efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93491092000078

2017

OMB No 1545-0052

# **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

or	caler	ndar year 2017, or tax year beginning 01-01-2	017 , ar	id ending 12-31-	2017	
		indation R FAMILY FOUNDATION		A Employer ide	entification numbe	r
'''	L JAOL	N FAMILY TOURDATION		41-1859711		
		street (or P O box number if mail is not delivered to street address ND AVE	) Room/suite	<b>B</b> Telephone nu	mber (see instruction	ns)
9.	JZ GRAI	ND AVE		(651) 633-6165		
		, state or province, country, and ZIP or foreign postal code N 55105	1	C If exemption	application is pendin	g, check here
	and al	I that apply	former mubble about	D.1 Foreign or	annizations shool be	
ı Cr	еск аг	I that apply □ Initial return □ Initial return of a □ Final return □ Amended return	former public charity		ganizations, check he ganizations meeting	▶ ⊔
		☐ Address change ☐ Name change	I		k here and attach co	
ı Ch	eck tv	pe of organization ✓ Section 501(c)(3) exempt private	foundation		indation status was to n 507(b)(1)(A), chec	
_	,		le private foundation	under section	1 507(D)(1)(A), clied	k nere
		xet value of all assets at end J Accounting method	☑ Cash ☐ Accru	al F If the founda	tion is in a 60-mont	h termination
		rom Part II, col (c), \$ 14,006,458	t be on cash basis )	under section	n 507(b)(1)(B), chec	k here
			T			les
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see instructions) )	books	ıncome	ıncome	purposes (cash basıs only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	1,686,000			
	2	Check  if the foundation is <b>not</b> required to attach				
	3	Sch B	4,794	4,794		
	4	Dividends and interest from securities	215,676	215,676		
Revenue	5a	Gross rents				
	b	Net rental income or (loss)	_			
	6a	Net gain or (loss) from sale of assets not on line 10	-2,049,836			
	b	Gross sales price for all assets on line 6a				
	7	9,605,420 Capital gain net income (from Part IV, line 2)	8	0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	-143,366	·		
	13	Compensation of officers, directors, trustees, etc	90,000			90,000
_	14	Other employee salaries and wages	26,386	0		26,386
ses	15 16a	Pension plans, employee benefits				
ĕ	ь	Accounting fees (attach schedule)	3,800	1,900		1,900
Operating and Administrative Expenses	,	Other professional fees (attach schedule)	35,146	·		5,192
<u>x</u> e	17	Interest	35,110	23,331		3,132
rat	18	Taxes (attach schedule) (see instructions)	13,296	0		8,904
]   	19	Depreciation (attach schedule) and depletion	1,100			,
Ē	20	Occupancy	1,032	0		1,032
Ä	21	Travel, conferences, and meetings	22,120	0		22,120
and	22	Printing and publications	354	0		354
bi.	23	Other expenses (attach schedule)	10,468	0		10,466
at	24	Total operating and administrative expenses.				
<u>pe</u>		Add lines 13 through 23	203,702	31,854		166,354
2	25	Contributions, gifts, grants paid	602,796			602,796
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	806,498	31,854		769,150
	27	Subtract line 26 from line 12				
	а	Excess of revenue over expenses and disbursements	-949,864			
	ь	Net investment income (if negative, enter -0-)		188,616		
	С	Adjusted net income(If negative, enter -0-)				
or	Paper	work Reduction Act Notice, see instructions.	1	Cat No 11289X	For	m <b>990-PF</b> (2017)

	2	Savings and temporary cash investments				
	3	Accounts receivable ►				
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less allowance for doubtful accounts ▶				
Ş	8	Inventories for sale or use				
sets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U S and state government obligations (attach schedule)				
	ь	Investments—corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)	4,130,760	<b>%</b> j	757,261	757,261
	11	Investments—land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)	5,019,043	<b>%</b> J	12,283,842	12,283,842
	14	Land, buildings, and equipment basis ►				
		Less accumulated depreciation (attach schedule) ▶ 7,555	3,621	<b>%</b> j	664,015	664,015
	15	Other assets (describe				
	16	Total assets (to be completed by all filers—see the				_

14,006,458

14.006.458

14,006,458

14,006,458

12,055,702

-949,864

2,900,620

14,006,458

14,006,458

Form **990-PF** (2017)

1

2

3

4

5

6

12,055,702

12,055,702

12,055,702

14,006,458

# 12,055,702

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Capital stock, trust principal, or current funds . . . . .

Total net assets or fund balances (see instructions) .

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

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

**Analysis of Changes in Net Assets or Fund Balances** 

instructions Also, see page 1, item I) Accounts payable and accrued expenses .

Grants payable. . . . .

Other liabilities (describe -

Deferred revenue .

Unrestricted

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Decreases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . .

17 18

19

20

21 22

23

24

25

26

28

29 Net 30

31 Part III

2

3

Liabilities

or Fund Balances

Assets 27

	<b>(a)</b> the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	( <b>d)</b> Date sold (mo , day, yr )
1 a PUBLICLY TRADED SECU	RITIES				2017-07-17
b					
С					
d					
e					
<b>(e)</b> Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss) ) minus (g)
<b>a</b> 9,60	05,428		11,655,264	( )	-2,049,836
b					
c					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(	I)
(i) F M V as of 12/31/69	(j)	Excess	( <b>k)</b> s of col (ı) l (յ), ıf any	Gains (Col ( col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
а					-2,049,836
b					
c					
d					
e					
•	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi		` <b>I</b>	3	-2,049,836
	Under Section 4940(e) for Re				
(For optional use by domestic p	private foundations subject to the sec	ction 4940(a) tax on ne	et investment incom	e )	
If section 4940(d)(2) applies, le	eave this part blank				
If "Yes," the foundation does no	ne section 4942 tax on the distributa ot qualify under section 4940(e) Do	not complete this part	<u> </u>		es 🔽 No
• • • • • • • • • • • • • • • • • • • •	nount in each column for each year,	see instructions before	e making any entries		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	ole-use assets	<b>(d)</b> Distribution rati (col (b) divided by c	
2016	660,091		9,625,190		0 068580
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
2 Total of line 1, column (	d)		2		0 373634
number of years the four	o for the 5-year base period—divide ndation has been in existence if less incharitable-use assets for 2017 fron	than 5 years	, or by the		0 074727 12,045,551
<b>5</b> Multiply line 4 by line 3			5		900,128
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		1,886
<b>7</b> Add lines 5 and 6			7		902,014
	ions from Part XII, line 4 ,		8		769,150
	eater than line 7, check the box in Pa		nplete that part usin	g a 1% tax rate Se	

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	· · · · · · · · · · · · · · · · · · ·			
Down WIII	Information About Officers,	Directors, Trustees,	, Foundation Managers,	Highly Paid Employees,
Part VIII	and Contractors			

1 List all officers, directors, trustee	es, foundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table			Componibution.	
2 Compensation of five highest-pai	d employees (other than t	hose included on line :	L—see instructions). If nor  Contributions to	ie, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week  (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE			(a) compensation	
	<del></del>			
<b>Total</b> number of other employees paid ove				
3 Five highest-paid independent co				0 E".
(a) Name and address of each person		1	e of service	(c) Compensation
NONE				
		-		
		_		
		-		
Total number of others receiving over \$50	,000 for professional services			0
Part IX-A Summary of Direct C				
List the foundation's four largest direct charitable organizations and other beneficiaries served, con			nation such as the number of	Expenses
1				
2				
3				
4				
<b>-</b>				
Part IX-B Summary of Program	m-Related Investments	(see instructions)		
Describe the two largest program-related inve	stments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
<del></del>				
2				
All II	<u> </u>			
All other program-related investments  3	See instructions			
Total. Add lines 1 through 3 .		· · · · · <del>· · ·</del>		000 <b>PE</b> (2017)

1a

1b

2

3a 3h

4

5

769,150

769.150

769.150

Form **990-PF** (2017)

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

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

1

2

3

4

5

598.506

Form 990-PF (2017)

0

(d)

2017

Page 9

Form 990-PF (20	017)	
Part XIII	Undistributed Income	(see instructions)

**b** Total for prior years

From 2012. . . . .

**b** From 2013. . . . c From 2014. .

e From 2016. . . . .

d From 2015. . . .

1 Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . .

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . 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 2012 not

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

Subtract lines 7 and 8 from line 6a . . . . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

**b** Excess from 2014. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, 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 

81.684 99,316

189 502

239.307 183,063

99.316

189,502

239.307

183.063

170.644

(a)

Corpus

792.872

170.644

963,516

81.684

881,832

0

(b)

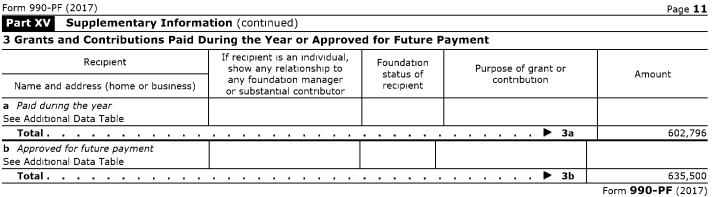
Years prior to 2016

(c)

2016

factors

STATE OF MINNESOTA CHECK OUR WEBSITE FOR CURRENT FUNDING PRIORITIES



Enter gross amounts unless otherwise inc	dicated Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
a					
b					
d					
e					
f					
${\bf g}$ Fees and contracts from governmen ${\bf 2}$ Membership dues and assessments.					
3 Interest on savings and temporary of investments			14	4,794	
<ul><li>4 Dividends and interest from securitie</li><li>5 Net rental income or (loss) from real</li></ul>			14	215,676	
a Debt-financed property					
<ul><li>b Not debt-financed property</li><li>6 Net rental income or (loss) from per</li></ul>					
<b>7</b> Other investment income					
<b>8</b> Gain or (loss) from sales of assets of inventory			18	-2,049,836	
9 Net income or (loss) from special eve					
LO Gross profit or (loss) from sales of in LO Other revenue a					
b					
c					
e					
E					
L2 Subtotal Add columns (b), (d), and		0		-1 829 366	0
	(e)	0		-1,829,366	
3 Total. Add line 12, columns (b), (d), (See worksheet in line 13 instructions  Part XVI-B Relationship of Ac	(e)	ment of Exem	13 ot Purposes		
3 Total. Add line 12, columns (b), (d), (See worksheet in line 13 instructions  Part XVI-B Relationship of Actions No.   Explain below how each actions of the columns of t	(e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
3 Total. Add line 12, columns (b), (d), (See worksheet in line 13 instructions) Part XVI-B Relationship of Ac Line No. Explain below how each ac the accomplishment of the	(e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
3 Total. Add line 12, columns (b), (d), (See worksheet in line 13 instructions) Part XVI-B Relationship of Ac Line No. Explain below how each ac the accomplishment of the	(e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
3 Total. Add line 12, columns (b), (d), (See worksheet in line 13 instructions) Part XVI-B Relationship of Ac Line No. Explain below how each ac the accomplishment of the	(e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
3 Total. Add line 12, columns (b), (d), (See worksheet in line 13 instructions) Part XVI-B Relationship of Ac Line No. Explain below how each ac the accomplishment of the	(e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
Part XVI-B Relationship of Actine No. Explain below how each actine accomplishment of the	(e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
3 Total. Add line 12, columns (b), (d), (See worksheet in line 13 instructions) Part XVI-B Relationship of Ac Line No. Explain below how each ac the accomplishment of the	(e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
3 Total. Add line 12, columns (b), (d), (See worksheet in line 13 instructions) Part XVI-B Relationship of Ac Line No. Explain below how each ac the accomplishment of the	(e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
3 Total. Add line 12, columns (b), (d), (See worksheet in line 13 instructions) Part XVI-B Relationship of Ac Line No. Explain below how each ac the accomplishment of the	(e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
3 Total. Add line 12, columns (b), (d), (See worksheet in line 13 instructions) Part XVI-B Relationship of Ac Line No. Explain below how each ac the accomplishment of the	(e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
3 Total. Add line 12, columns (b), (d), (See worksheet in line 13 instructions) Part XVI-B Relationship of Ac Line No. Explain below how each ac the accomplishment of the	(e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
3 Total. Add line 12, columns (b), (d), (See worksheet in line 13 instructions) Part XVI-B Relationship of Ac Line No. Explain below how each ac the accomplishment of the	(e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
3 Total. Add line 12, columns (b), (d), (See worksheet in line 13 instructions) Part XVI-B Relationship of Ac Line No. Explain below how each ac the accomplishment of the	(e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
3 Total. Add line 12, columns (b), (d), (See worksheet in line 13 instructions) Part XVI-B Relationship of Ac Line No. Explain below how each ac the accomplishment of the	(e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
3 Total. Add line 12, columns (b), (d), (See worksheet in line 13 instructions) Part XVI-B Relationship of Ac Line No. Explain below how each ac the accomplishment of the	(e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	
3 Total. Add line 12, columns (b), (d), (See worksheet in line 13 instructions) Part XVI-B Relationship of Ac Line No. Explain below how each ac the accomplishment of the	(e)	ment of Exem	13 pt Purposes Part XVI-A contribut	ed importantly to	

orm 99	0-PF (2	2017)							Pa	ge <b>13</b>
Part	XVII	Information Re Exempt Organi		ransfers To a	and Transactio	ns and Relatio	nships With Nonchar	itable		
			directly enga				on described in section 501 organizations?		Yes	No
		om the reporting foun								
(1)	Cash.							1a(1)		No
(2)	Other	assets						1a(2)		No
<b>b</b> Othe	er trans	actions								
(1)	Sales	of assets to a nonchari	table exemp	t organization.				1b(1)		No
(2)	Purcha	ases of assets from a n	oncharitable	exempt organiz	ation			1b(2)		No
		of facilities, equipmer	•					1b(3)		No
		ursement arrangemen						1b(4)		No
		or loan guarantees.						1b(5)		No
٠.,		nance of services or m	•	<del>-</del>				1b(6)		No
	-	facilities, equipment, n		· ·			ways show the fair market	1c		No
	ny tran:		ngement, sho		I) the value of the	goods, other asse	ed less than fair market valets, or services received transfers, transactions, and sh		ngemer	nts
desc	rıbed ıı	dation directly or indire in section 501(c) of the implete the following so (a) Name of organization	Code (other chedule	than section 50		ion 527?		☐ Yes	✓	No
Sign	of my which		, it is true, co		plete Declaration (	- ,	ing schedules and stateme than taxpayer) is based or May		rmatioi	n of
Here	-	ignature of officer or ti	rustee		2018-03-19 Date	Title	belov	the prepa		
		Print/Type preparer's	name	Preparer's Sigr	nature	D-4-	PTIN	/ -		
Paid		ASHLEY C REHN CI		Treparers sign	iatul E	Date 2018-03-19	Check if self- employed ▶ □	P00965	5922	
_	arer	Firm's name > DEDI		MDANY I TO		I				

Use Only Firm's name ► REDPATH AND COMPANY LTD Firm's EIN ▶41-0975573 Firm's address ► 4810 WHITE BEAR PARKWAY Phone no (651) 426-7000 WHITE BEAR LAKE, MN 55110

Form **990-PF** (2017)

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 1 00 952 GRAND AVENUE ST PAUL, MN 55105 PATRICIA SAUER PRESIDENT 0 0 5 00 OES CRAND AVENUE TRUSTEE JESSICA NICKELSON 1 00 952 GRAND AVENUE ST PAUL, MN 55105 STEPHANIE MORRISSEY TRUSTEE

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

1 00

952 GRAND AVENUE ST PAUL, MN 55105 JENNIFER SAUER TRUSTEE 0

1 00

952 GRAND AVENUE ST PAUL, MN 55105

COLLEEN O'KEEFE EXECUTIVE DIRECTOR 90,000 & TRUST

952 GRAND AVENUE 40 00 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	2
than \$5,000).	

tha GARY B SAUER

PATRICIA SAUER

Form 990PF Part XV Line 3 - Grants 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		
ANIMAL HUMANE SOCIETY 845 MEADOW LANE N GOLDEN VALLEY, MN 55422	NONE	PC	JUNIOR BOARD	450		
ANU FAMILY SERVICES 2233 UNIVERSITY AVE W SUITE 325 ST PAUL, MN 55114	NONE	PC	CHILD WELFARE/FOSTER CARE	40,000		
ASPIREMN FOUNDATION	NONE	PC	CHILD WELFARE/FOSTER CARE	5.000		

ANU FAMILY SERVICES 2233 UNIVERSITY AVE W SUITE 325 ST PAUL, MN 55114	NONE	PC	CHILD WELFARE/FOSTER CARE	40,000
ASPIREMN FOUNDATION 1000 WESTGATE DR 252 ST PAUL, MN 55114	NONE	PC	CHILD WELFARE/FOSTER CARE	5,000
BELLISPO BOX 75 17897 TYLER ST NW	NONE	PC	CHILD WELFARE/FOSTER CARE	10,000

ELK RIVER, MN 55330

Total . За

Form 990PF Part XV Line 3 - Grants 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				
CHILDREN'S THEATRE COMPANY 2400 3RD AVE S MINNEAPOLIS, MN 55404	NONE	PC	EARLY CHILDHOOD EDUCATION	19,221
FAMILY ENHANCEMENT CENTER 4826 CHICAGO AVENUE SOUTH SUITE 105 MINNEAPOLIS, MN 55417	NONE	PC	CHILD WELFARE/FOSTER CARE	24,000
FOUNDATION FOR THE ARTS AND TRAUMA INC-ALIVE PROJECT AT HARVEST MASTERY 19 EDWARDS ST NEW HAVEN, CT 06511	NONE	PC	EDUCATION	30,875
FOUNDATION FOR THE ARTS AND TRAUMA INC-ALIVE PROJECT AT ST PETER CLAVER 19 EDWARDS ST NEW HAVEN, CT 06511	NONE	PC	EDUCATION	37,500
FOUNDATION FOR THE ARTS AND TRAUMA INC-ALIVE PROJECT AT WILLOW LAKE 19 EDWARDS ST NEW HAVEN, CT 06511	NONE	PC	EDUCATION	114,000

Total . 3a 602,796

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				
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVENUE SOUTH MINNEAPOLIS, MN 55419	NONE	PC	CHILD WELFARE	200
JEREMIAH PROGRAM 1510 LAUREL AVE STE 100 MINNEAPOLIS, MN 554031244	NONE	PC	EARLY CHILDHOOD	10,000
LITERACY MATTERS4311 UPTON AVE S MINNEAPOLIS, MN 55410	NONE	PC	EDUCATION	40,000
MINNESOTA HOST HOME NETWORK 3748 BRYANT AVENUE SOUTH MINNEAPOLIS, MN 55409	NONE	PC	CHILD WELFARE/FOSTER CARE	5,000
MITCHELL HAMLINE SCHOOL OF LAW CHILD PROTECTION PROGRAM 875 SUMMIT AVENUE ROOM 254 SAINT PAUL, MN 55105	NONE	PC	CHILD WELFARE/FOSTER CARE	30,000
Total				602,796

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				
MN COMEBACK 2800 UNIVERSITY AVENUE SE SUITE 202 MINNEAPOLIS, MN 55414	NONE	PC	EDUCATION	50,000
MONTESSORI CENTER OF MINNESOTA 1611 AMES AVENUE SAINT PAUL, MN 55106	NONE	PC	EARLY CHILDHOOD EDUCATION	15,000
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
SIMPSON HOUSING SERVICES 2100 PILLSBURY AVE SOUTH MINNEAPOLIS, MN 55404	NONE	PC	CHILD WELFARE/FOSTER CARE	30,000
Total				602,796

orm 990PF Part XV Line 3 - Grants 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				
ST PETER CLAVER SCHOOL 1060 WEST CENTRAL ST PAUL, MN 55104	NONE	PC	EDUCATION	25,000
THE FAMILY PLACE 244 TENTH STREET EAST ST PAUL, MN 55101	NONE	PC	EARLY CHILDHOOD EDUCATION	15,000
TWIN CITIES HABITAT FOR HUMANITY 1954 UNIVERSITY AVE W ST PAUL, MN 55104	NONE	PC	JUNIOR BOARD	220
UNIVERSITY OF MN FOUNDATION INSTITUTE OF CHILD DEVELOPMENT 51 EAST RIVER ROAD MINNEAPOLIS, MN 55455	NONE	PC	CHILD WELFARE/FOSTER CARE	5,000
UPSTREAM ARTS 3501 CHICAGO AVENUE MINNEAPOLIS, MN 55407	NONE	PC	JUNIOR BOARD	205

3a

602,796

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WASHBURN CENTER FOR CHILDREN NONE PC JUNIOR BOARD 300 1100 GLENWOOD AVENUE MINNEAPOLIS, MN 55405 NONE PC WASHBURN CENTER FOR CHILDREN CHILD WELFARE/FOSTER CARE 20,000 1100 GLENWOOD AVENUE MINNEAPOLIS, MN 55405 WHITE BEAR AREA EMERGENCY FOOD NONE PC JUNIOR BOARD 470 SHELF 1884 WHITAKER STREET WHITE BEAR LAKE, MN 55110 YOUTH ADVANTAGEPO BOX 11 NONE PC. JUNIOR BOARD 355 STILLWATER. MN 55082

PC

EARLY CHILDHOOD

10,000

602,796

YWCA OF MINNEAPOLIS

1130 NICOLLET MALL MINNEAPOLIS, MN 55403

Total . .

3a

NONE

efile GRAPHIC print - DO NOT P	ROCESS As File	d Data -	D	LN: 93491092000078
TY 2017 Accounting Fe	es Schedule			
	Name: THE S	AUER FAMILY FOUND	ATION	
	<b>EIN:</b> 41-18	59711		
Accounting Fees Schedule				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

3,800

ACCOUNTING FEES

# TY 2017 Depreciation Schedule

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Name: THE SAUER FAMILY FOUNDATION

---- 44 405074

<b>EIN:</b> 41-1859711									
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	578	SL	5 000000000000	165	0		
DESK	2015-11-30	1,804	145	SL	7 000000000000	129	0		
DESK	2015-12-30	1,384	111	SL	7 000000000000	99	0		
MACBOOK AIRS (2)	2016-12-31	2,038		SL	5 000000000000	408	0		
EXTERIOR SIGN	2017-01-15	1,494		SL	5 000000000000	299	0		
BUILDING	2017-12-31	440,000		SL	39 000000000000	0	0		
PARKING LOT	2017-12-31	73,334		SL	15 000000000000	0	0		
LAND	2017-12-31	146,666		L		0	0		

DLN: 93491092000078

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491092000078
TY 2017 Investments Corporat	e Bonds Sche	edule
Name: 7	THE SAUER FAMI	ILY FOUNDATION

757,261

757,261

EIN: 41-1039/11		
Investments Corporate Bonds Schedule		
Name of Bond	End of Year Book Value	End of Year Fair Market Value

ETNI: 41 1050711

METROPOLITAN WEST UNCONSTRAINED BOND

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491092000078
		_
TV 2017 Investments Other 6	¹ ala a dila	

### TY 2017 Investments - Other Schedule

Name: THE SAUER FAMILY FOUNDATION

ETN: /1 1050711

<b>EIN:</b> 41-1859/11					
Investments Other Schedule 2					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
DREYFUS GOVT CASH MGMT FDS INSTL SHS	FMV	1,971,505	1,971,505		
BLACKROCK TOTAL RETURN FUND	FMV	753,613	753,613		
VANGUARD TOTAL STOCK MARKET INDEX (VITSX)	FMV	3,833,352	3,833,352		
TWC EMERGING MARKETS INCOME FUND - I	FMV	1,037,048	1,037,048		
VANGUARD S/T CORPORATE-ADMR	FMV	2,501,373	2,501,373		
VANGUARD TOTAL INTERNATIONAL STOCK (VTIAX)	FMV	1,628,296	1,628,296		
WILLIAM BLAIR EMERGING MARKETS (WELIX) LEADERS FUND	FMV	558,655	558,655		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491092000078
TY 004 T I I EI -		

## TY 2017 Land, Etc. Schedule

Name: THE SAUER FAMILY FOUNDATION

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
OFFICE FURNITURE	3,203	3,203	0	
COMPUTER	1,647	1,567	80	
DESK	1,804	1,176	628	
DESK	1,384	902	482	
MACBOOK AIRS (2)	2,038	408	1,630	
EXTERIOR SIGN	1,494	299	1,195	
BUILDING	440,000	0	440,000	
PARKING LOT	73,334	0	73,334	
LAND	146,666	0	146,666	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	a - DLN: 9349109200				
TY 2017 Other Expenses Schedule						
Name:	: THE SAUER FAMILY FOUNDATION					
EIN:	: 41-1859711					
Other Expenses Schedule				·1		
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

103

914

56

25

2,660

6,710

103

914

56

25

2,658

6,710

**EDUCATION MATERIALS** 

MINNESOTA FILING FEE

**DUES AND MEMBERSHIPS** 

INSURANCE EXPENSE

**POSTAGE** 

SUPPLIES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491092000078				
TY 2017 Other Increases Schedule						
Name <sup>,</sup>	THE SAUER FAMILY FOUNDATION	ΩN.				
Hame	THE SACERTAMIET TOORDATIS	514				
EIN:	41-1859711					
De	escription	Amount				
CHANGE IN UNREALIZED GAIN/LOSS		2,900,620				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491092000078	
TY 2017 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	29,954	29,954		0	

2,101

3,091

2,101

IT EXPENSES

PROFESSIONAL FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	- DLN: 93491092000				
TY 2017 Taxes Schedule						
Name: THE SAUER FAMILY FOUNDATION						
<b>EIN:</b> 41-1859711						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
TAX ON NET INVESTMENT INCOME	4,392	0		0		
PAYROLL TAXES	8,904	0		8,904		

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DLN: 93491092000078	
Schedule B		Schedu	ule of Contributo	rs		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF  Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at					2017	
Name of the organization					Employer id	dentification number	
Organization type (che	ck one)				41-1859711		
	,						
Filers of:	Section:						
Form 990 or 990-EZ							
	☐ 4947(a)(	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	☐ 527 politi	☐ 527 political organization					
Form 990-PF	<b>✓</b> 501(c)(3)	) exempt private fo	undation				
	☐ 4947(a)(	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	☐ 501(c)(3)	501(c)(3) taxable private foundation					
			PF that received, during to complete Parts I and II S				
Special Rules							
under sections 5 received from an	09(a)(1) and 170(b)	)(1)(A)(vı), that che luring the year, tota	g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	, 16a, or 16b, and that	
during the year, t	total contributions o	f more than \$1,000	or (10) filing Form 990 of the control of the contr	, charitable, scien			
during the year, of If this box is check purpose Don't co	contributions <i>exclus</i> cked, enter here the omplete any of the p	sively for religious, e total contributions parts unless the <b>G</b> o	or (10) filing Form 990 c charitable, etc., purposes that were received during eneral Rule applies to the or more during the year	s, but no such cor ng the year for an us organization be	ntributions tota exclusively re ecause it rece	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>	
990-EZ, or 990-PF), but	it <b>must</b> answer "No	o" on Part IV, line 2	lle and/or the Special Ru , of its Form 990, or chec it it doesn't meet the filing	ck the box on line	H of its		
For Paperwork Reduction A for Form 990, 990-EZ, or 990		tructions	Cat No 30613X	Sched	ule B (Form 990	), 990-EZ, or 990-PF) (2017)	

Name of organization Employer identification number THE SAUER FAMILY FOUNDATION 41-1859711 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 GARY & PAT SAUER Person **Payroll** 952 GRAND AVE \$ 1,000,000 Noncash ST PAUL, MN55105 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution COREY SAUER Person Payroll 952 GRAND AVE \$ 25,000 Noncash ST PAUL, MN55105 (Complete Part II for noncash contributions) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)