate.					
See the Part VI instructions.									orm <b>990-F</b>	)E (22.55)
23521 11-23-16								Fi	rm <b>シンU~l</b>	·r (2016)

	n 990-PF (2016) THE FREIER FAMILY FOUNDATION, INC. 41-1	1990: see in:	257 struc	ction	Page 4
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				<del></del> -
	Date of ruling or determination letter:(attach copy of letter if necessary-see instructions)	•			1
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			8	53.
	of Part I, line 27b				
G	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
3	Add lines 1 and 2			8	53.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			8	53.
6	Credits/Payments:	*			l
	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 295.				i
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)  6c				,
	Backup withholding erroneously withhold				ا ۽ ا
_	Total credits and payments. Add lines 6a through 6d				<u>95.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				58.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				50.
	Enter the amount of line 10 to be; Credited to 2017 estimated tax				
Pa	irt VII-A   Statements Regarding Activities	<del></del>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?	ſ	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	t	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	Ī			
	distributed by the foundation in connection with the activities.	, ,	Ï		
C	Did the foundation file Form 1120-POL for this year?	l	1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	[			
	(1) On the foundation. ▶ \$ 0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	j			'
	managers. ► \$0.				;
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	1	2		X
	If "Yes," attach a detailed description of the activities	- 1			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	- }.			
4-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	}	3_		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a tax return on Form 990-T for this year?	/a }	4a		X
	•	^ }	4b 5		x
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	ŀ	- <del>C</del>		<u>-A-</u>
	If "Yes," attach the statement required by General Instruction T  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1			
	By language in the governing instrument, or	1			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	1		.~	
	remain in the governing instrument?	į.	6	$\widetilde{\mathbf{X}}$	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	Ţ	7	X	
	The state of the s	1		Ť	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)  MN		•		1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		,		
	of each state as required by General Instruction G? If "No," attach explanation	1	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	ſ			,
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	لبيب	X
		-	. 000	-DE	(0040)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

Form 990-PF (2016) THE FREIER FAMILY FOUNDA			41-19902	57	Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued)		<del></del>
5a During the year did the foundation pay or incur any amount to:				j	ĺ
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		<del></del>	es X No	l	Į.
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indire		[FE]	- 1	
any voter registration drive?		===	es X No	- 1	,
(3) Provide a grant to an individual for travel, study, or other similar purposes		() Y	es X No	1	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	·	(==	- 1	'
4945(d)(4)(A)? (see instructions)			es X No	- 1	1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			1	
the prevention of cruelty to children or animals?			es X No	- }	1 i
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify un		ın Regulations			i
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h		_			
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption f			,	- 1	
expenditure responsibility for the grant?		I/A Y	es L No	l	-
If "Yes," attach the statement required by Regulations section 53 4945	• •		·	- 1	1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	L1.,	च्या	- }	1 ,
a personal benefit contract?		Y	es 🗶 No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b	X
If "Yes" to 6b, file Form 8870	h-ll t	, , , , , , , , , , , , , , , , , , ,	· 🖘	- }	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		L Y(	es X No   N/A	<del></del>	<del></del> '
Part VIII Information About Officers, Directors, Truste		agers Highly	N/A	7b	
Paid Employees, and Contractors	ees, roundation mai	iagers, riigiliy			
List all officers, directors, trustees, foundation managers and their	compensation.	<del> </del>			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) i	Expense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation		ınt, other wances
DANIEL FREIER	PRES/TREAS				
315 MILLWOOD AVENUE	1			1	
ROSEVILLE, MN 55113	1.00	0.	0.		0.
JERRI FREIER	V. PRES/SEC				
315 MILLWOOD AVENUE					
ROSEVILLE, MN 55113	1.00	0.	0.		0.
<del></del>				1	
**************************************		}		1	
<del></del>				<u> </u>	
<del></del>				1	
				}	
Compensation of five highest-paid employees (other than those inc	luded on the d) the one	man "NONE "	<del></del>	L	
. Compensation of live nighest-paid employees (other than those inc	(b) Title, and average	I NONE.	(d) Contributions to	(a) F	xpense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	accou	int, other wances
NONE	devoted to position	<del> </del>	compensation	allo	Walles
NONE		}		}	
		ļ	<del></del>		
				1	
				<del>                                     </del>	
				1	
<del></del>			<del></del>		
			  -		
	<del>                                     </del>				
			· ·		
otal number of other employees paid over \$50,000					0
			Form	990-P	F (2016)

Form 990-PF (2016) THE FREIER FAMILY FOUNDATION, INC.		1990257 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundatio Paid Employees, and Contractors (continued)	n Managers, Highly	_
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	
(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 statistica number of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
1 N/A		
		<del></del>
2		
3		
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.		
3		
Table Addition 10 and 2		0.
Total. Add lines 1 through 3	▶.	Form <b>990-PF</b> (2016)

Fo	rm 990-PF (2016) THE FREIER FAMILY FOUNDATION, INC.	41-1990257	Page 8
F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see instructions)	•
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<del></del>
a	Average monthly fair market value of securities	1a 886	,129. ,714.
þ	Average of monthly cash balances	1b 9	,714.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	10 895	,843.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3 895	,843.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		,438.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 882	,405.
6	Minimum investment return. Enter 5% of line 5		,120.
LF	art XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations are	nd certain	
_	foreign organizations check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1 44	,120.
2a	Tax on investment income for 2016 from Part VI, line 5	1 1	
b	Income tax for 2016. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	853.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 43	,267.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 43	,267.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 43	,267.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 71	,835.
b	Program-related investments - total from Part IX-B	16	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		,835.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	853.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 70	853. ,982.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q		
	4940(e) reduction of tax in those years.		

Page 9

Part XIII Undistributed Income (see instructions) (c) (b) 2016 Years prior to 2015 2015 Corpus 1 Distributable amount for 2016 from Part XI, 43,267. 2 Undistributed income, if any, as of the end of 2016 Ō. a Enter amount for 2015 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2016: 4,790. a From 2011 **b** From 2012 11,767 c From 2013 30,389. d From 2014 15,634. e From 2015 62,580 f Total of lines 3a through e 4 Qualifying distributions for 2016 from 71,835. Part XII, line 4; ► \$ 0 a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior 0. years (Election required - see instructions) c Treated as distributions out of corpus 0. (Election required - see instructions) 43,267. d Applied to 2016 distributable amount 28,568. e Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) } Enter the net total of each column as indicated below: 91,148. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 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 0 assessed d Subtract line 6c from line 6b. Taxable 0. amount - see instructions e Undistributed income for 2015. Subtract line 0 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 0. may be required - see instructions) 8 Excess distributions carryover from 2011 4,790. not applied on line 5 or line 7 9 Excess distributions carryover to 2017. 86,358. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2012 11,767. b Excess from 2013 30,389. c Excess from 2014 15,634. d Excess from 2015 28,568 e Excess from 2016

INC.

Form 990-PF (2016) THE FRE	IER FAMILY	FOUNDATION,	INC.	41-19	90257 Page 10
Part XIV   Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	•		▶		
<b>b</b> Check box to indicate whether the found		ng foundation described i		4942(j)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	<del></del>	=
income from Part I or the minimum	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	1	ţ	ł		
each year listed	L	·	<u> </u>	<del> </del>	
<b>b</b> 85% of line 2a	<u></u>	<del> </del>	<del> </del>	<u> </u>	
c Qualifying distributions from Part XII,			1	}	
line 4 for each year listed	<b>}</b>	ļ	ļ	<u> </u>	
d Amounts included in line 2c not		1			
used directly for active conduct of	}		}		
exempt activities		<del> </del>	<b> </b>	<del> </del>	
e Qualifying distributions made directly		1	1	1	
for active conduct of exempt activities.		}			
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	<del> </del>	<del> </del>	<del></del>	<del> </del>	<del> </del>
alternative test relied upon:		1		1	
a "Assets" alternative test - enter:		}		1	
(1) Value of all assets	}	<del></del>	<del></del>	<del> </del>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return		1	1	1	
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on		1		į į	
securities loans (section				}	
512(a)(5)), or royalties)	) 			<u> </u>	
(2) Support from general public and 5 or more exempt		1			
organizations as provided in					
section 4942(j)(3)(B)(III)				<u> </u>	
(3) Largest amount of support from					
an exempt organization		<del></del>	) 	<b> </b>	
(4) Gross investment income		in Alain mana malanis	Ale to Kelleria Marketin in T	- d 6E 000	
Part XV   Supplementary Information at any time during the			the foundation	nad \$5,000 or mor	e in assets
<del></del>	<del></del>	uctions.,		<del></del>	<del></del>
1 Information Regarding Foundation		sh 00/ -64b3-4.3 - 4	h. i	f	-4 · 4 · · ·
a List any managers of the foundation who year (but only if they have contributed m	o nave contributed more i lore than \$5 000) (See si	inan 2% of the total contr ection 507(d)(2) )	ibutions received by the	foundation before the close	or any tax
SEE STATEMENT 8	ιοιο τημη φοιοσομί (σου σ	0000011 007 (4)(2).)			
b List any managers of the foundation who	own 10% or more of the	e stack of a corporation (	or an aqually large partin	n of the ownership of a par	tnerchin or
other entity) of which the foundation has			or arrequarry large portion	ii oi tile ownership of a pai	mership or
NONE	-				
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
Check here 🕨 🗶 if the foundation o				ot accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc. (					
a The name, address, and telephone numb	er or e-mail address of th	ne person to whom applic	ations should be address	sed;	
,					
<b>b</b> The form in which applications should be	submitted and informat	ion and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	such as by geographica	l areas, charitable fields, l	ands of institutions or o	ther factors:	
	,				
000004 44 00 40					5 000 DE (0040)

<del></del>	ducing Activities				
nter gross amounts unless otherwise indicated.		usiness income		section 512, 513, or 514	(e)
_	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code		code	Aniount	- Infiction income
a					
b			<del>                                     </del>		
c			1		
d			<del>   </del>		
e			<del> </del>	+	<del></del>
· Francisco A. C.			<del>  </del>	<del></del>	
g Fees and contracts from government agencies	<del></del>		<del> </del>		
Membership dues and assessments	<del>  -</del>		<del>  </del>		
Interest on savings and temporary cash investments			14	6.	
Dividends and interest from securities	<del></del>		14	15,571.	
Net rental income or (loss) from real estate:	<del>  -</del>	<del></del>	<del>   </del>	13,3/10	
a Debt-financed property	<del> </del>		<del>  </del>	<del></del>	<del></del>
b Not debt-financed property	<del> </del>	<del></del>	<del>  -</del>	<del></del>	
Net rental income or (loss) from personal	<del>  -</del>		<del>  </del>	<del></del>	- <del></del>
property					
Other investment income			1		
Gain or (loss) from sales of assets other			<del>                                     </del>		
than inventory			18	64,556.	
Net income or (loss) from special events			<del>  -   -   -   -   -   -   -   -   -   -</del>		
Gross profit or (loss) from sales of inventory			<del>                                     </del>		
Other revenue:					
8	}		} }		
b					
c					
d	_				
e	_				
Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.		80,133.	0.
Total. Add line 12, columns (b), (d), and (e)				13	80,133.
e worksheet in line 13 instructions to verify calculations.		<del></del>			
art XVI-B Relationship of Activities	s to the Accom	lishment of Exe	empt Pur	poses	
art Avi-b   netationship of Activities					
<del></del>					laborant of
ne No. Explain below how each activity for which in	ncome is reported in co	Numn (e) of Part XVI-A	contributed i	mportantly to the accomp	lishment of
<del></del>	ncome is reported in co an by providing funds	olumn (e) of Part XVI-A for such purposes).	contributed i	mportantly to the accomp	lishment of
ne No. Explain below how each activity for which in	ncome is reported in co an by providing funds	olumn (e) of Part XVI-A for such purposes).	contributed i	mportantly to the accomp	lishment of
ne No. Explain below how each activity for which in	ncome is reported in co an by providing funds	olumn (e) of Part XVI-A for such purposes).	contributed i	mportantly to the accomp	lishment of
ne No.   Explain below how each activity for which in	ncome is reported in co an by providing funds	olumn (e) of Part XVI-A for such purposes).	contributed i	mportantly to the accomp	lishment of
ne No. Explain below how each activity for which in	ncome is reported in co an by providing funds	olumn (e) of Part XVI-A for such purposes).	contributed i	mportantly to the accomp	lishment of
ne No. Explain below how each activity for which in	ncome is reported in co an by providing funds	olumn (e) of Part XVI-A for such purposes).	contributed	mportantly to the accomp	lishment of
ne No. Explain below how each activity for which in	ncome is reported in co an by providing funds	olumn (e) of Part XVI-A for such purposes).	contributed	mportantly to the accomp	lishment of
ne No. Explain below how each activity for which in	ncome is reported in co an by providing funds	olumn (e) of Part XVI-A for such purposes).	contributed	mportantly to the accomp	lishment of
ne No. Explain below how each activity for which in	ncome is reported in co an by providing funds	olumn (e) of Part XVI-A for such purposes).	contributed	mportantly to the accomp	lishment of
ne No. Explain below how each activity for which in	ncome is reported in co an by providing funds	olumn (e) of Part XVI-A for such purposes).	contributed	mportantly to the accomp	lishment of
ne No. Explain below how each activity for which in	ncome is reported in co an by providing funds	olumn (e) of Part XVI-A for such purposes).	contributed	mportantly to the accomp	lishment of
ne No. Explain below how each activity for which in	ncome is reported in co an by providing funds	olumn (e) of Part XVI-A for such purposes).	contributed	mportantly to the accomp	lishment of
ne No. Explain below how each activity for which in	ncome is reported in co an by providing funds	olumn (e) of Part XVI-A	contributed	mportantly to the accomp	lishment of
ne No.   Explain below how each activity for which in	ncome is reported in co an by providing funds	olumn (e) of Part XVI-A for such purposes).	contributed	mportantly to the accomp	lishment of
ne No. Explain below how each activity for which in	ncome is reported in co	olumn (e) of Part XVI-A for such purposes).	contributed	mportantly to the accomp	lishment of
ne No. Explain below how each activity for which in	ncome is reported in coan by providing funds	olumn (e) of Part XVI-A for such purposes).	contributed	mportantly to the accomp	lishment of

	90-PF (2016) THE F XVII Information Re Exempt Organ	egarding Trar	MILY FO	UNDATION, IN and Transactions a	C . and Relations		.990257 haritable	Pa	age 13
1 D	id the organization directly or indi	<del></del>	v of the following	ng with any other organizati	ion described in sec	ction 501(c) of		Yes	No
	e Code (other than section 501(c								
	ansfers from the reporting found							}	1
(1	) Cash						1a(1)		X
(2	) Other assets						1a(2)		X
<b>b</b> 01	ther transactions:								
(1	) Sales of assets to a noncharita	ıble exempt organiza	ation				16(1)	<u> </u>	X
(2	) Purchases of assets from a no	ncharitable exempt	organization				1b(2)	<u> </u>	X
(3	) Rental of facilities, equipment,	or other assets					1b(3)	<b> </b>	X
(4	Reimbursement arrangements						16(4)	<del>  </del>	X
	) Loans or loan guarantees						1b(5)	L	X
(6	Performance of services or me	embership or fundra	using solicitation	ons			1b(6)	<b></b>	X
	naring of facilities, equipment, ma	•		•			<u>1c</u>	<u> </u>	X
or	the answer to any of the above is services given by the reporting foliumn (d) the value of the goods,	oundation. If the fol	undation receiv	ed less than fair market val				ets,	
( <b>a</b> ) Line i	no (b) Amount involved	(c) Name (		e exempt organization	(d) Descripti	on of transfers, transactions	s, and sharing arra	angemer	nts
			N/A	<del> </del>					
	<del></del>	<u> </u>	<del></del>	<del> </del>					
	<del></del>			<del> </del>					
	<del></del>			<del> </del>		<del> </del>			
	<del>-{</del>			<del></del>					
	<del></del>			<del></del>					
	<del></del>	<del> </del>							
	<del></del>	<del> </del>		<del></del>		<del> </del>			
	<del></del>	<del> </del>				<del></del>			
		ļ		<del></del>					
	<del></del>		<del></del>			<del></del>			
	<del></del>	<del> </del>	<del></del>		<del></del>	<del></del>			
	<del></del>	<del> </del>	<del></del>	<del></del>	<del>-                                    </del>				
	<del></del>			<del></del>		<del></del>			
	-			· · · · · · · · · · · · · · · · · · ·					
ın s	the foundation directly or indirect section 501(c) of the Code (other Yes," complete the following schi	than section 501(c			izations described		Yes	<u>X</u>	] No
	(a) Name of org	anization		(b) Type of organization		(c) Description of rela	ationship		
	N/A								
	<del></del>								
	· · · · · · · · · · · · · · · · · · ·								
	<u></u>								
Sign Here	Under penalties of perjury, I declare it and belief, it is true, correct, and com Signature of officer or trustee	mate to claration of pro		taxpayer) is based on all informa	PRESI	has any knowledge	May the IRS dereturn with the shown below X Yes	see inst	er
	Print/Type preparer's na		Preparer's s	Dafe innature	Title Date	Check I If F	PTIN		
	1 · ····· · · · · · · · · · · · · · · ·		1 ropardi 3 3	91.4.410	1 2000	''' ''' ''  '	- 117		

Preparer **Use Only** 

Paid

ANNE M. LEDWEIN

Firm's name ► CBIZ MHM, LLC

Firm's address ▶ 222 SOUTH 9TH STREET, SUITE 1000 MINNEAPOLIS, MN 55402

P00448677 Firm's EIN ► 34-1873282

Phone no. 612-339-7811

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
SECOND HARVEST	NONE	PUBLIC	GENERAL FUNDING	
140 GERVAIS AVE	100.72	52210		}
T. PAUL, MN 55109			<del> </del>	15,00
THINK SMALL	NONE	PUBLIC	GENERAL FUNDING	
0 YORKTON COURT	}	Ì		1
T PAUL, MN 55117	<del> </del>		+	7,50
ENTRAL PRESBYTERIAN CHURCH	NONE	PUBLIC	GENERAL FUNDING	
00 CEDAR ST. T. PAUL, MN 55101				2,00
<del></del>	<del> </del>		+	
<del></del>				
	<del> </del>		+	
	<del> </del>		-	·
·				
<del></del>	<u> </u>	<u> </u>		24,50

FORM 990-PF	GAIN	OR	(LOSS	) FROM	SALE	OF	ASSE	TS		STA	TEMENT 1
(A) DESCRIPTION OF PROP	ERTY					i	MANN ACQUI			ATE JIRED	DATE SOLI
450 SHS UNITED HEAL	TH GROUP	•				_			12/2	7/00	12/07/16
(B) GROSS SALES PRIC			E AT		(D) PENSE SALE	OF	D	(E) EPRE	c.		(F) OR LOSS
71,2	78.		6,72	2.		0	•		0.		64,556
CAPITAL GAINS DIVID	ENDS FRO	M P	ART I	v							0 .
TOTAL TO FORM 990-P	F, PART	I,	LINE	6A							64,556
	ST ON SA	VIN		(A) REVENU	JE		ET IN	(B) VESTI		A1	(C) DJUSTED
FORM 990-PF INTERES  SOURCE  STIFEL NICOLAUS	ST ON SA	VIN		(A)	JE		ET IN	(B)	MENT	A1	(C)
SOURCE		VIN		(A) REVENU	JE OKS		ET IN	(B) VESTI		A1	(C) DJUSTED
SOURCE STIFEL NICOLAUS	NE 3			(A) REVENU	0KS 6. 6.	NI 	ET IN	(B) VESTI COME	6. 6.	AI NE	(C) DJUSTED
SOURCE STIFEL NICOLAUS TOTAL TO PART I, LII	NE 3	NDS	AND CA	(A) REVENU PER BOO	6. 6. RI	NI	ET IN	(B) VESTI COME	6. 6.	AI NET	(C) DJUSTED F INCOME
SOURCE STIFEL NICOLAUS TOTAL TO PART I, LII	NE 3  DIVIDE  GROSS	NDS	AND CA	(A) REVENT PER BOO	6. 6. RI PER	NI  OM S  OM S  ON	ET IN IN SECUR	(B) VESTI COME	6. 6. 6. INVE	STA	(C) DJUSTED I INCOME  TEMENT 3  (C) ADJUSTED

FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CBIZ	2,620.	1,310.		1,310.	
TO FORM 990-PF, PG 1, LN 16B	2,620.	1,310.		1,310.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MN FILING FEE	25.	0.		25.	
TO FORM 990-PF, PG 1, LN 23	25.	0.		25.	
FORM 990-PF	OTHER F	UNDS	<del> </del>	STATEMENT 6	
		DEC	(A) INNING OF	(B) END OF	
DESCRIPTION		BEG.	YEAR	YEAR	
DESCRIPTION					

FORM 990-PF (	CORPORATE STOCK			STATEMENT	7
DESCRIPTION		BOOK	VALUE	FAIR MARKE VALUE	T
6,106 SHS UNITEDHEALTH GROUP INC.			91,208.	977,2	04.
TOTAL TO FORM 990-PF, PART II, LI	NE 10B		91,208.	977,2	04.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 8

NAME OF MANAGER

DANIEL FREIER JERRI FREIER