Form **990-PF**Department of the Treasury

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.

OMB No. 1545-0052 **2016**Open to Public inspection

For calendar year 2016 or tax year beginning and ending A Employer identification number Name of foundation THE SAUER FAMILY FOUNDATION 41-1859711 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number 952 GRAND AVE. (651)633-6165 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ST. PAUL, MN 55105 G Check all that apply: Initial return Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: | X Cash Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ...▶ 12,055,702. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purposes (cash basis only) expenses per books income income 2,576,326 N/A Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments STATEMENT 172,484. 172,484. STATEMENT 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 97,706. 6a Net gain or (loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 97,706. 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances **b** Less: Cost of goods sold ... c Gross profit or (loss) 803. STATEMENT 3 0. 11 Other income 2,847,320. 270,191. Total. Add lines 1 through 11 87,370. 87,370. 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 19,103. 19,103. 0. 2,267 0. 2,267. 15 Pension plans, employee benefits Expenses 16a Legal fees 3,800. 1,900. 1,900. b Accounting fees STMT 4 92,589. 56,690. 35,899. c Other professional fees STMT 5 17 Interest 10,270. Taxes STMT 6 0. 8,145. 18 393. Ō. Depreciation and depletion 1,181.1,181.0. 20 Occupancy 21 Travel, conferences, and meetings 11,940. 0. 11,940. and 94. 22 Printing and publications 94. 0. 23 Other expenses STMT 7 5,991. 9,592. 0. 24 Total operating and administrative 234,998. 58,590. 177,491. expenses. Add lines 13 through 23 482,600. 482,600. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 717,598 58,590 660,091. Add lines 24 and 25 27 Subtract line 26 from line 12: 2,129,722 **8** Excess of revenue over expenses and disbursements 211,601. **b Net investment income** (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

Part II Balance Sheets Attached schedules and amounts in the description column should be for and adversary amounts only		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year		End of year			
F	ai t	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing	176,611.	2,902,278.	2,902,278.			
	2	Savings and temporary cash investments	12,150.					
	3	Accounts receivable ►						
		Less: allowance for doubtful accounts ▶						
	4	Pledges receivable ►						
		Less: allowance for doubtful accounts						
	5	Grants receivable						
		Receivables due from officers, directors, trustees, and other						
	Ĭ	disqualified persons						
	7	Other notes and loans receivable						
	′	Less: allowance for doubtful accounts						
Assets		Inventories for sale or use						
Ass		Prepaid expenses and deferred charges						
•		Investments - U.S. and state government obligations						
	0	Investments - corporate stock Investments - corporate bonds STMT 9	4 001 102	4 120 760	1 120 760			
			4,981,183.	4,130,760.	4,130,760.			
	11	Investments - land, buildings, and equipment: basis Less: accumulated depreciation						
		Less: accumulated depreciation						
	12	Investments - mortgage loans	4 500 404					
	13	Investments - other STMT 10	4,580,131.	5,019,043.	5,019,043.			
	14	Land, buildings, and equipment; basis ► 10,076.						
		Less: accumulated depreciation STMT 8 ► 6,455.	1,977.	3,621.	3,621.			
	15	Other assets (describe ►)						
	16	Total assets (to be completed by all filers - see the						
		instructions. Also, see page 1, item I)	9,752,052.	12,055,702.	12,055,702.			
	17	Accounts payable and accrued expenses						
		Grants payable						
Ś		Deferred revenue						
Liabilities		Loans from officers, directors, trustees, and other disqualified persons						
api		Mortgages and other notes payable						
Ë		Other liabilities (describe)						
)						
	23	Total liabilities (add lines 17 through 22)	0.	0.				
_	20	Foundations that follow SFAS 117, check here						
		and complete lines 24 through 26 and lines 30 and 31.						
es	24	Unrestricted						
Š								
Net Assets or Fund Balanc	25	Temporarily restricted						
e B	26	Permanently restricted						
<u>=</u>		Foundations that do not follow SFAS 117, check here X						
卢		and complete lines 27 through 31.	0 750 050	10 055 700				
ţ		Capital stock, trust principal, or current funds	9,752,052.	12,055,702.				
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.				
Ţ	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.				
Š	30	Total net assets or fund balances	9,752,052.	12,055,702.				
_	31	Total liabilities and net assets/fund balances	9,752,052.	12,055,702.				
P	art	III Analysis of Changes in Net Assets or Fund B	alances					
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30					
				1	9,752,052.			
	•	r amount from Dart L line 07a			2,129,722.			
		r increases not included in line 2 (itemize) CHANGE IN U	NREALIZED GATN		173,928.			
		lines 1.2 and 2			12 055 702			

5

6

5 Decreases not included in line 2 (itemize) ▶

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

(a) List and desc	cribe the kind	ses for Tax on Ir (s) of property sold (e.g common stock, 200 sha	., real estate,	moome	(b) Ho P - F D - I	w acquired Purchase Donation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a CAPITAL GAINS DIVIDENDS					Jonation				
b									
C									
d									
e	T		1						
(e) Gross sales price	(oreciation allowed or allowable)		st or other basis expense of sale				ain or (loss) s (f) minus (g)
a 97,706.									97,706.
_ b									
C					_				
<u>d</u>									
Complete only for assets showi	na asin in col	lumn (h) and owned by	the foundation	on 12/21/60			(I) Caina (C	Val (la) main	
Complete only for assets showi						CC	(I) Gains (C ol. (k). but i	Col. (h) gain not less thar	minus 1 -0-) or
(i) F.M.V. as of 12/31/69		Adjusted basis s of 12/31/69		cess of col. (i) col. (j), if any			Losses	(from col. (h))
		3 01 12/0 1/00	0701	(), 11 (11)					97,706.
<u>a</u>									31,100
<u>b</u>					_				
c d									
<u>e</u>		C 15 1 1 1			$\overline{}$				
2 Capital gain net income or (net c	anital loce)	If gain, also enter	r in Part I, line	/ 7	$\mid \mid$	2			97,706
,	,			<i>I</i>	·				31,100
3 Net short-term capital gain or (lo		d in sections 1222(5) ar	nd (6):		٦				
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8					}	a		N/A	
		ction 4940(e) for	Reduced	Tax on Net	Inve	stment In	come	14/11	
(For optional use by domestic privat									
(i or optional use by domestic prival	ie iouiiuationi	s subject to the section.	+340(a) lax oii	net investment ii	1001116.)				
If section 4940(d)(2) applies, leave	this part blanl	<.							
Was the foundation liable for the sec	rtion 1012 tax	on the distributable am	nount of any ve	ar in the hace no	riod2				Yes X No
If "Yes," the foundation does not qua			, ,		iiou:				103 [22] 110
1 Enter the appropriate amount in					entries.				
(a) Base period years		(b)		<u> </u>	(c)				(d) ution ratio
Base periód years Calendar year (or tax year beginn	ing in)	Adjusted qualifying dis	tributions	Net value of no		able-use assets	s	Distrib (col. (b) div	ution ratio ided by col. (c))
2015	9/	50	2,237.		5.	420,40		(()	.092657
2014			1,088.			525,03			.078024
2013			7,106.			267,483			.067794
2012			7,859.			774,16			.066579
2011			4,608.			015,72			.076680
2011			-,0000			010 / 12	-		
2 Total of line 1, column (d)							2		.381734
3 Average distribution ratio for the	5-vear hase	neriod - divide the total	on line 2 hy 5	or by the number	of vear				*30173
the foundation has been in existe	,		, ,	•	,		3		.076347
the foundation has been in existe	51106 II 1633 III	an 5 years					··· ├ •		•070347
4 Enter the net value of noncharita	bla uga agast	a for 2016 from Dart V	lino E				4		9,625,190.
4 Enter the net value of noncharita	มเช-นรช สรรชเ	S IUI ZU IO IIUIII PAIL A,	IIIIe 5				4		J, 023, 130 a
F. Multiply line 4 by line 2							_		734,854.
5 Multiply line 4 by line 3							5		734,034
C Enter 10/ of not investment inco	ma /10/ of Da	ert Llina (17h)							2,116.
6 Enter 1% of net investment inco	me (1% of Pa	irt i, iirie 270)					6		2,110.
7 Add lines Fand C							_		736,970.
7 Add lines 5 and 6							7		130,310.
8 Enter qualifying distributions fro	m Part XII. lin	e 4					8		660,091.
If line 8 is equal to or greater tha								<u> </u>	,
See the Part VI instructions.	<i>1</i> , 61166	n all box iii i alt vi, iiiit	ιν, απα συπμ	noto that part usill	iy a 1/0	u∧ idlō.			

Form **990-PF** (2016)

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(c)	48 - see	instru	ıctio	<u>าร)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		4,2	32.
	of Part I, line 27b				
C	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-)	2			0.
3	Add lines 1 and 2	3		4,2	32.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		4,2	<u>32.</u>
6	Credits/Payments:				
	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 4,080.				
	Exempt foreign organizations - tax withheld at source 6b				
	Tax paid with application for extension of time to file (Form 8868) 6c				
	Backup withholding erroneously withheld 6d				
	1 7	7		4,0	<u>80.</u>
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		1	52.
	, , , , , , , , , , , , , , , , , , ,	10			
		11			
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	
	any political campaign?				X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or			
	distributed by the foundation in connection with the activities.				
	Did the foundation file Form 1120-POL for this year?		1c		_X_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ 0 •				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
_	managers. ▶ \$ 0 •				37
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
_	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				v
4	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				
- 0	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		X
Э	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Λ
6	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la 	14/			
	remain in the governing instrument?		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			X	
'	Did the foundation have at least φ5,000 in assets at any time during the year: π Tes, Complete Part π, Coi. (c), and Part XV			21	
8.2	Enter the states to which the foundation reports or with which it is registered (see instructions)				
Ja	MN				
h	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		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 calendary			_	
Ī	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses				X
_			_		

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Pa	art VII-A Statements Regarding Activities (continued)				
				Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privately formula to the foundation of a disqualified person had advisory privately formula to the foundation of a disqualified person had advisory privately formula to the foundation of a disqualified person had advisory privately formula to the foundation of a disqualified person had advisory privately formula to the foundation of a disqualified person had advisory privately for the foundation of a disqualified person had advisory privately for the foundation of a disqualified person had advisory privately for the foundation of a disqualified person had advisory privately for the foundation of a disqualified person had advisory privately for the foundation of the fou				
	If "Yes," attach statement (see instructions)		12		X
13	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		13	X	
	Website address ► WWW.SAUERFF.ORG				
14	The books are in care of ▶ COLLEEN O'KEEFE, EXECUTIVE DIRECTOR Telephone no.▶	(651)63	3 –	616	5
	Located at ▶ 952 GRAND AVE., ST PAUL, MN	IP+4 ▶ 551	.05		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			▶	•
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?		16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				
	foreign country				
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1:	a During the year did the foundation (either directly or indirectly):				110
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	22 10			
		X No			
		No No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes	= - 1			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes	□ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	□			
	1 /	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	if the foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days.)	X No			
ŀ	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1b		X
	Organizations relying on a current notice regarding disaster assistance check here				
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2016?	L	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	defined in section 4942(j)(3) or 4942(j)(5)):				
á	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning				
	before 2016? Yes	X No			
	If "Yes," list the years ▶ , , , ,				
ŀ	If "Yes," list the years \(\bigsim \)				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				
	statement - see instructions.)	N/A	2b		
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
3:	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
•		X No			
,	olf "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after				
	• • • • • • • • • • • • • • • • • • • •	000			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to disp	USE			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	NI / A	2.		
	Form 4720, to determine if the foundation had excess business holdings in 2016.)	- 11/ A	3b		X
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		_^_
ı	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose the				37
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?		4b		X

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Part VII-B Statements Regarding Activities for Which F	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955); o				
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,				
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc			37 / 3	
section 53.4945 or in a current notice regarding disaster assistance (see instru				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 fr				
expenditure responsibility for the grant?		I/A Ye	es L No	
If "Yes," attach the statement required by Regulations section 53.4945	• /			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p				
a personal benefit contract?		Ye	es 🔼 No	
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.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribution				7b
Part VIII Information About Officers, Directors, Trustorial Employees, and Contractors	ees, Foundation Ma	inagers, Highly	y	
List all officers, directors, trustees, foundation managers and their	compensation.			
		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) Expense account, othe allowances
	to position		compensation	uno wanooo
SEE STATEMENT 11		87,370.	2,267.	0
		,	_,,	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, othe
(a) Name and address of each employee paid more than 400,000	devoted to position	(c) Compensation	and deferred compensation	allowances
NONE			·	

Total number of other employees paid over \$50,000

3 Five highest-paid independent contractors for professional services. If none, en	ter "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		•
Part IX-A Summary of Direct Charitable Activities		•
List the foundation's four largest direct charitable activities during the tax year. Include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers p		Expenses
N/A	·	
2		
3		
1		
•		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
ı N/A		
2		
All other program-related investments. See instructions.		
An other program-related investments. See instructions.		
·		
Total. Add lines 1 through 3		0 .

Form **990-PF** (2016)

P	art X Minimum Investment Return (All domestic foundations	must complete	this part. Foreign four	ndations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitat	ole, etc., purposes	s:		
	Average monthly fair market value of securities			1a	9,406,993.
	Average of monthly cash balances			1b	364,773.
	Fair market value of all other assets			1c	
d	Total (add lines 1a, b, and c)			1d	9,771,766.
	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	9,771,766.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amoun	it, see instruction	s)	4	146,576.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and c			5	9,625,190.
6	Minimum investment return. Enter 5% of line 5			6	481,260.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations check here ▶ ☐ and do not complete this part	and (j)(5) private		d certain	
1	Minimum investment return from Part X, line 6			1	481,260.
2a	Tax on investment income for 2016 from Part VI, line 5		4,232.		
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b			
	Add lines 2a and 2b			2c	4,232.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	477,028.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	477,028.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Par			7	477,028.
<u>Р</u>	art XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., pu				
-	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	•		1a	660,091.
	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charita			2	
3	Amounts set aside for specific charitable projects that satisfy the:	abio, otol, purpoor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	
-	Suitability test (prior IRS approval required)			3a	
h	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, a	and Part XIII line	4	4	660,091.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv		·	•	230,0220
•	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	660,091.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years 4940(e) reduction of tax in those years.			ualifies for	the section

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,		·		477 029
line 7 2 Undistributed income, if any, as of the end of 2016:				477,028.
a Enter amount for 2015 only			0.	
b Total for prior years:				
b rotal for prior yours.		0.		
Excess distributions carryover, if any, to 2016:				
aFrom 2011 142,666.				
a From 2011 142,666. b From 2012 81,684. c From 2013 99,316.				
c From 2013 99,316.				
d From 2014 189,502.				
eFrom 2015 239,307.				
f Total of lines 3a through e	752,475.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 660,091.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			477 000
d Applied to 2016 distributable amount	183,063.			477,028.
e Remaining amount distributed out of corpus	103,003.			0.
Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	935,538.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		
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.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
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)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	142,666.			
9 Excess distributions carryover to 2017.	700 070			
Subtract lines 7 and 8 from line 6a	792,872.			
10 Analysis of line 9:				
a Excess from 2012 b Excess from 2013 99 , 316.				
b Excess from 2013 99,316. c Excess from 2014 189,502.				
d Excess from 2015 239,307.				
e Excess from 2016 183,063.				

Form **990-PF** (2016) 623581 11-23-16

Part XIV	Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A					
1 a If the four	ndation has received a ruling or	determination letter that	it is a private operating							
foundatio	foundation, and the ruling is effective for 2016, enter the date of the ruling									
	b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)									
	lesser of the adjusted net	Tax year		Prior 3 years	(7)()	()/(/				
	rom Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total				
	nt return from Part X for									
	r listed									
	ne 2a									
	g distributions from Part XII,									
	each year listed									
	included in line 2c not									
	ctly for active conduct of									
	ctivities									
	g distributions made directly									
	conduct of exempt activities.									
	line 2d from line 2c 3a, b, or c for the									
	e test relied upon:									
a "Assets" a	alternative test - enter:									
(1) Valu	e of all assets									
	e of assets qualifying er section 4942(j)(3)(B)(i)									
b "Endowm	ent" alternative test - enter									
	nimum investment return Part X, line 6 for each year									
	alternative test - enter;									
	support other than gross									
	stment income (interest,									
	ends, rents, payments on									
	rities loans (section a)(5)), or royalties)									
	port from general public									
and	5 or more exempt									
	nizations as provided in on 4942(j)(3)(B)(iii)									
	est amount of support from									
()	'''									
	kempt organization									
	s investment income Supplementary Info	rmation (Comple	to this part only	if the foundation	had \$5,000 or me	oro in accote				
raitAV	at any time during t			ii tile loulidatioi	i παα ψο,οοο οι πι	ne ili assets				
1 Informa			4011011011							
	tion Regarding Foundation managers of the foundation who	_	than 20/ of the total cents	ributions received by the	foundation before the clos	on of any tay				
	only if they have contributed m			indutions received by the	iouiluation before the clos	be of ally lax				
,	ATEMENT 12	* / / ((/(//							
	nanagers of the foundation who	o own 10% or more of the	e stock of a corporation (or an equally large porti	on of the ownership of a ne	artnership or				
	ity) of which the foundation has			or an equally large porti	on or the ownership of a pe	artificially of				
NONE	,	•								
	tion Regarding Contributi	on Grant Gift Loon	Sabalarahin ata Dr	agramai						
Check he				_	not accept unsolicited requ	acta for fundo. If				
	lation makes gifts, grants, etc. (
		<u>, </u>				<u>u.</u>				
a The name	e, address, and telephone numl	or e-mail address of th	ne person to whom appli	cauons snould de addre	55tu.					
CEE CM7	MEMENTO 12									
	ATEMENT 13	a aubmitted and inferrent	ion and materials the con-	sould include						
D The form	in which applications should b	e submitted and informat	ion and materials they sh	ioula iliciuae:						
	alanian dandii									
c Any subn	nission deadlines:									
			1 1 1 1 2 2 2							
d Any restr	ictions or limitations on awards	,, such as by geographica	u areas, charitable fields,	kinds of institutions, or	otner factors:					

623601 11-23-16 Form **990-PF** (2016)

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year AMPERSAND FAMILIES NONE CHILD WELFARE/FOSTER ÞС 2515 WABASH AVENUE, SUITE 150 CARE ST. PAUL, MN 55114 15,000. ASPIREMN FOUNDATION NONE PC CHILD WELFARE/FOSTER 1000 WESTGATE DR, #252 CARE ST. PAUL, MN 55114 20,000. BDOTE LEARNING CENTER NONE PC EDUCATION 3216 EAST 29TH ST. MINNEAPOLIS, MN 55406 20,000. CLOSE TO MY HEART NONE РC EARLY CHILDHOOD EDUCATION 1740 VANDYKE ST N MAPLEWOOD, MN 55109 10,000. COMMUNITY RESOURCE CENTER/ST. NONE PC JUNIOR BOARD ANDREW'S LUTHERAN CHURCH 900 STILLWATER ROAD MAHTOMEDI, MN 55115 225. SEE CONTINUATION SHEET(S) 482,600. ➤ 3a Total **b** Approved for future payment NONE Total **▶** 3b

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
c					
d					
е					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	1.	
4 Dividends and interest from securities			14	172,484.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			14	97,706.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a REFUND OF OVERPAYMENT			01	803.	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		().	270,994.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	270,994.
(See worksheet in line 13 instructions to verify calculations.)					

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
-	

Form **990-PF** (2016) 623621 11-23-16

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of									Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?										
a Transfers from the reporting foundation to a noncharitable exempt organization of:										
(1) Cash								1a(1)		X
										X
b	Other tran									
	(1) Sales	s of assets to a noncharital	ole exempt organizatio	on				1b(1)		X
	(2) Purc	hases of assets from a nor	ncharitable exempt org	ganization				1b(2)		X
	(3) Renta	al of facilities, equipment,	or other assets					1b(3)		X
	(4) Reim	nbursement arrangements						1b(4)		Х
	(5) Loan	ns or loan guarantees						1b(5)		Х
					ns					X
					ployees					X
d				-	edule. Column (b) should a	-	-		ets,	
					ed less than fair market val	ue in any transactior	n or sharing arrangem	ent, show in		
	<u>`</u>	d) the value of the goods,				1 (8				
(a)∟	ine no.	(b) Amount involved	(c) Name of n		e exempt organization	(d) Description	n of transfers, transactions	s, and sharing arr	angeme	nts
				N/A						
2a	Is the fou	ındation directly or indirect	lv affiliated with, or re	lated to, one	or more tax-exempt organ	izations described				
					tion 527?			Yes	X	No
b		complete the following sch		,,						
		(a) Name of org	anization		(b) Type of organization		(c) Description of rela	tionship		
		N/A								
	1					<u> </u>				
٠.	and h				ng accompanying schedules and n taxpaver) is based on all infor			May the IRS of return with the	liscuss t	this
Się He	gn	, , ,		,	1			shown below		
пе						DIRECT	ror	X Yes		□ No
	Sigi	nature of officer or trustee	mo I i	Droporada -	Date	Title	Chock if Ir	TIN		
		Print/Type preparer's na	ille	Preparer's s	ignature	Date		PTIN		
D۰	id	A CHILETY C			. O DEIDI C	02/21/15	self- employed	חחחהכר	000	
Pa Dr					C. REHN, C	03/21/17		P00965		
	eparer se Only	Firm's name ► RED	PATH AND (OMPAN	т, шти.		Firm's EIN ► 41	-09/55	13	
J	.e Oilly	Firm's address ▶ 48	10 መሀተጥው 5	ם מעם	A D K W A V					
		· ·					Dhono no 165	1)426-	700	0
	WHITE BEAR LAKE, MN 55110						Phone no. (65	1/440-	700	<u>U</u>

Part XV | Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		1		
Recipient Name and address (home as business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CONNECTIONS TO INDEPENDENCE	NONE	PC	CHILD WELFARE/FOSTER	
310 E 38TH STREET, SUITE 300			CARE	
MINNEAPOLIS, MN 55409				45,925.
FAMILY ALTERNATIVES	NONE	PC	CHILD WELFARE/FOSTER	
1089 SE 10TH AVENUE	NONE		CARE	
MINNEAPOLIS, MN 55414				20,000.
				, -
FAMILY ENHANCEMENT CENTER	NONE	PC	CHILD WELFARE/FOSTER	
4826 CHICAGO AVENUE SOUTH, SUITE 105			CARE	20 000
MINNEAPOLIS, MN 55417				20,000.
FAMILYWISE	NONE	PC	CHILD WELFARE/FOSTER	
3036 UNIVERSITY AVENUE SE			CARE	
MINNEAPOLIS, MN 55414				10,000.
FREEDOM ACADEMY CHARTER SCHOOL	NONE	₽C	EDUCATION	
2201 GIRARD AVE. N.				
MINNEAPOLIS, MN 55411				13,000.
HARVEST NETWORK OF SCHOOLS	NONE	₽C	EDUCATION	
1300 OLSON MEMORIAL HIGHWAY	NONE		EBOCHITON	
MINNEAPOLIS, MN 55411				20,000.
		L		
HIAWATHA ACADEMIES	NONE	PC	EDUCATION	
1611 E 46TH STREET MINNEAPOLIS, MN 55407				25,000.
				, -
KIPP MINNESOTA	NONE	PC	EDUCATION	
5034 N. OLIVER AVENUE MINNEAPOLIS, MN 55430				20 000
TINNEALOLIS, EN 33430				20,000.
MAP FOR NONPROFITS (SAUER	NONE	₽C	CHILD WELFARE/FOSTER	
COLLABORATIVE FOR CHILD WELL-BEING)			CARE	
2314 UNIVERSITY AVE. W., SUITE 28				
ST. PAUL, MN 55114				92,675.
MN DEPARTMENT OF HUMAN SERVICES	NONE	GOV	CHILD WELFARE/FOSTER	
P.O. BOX 64943			CARE	
ST. PAUL, MN 55164-0934				15,000.
Total from continuation sheets				417,375.

Part XV | Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y		1	1	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
NORTHEAST COLLEGE PREP SCHOOL	NONE	PC	EDUCATION	
2511 TAYLOR ST				
MINNEAPOLIS, MN 55418				20,000.
NORTHSIDE ACHIEVEMENT ZONE	NONE	PC	EARLY CHILDHOOD	
2123 WEST BROADWAY AVENUE, #100			EDUCATION	
MINNEAPOLIS, MN 55411				20,000.
PARENT MENTOR PROGRAM/INTERNATIONAL	NONE	PC	CHILD WELFARE/FOSTER	
OUTREACH CHURCH			CARE	
12115 16TH AVE SOUTH				
BURNSVILLE, MN 55337				20,000.
PROJECT FOR PRIDE IN LIVING	NONE	PC	CHILD WELFARE/FOSTER	
1035 EAST FRANKLIN AVENUE			CARE	
MINNEAPOLIS, MN 55404				25,000.
CARR RAWLING TOP CULL PROPE	NONE		GUILD MILLENDE / HOGERD	
SAFE FAMILIES FOR CHILDREN 711 10TH AVENUE SOUTH	NONE	PC	CHILD WELFARE/FOSTER CARE	
MINNEAPOLIS, MN 55415			CINCI	25,000.
,				, -
SECOND HARVEST HEARTLAND	NONE	PC	JUNIOR BOARD	
1140 GERVAIS AVENUE ST PAUL, MN 55109				120.
51 1MoL, M. 55105				120
SIMON SAYS GIVE	NONE	PC	JUNIOR BOARD	
PO BOX 211172 EAGAN, MN 55121				155.
EAGAN, MN 33121				133.
SPECIAL OLYMPICS MINNESOTA	NONE	PC	JUNIOR BOARD	
100 WASHINGTON AVENUE SOUTH, SUITE 550				
MINNEAPOLIS, MN 55401				500.
ST. PETER CLAVER SCHOOL	NONE	₽C	EDUCATION	
1060 WEST CENTRAL				
ST. PAUL, MN 55104				5,000.
TESFA INTERNATIONAL SCHOOL	NONE	₽C	EDUCATION	
1745 UNIVERSITY AVE W, FIRST FLOOR				
ST PAUL, MN 55104				20,000.
Total from continuation sheets				

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

THE SAUER FAMILY FOUNDATION

41-1859711

		E BIIOLIK TIMILLI TOOMBIITION	11 1000,111
Organiz	ation type (check o	ne):	
Filers of	f:	Section:	
Form 99	0 or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 99	0-PF	X 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Check if	your organization is	s covered by the General Rule or a Special Rule.	
		(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General	Rule		
X	•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor'	•
Special	Rules		
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amoun line 1. Complete Parts I and II.	or 16b, and that received from
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.	
	year, contributions is checked, enter hourpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled mater the total contributions that were received during the year for an exclusively religious mplete any of the parts unless the General Rule applies to this organization because it re, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc., eceived <i>nonexclusively</i>
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

THE SAUER FAMILY FOUNDATION

41-1859711

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GARY & PAT SAUER		Person X
	2100 ARCADE STREET	\$ 2,500,302.	Payroll X
	MAPLEWOOD, MN 55109		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	STEPHANIE & JASON MORRISSEY		Person X
	590 MISSISSIPPI RIVER BLVD, SOUTH	\$12,500.	Payroll Noncash
	ST. PAUL, MN 55116		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JESSICA & JASON NICKELSON		Person X
	PO BOX 50725	\$	Payroll Noncash X
	MENDOTA, MN 55150		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	COREY SAUER		Person X
	1299 ROSE PLACE	\$ 37,500.	Payroll Noncash
	ROSEVILLE, MN 55113		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CHAD SAUER		Person X
	12466 EVERTON CIRCLE NORTH	\$	Payroll 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.)

Employer identification number

THE SAUER FAMILY FOUNDATION

41-1859711

(a) No. (b) (c) (d) (d)	Part II	Noncash Property (See instructions). Use duplicate copies of	Part II if additional space is needed.	
\$ 302. 02/25/16 (a) No. from Description of noncash property given (c) FMV (or estimate) (See instructions) Date received	No. from		FMV (or estimate)	
S 302. 02/25/16		OFFICE CHAIRS		
(a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (a) No. from Description of noncash property given (a) No. (b) FMV (or estimate) (See instructions) (a) No. (c) FMV (or estimate) (See instructions) (d) Date received (a) No. (b) FMV (or estimate) (See instructions) (a) No. (c) FMV (or estimate) (See instructions) (a) No. (b) FMV (or estimate) (See instructions) (a) No. (c) FMV (or estimate) (See instructions) (a) No. (b) FMV (or estimate) (See instructions) (a) No. (c) FMV (or estimate) (See instructions) (a) No. (b) FMV (or estimate) (See instructions) (d) Date received (a) No. (b) FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions) (f) FMV (or estimate) (See instructions) (d) Date received	1			
No. (b) FMV (or estimate) (c) Date received			\$\$	02/25/16
Part I OFFICE SUPPLIES (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (See instructions) (d) Date received (d) Date received (e) FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions)	No.		FMV (or estimate)	
S	Part I		(See instructions)	
(a) No. (b) (b) FMV (or estimate) (See instructions) (d) Date received (a) No. (c) FMV (or estimate) (See instructions) (d) Date received (a) No. (c) FMV (or estimate) (See instructions) (d) Date received (a) No. (c) FMV (or estimate) (See instructions) (d) Date received (a) No. (c) FMV (or estimate) (See instructions) (d) Date received (a) No. (c) FMV (or estimate) (See instructions) (d) Date received (a) No. (c) FMV (or estimate) (See instructions) (See instructions) (Date received) (a) No. (c) FMV (or estimate) (See instructions) (See instructions) (d) Date received) (a) No. (c) FMV (or estimate) (See instructions) (d) Date received)	2	OFFICE SUPPLIES		
(a) No. from Part I (a) No. (b) Description of noncash property given		<u></u>		
No. from Description of noncash property given S			\$24.	02/25/16
(a) No. from Description of noncash property given (a) No. (b) FMV (or estimate) (See instructions) (a) No. (b) FMV (or estimate) (See instructions) (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (a) No. (b) Description of noncash property given (a) No. (b) FMV (or estimate) (See instructions) (a) No. (c) FMV (or estimate) (See instructions) (b) FMV (or estimate) (See instructions)	No. from		FMV (or estimate)	
(a) No. from Description of noncash property given (a) No. (b) FMV (or estimate) (See instructions) (a) No. (b) FMV (or estimate) (See instructions) (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (a) No. (b) Description of noncash property given (a) No. (b) FMV (or estimate) (See instructions) (a) No. (c) FMV (or estimate) (See instructions) (b) FMV (or estimate) (See instructions)				
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(a) No. from Part I (b) FMV (or estimate) (See instructions) (d) Date received	No. from		FMV (or estimate)	
(a) No. from Part I (b) FMV (or estimate) (See instructions) (d) Date received				
No. (b) from Description of noncash property given Part I (C) FMV (or estimate) (See instructions) Date received			 \$	
	No. from		FMV (or estimate)	
			\$	

THE SAUER FAMILY FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed.

	Use duplicate copies of Part III if addition	al space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	gift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	
		(e) Transfer of g	gift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	gift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	gift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

Form **2220**

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0123 2016

THE SAUER FAMILY FOUNDATION

Employer identification number 41-1859711

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

	imated tax penalty line of the corporation's income tax	returr	i, but do not attach Fo	orm 2220.				
ŀ	Part I Required Annual Payment							
1	Total tax (see instructions)						1	4,232.
2 :	a Personal holding company tax (Schedule PH (Form 1120), lin	e 26) i	included on line 1	2a				
	b Look-back interest included on line 1 under section 460(b)(2)							
	contracts or section 167(g) for depreciation under the income			2b				
	(9)							
	Credit for federal tax paid on fuels (see instructions)			2c				
	d Total. Add lines 2a through 2c						2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do	not co	implete or file this form.	The corporation				_
	doesn't owe the penalty		•				3	4,232.
4	Enter the tax shown on the corporation's 2015 income tax ret	urn. S	ee instructions. Caution:	If the tax is zero				
	or the tax year was for less than 12 months, skip this line a	nd ent	er the amount from line	3 on line 5			4	4,045.
5	Required annual payment. Enter the smaller of line 3 or line	4. If th	ne corporation is required	d to skip line 4,				
	enter the amount from line 3						5	4,045.
F	Part II Reasons for Filing - Check the boxes belo	w that	apply. If any boxes are o	checked, the corpo	ration	must file Form 22	220	
	even if it doesn't owe a penalty. See instructions.							
6	The corporation is using the adjusted seasonal install	ment r	nethod.					
7	The corporation is using the annualized income install							
8	The corporation is a "large corporation" figuring its firs	st requ	ired installment based o	n the prior year's ta	ax.			
_ F	Part III Figuring the Underpayment							
		\vdash	(a)	(b)		(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers:							
	Use 5th month), 6th, 9th, and 12th months of the		05/15/16	06/15/1	ا ہی	00/15/	ا ہ ا	10/15/16
	corporation's táx yeár	9	05/15/16	06/15/1	10	09/15/	Τρ	12/15/16
10	Required installments. If the box on line 6 and/or line 7							
	above is checked, enter the amounts from Sch A, line 38. If							
	the box on line 8 (but not 6 or 7) is checked, see instructions							
	for the amounts to enter. If none of these boxes are checked,	امرا	1 011	1 01	, ,	1 0	11	1 011
	enter 25% (0.25) of line 5 above in each column.	10	1,011.	1,01	L Z •	1,0	<u> </u>	1,011.
11	Estimated tax paid or credited for each period. For							
	column (a) only, enter the amount from line 11 on line 15.	اا	1,955.		35.	1,0	20	1,020.
	See instructions	11	1,955.		55.	1,0	40.	1,020.
	Complete lines 12 through 18 of one column							
10	before going to the next column. Enter amount, if any, from line 18 of the preceding column	12		97	44.		17.	26.
13		12		1,02		1,0		1,046.
14		14		1,02	• •		<i>3</i> , •	1,040.
15		15	1,955.	1,02	29.	1,0	37.	1,046.
16		13	1,000	Ξ,02	•	±,0	<u> </u>	I,040.
10	14. Otherwise, enter -0-	16			0.		0.	
17		10			~ •			
.,	subtract line 15 from line 10. Then go to line 12 of the next							
	column. Otherwise, go to line 18	17						
18	Overpayment. If line 10 is less than line 15, subtract line 10	"			+			
	from line 15. Then go to line 12 of the next column	18	944.	1	17.		26.	
					- · •			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

			(a)	(b)	(c)			(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19						
20	Number of days from due date of installment on line 9 to the							
	date shown on line 19	20						
21	Number of days on line 20 after 4/15/2016 and before 7/1/2016	21						
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$		\$	
23	Number of days on line 20 after 06/30/2016 and before 10/1/2016	23						
24	Underpayment on line 17 x Number of days on line 23 x 4% (0.04)	24	\$	\$	\$		\$	
25	Number of days on line 20 after 9/30/2016 and before 1/1/2017	25						
26	Underpayment on line 17 x Number of days on line 25 x 4% (0.04)	26	\$	\$	\$		\$	
27	Number of days on line 20 after 12/31/2016 and before 4/1/2017	27						
28	Underpayment on line 17 x Number of days on line 27 x 4% (0.04)	28	\$	\$	\$		\$	
29	Number of days on line 20 after 3/31/2017 and before 7/1/2017	29						
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$	
31	Number of days on line 20 after 6/30/2017 and before 10/1/2017	31						
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$	
33	Number of days on line 20 after 9/30/2017 and before 1/1/2018	33						
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$	
35	Number of days on line 20 after 12/31/2017 and before 3/16/2018	35						
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$	
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$	
38	Penalty. Add columns (a) through (d) of line 37. Enter the total or the comparable line for other income tax returns	tal h	ere and on Form 1120, lir	ne 33;		38	s	0.

Form **2220** (2016)

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

FORM 990-PF INTERE	EST ON SAVIN	NGS AND T	EMPOR	ARY CASH	IN	VESTMENTS	STATEMENT	1
SOURCE		RE	(A) VENUE BOOK		IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOM	
MAPLE BANK SAVINGS				1.		1.		
TOTAL TO PART I, LI	INE 3			1.		1.		
FORM 990-PF	DIVIDENDS	S AND INT	EREST	FROM SE	CUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITA GAINA DIVIDE	S	(A) REVENU PER BOO		(B) NET INVES' MENT INCO		
WADDELL & REED	270,190.	97,	706.	172,4	84.	172,48	4.	
TO PART I, LINE 4	270,190.	97,	706.	172,4	84.	172,48	4.	
FORM 990-PF		OTHER	INCO	ME			STATEMENT	3
DESCRIPTION			RE	(A) VENUE BOOKS		(B) ET INVEST- ENT INCOME	(C) ADJUSTE NET INCO	
REFUND OF OVERPAYME	ENT	-		803	•	0	•	
TOTAL TO FORM 990-E	PF, PART I,	LINE 11		803	 	0		
FORM 990-PF		ACCOUN'	TING I	FEES			STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOK		(B) I INVEST NT INCOM		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES		3,80	0.	1,90	0.		1,9	00.
TO FORM 990-PF, PG	1, LN 16B	3,80	0.	1,90	0.		1,9	00.

FORM 990-PF C	THER PROFES	SIONAL FEES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT ADVISORY PROFESSIONAL FEES IT EXPENSES	56,690. 19,187. 16,712.	56,690.		0. 19,187. 16,712.
TO FORM 990-PF, PG 1, LN 16C	92,589.	56,690.		35,899.
FORM 990-PF	TAX	ES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX ON NET INVESTMENT INCOME PAYROLL TAXES	2,125. 8,145.	0.		0. 8,145.
TO FORM 990-PF, PG 1, LN 18 =	10,270.	0.		8,145.
FORM 990-PF	OTHER E	XPENSES	S	ratement 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EDUCATION MATERIALS INSURANCE EXPENSE POSTAGE SUPPLIES MINNESOTA FILING FEE DUES AND MEMBERSHIPS	41. 345. 145. 3,252. 25. 2,183.	0. 0. 0. 0.		41. 345. 145. 2,926. 25. 6,110.
TO FORM 990-PF, PG 1, LN 23	5,991.	0.		9,592.

FORM 990-PF DEPRECIATION	OF ASSETS NO	OT HELD FOR	INV	/ESTMENT	STATEMENT 8	
DESCRIPTION	COST OR OTHER BASIS	ACCUMULAT DEPRECIAT		BOOK VALUE	FAIR MARKET VALUE	
OFFICE FURNITURE	3,203	. 3,2	03.	0	. 0.	
COMPUTER	1,647		02.	245		
DESK	1,804	·-		757		
DESK	1,384		03.	581		
MACBOOK AIRS (2)	2,038	•	0.	2,038	2,038.	
TO 990-PF, PART II, LN 14	10,076	• 6,4 = ===================================	55 .	3,621	3,621.	
FORM 990-PF	CORPOR	ATE BONDS			STATEMENT 9	
DESCRIPTION			ВС	OOK VALUE	FAIR MARKET VALUE	
WR IVY LIMITED-TERM BOND				4,130,760.	4,130,760.	
TOTAL TO FORM 990-PF, PART	II, LINE 100	C		4,130,760.	4,130,760.	
		:				
FORM 990-PF	OTHER II	NVESTMENTS			STATEMENT 10	
DESCRIPTION	•	VALUATION METHOD	ВС	OOK VALUE	FAIR MARKET VALUE	
WR ADVISORS CORE INVESTMENT WR ADVISORS DIVIDEND OPPORT		FMV FMV		559,847.	559,847.	
A (676)				564,798.	564,798.	
WR ADVISORS ENERGY A (687)		FMV		20,571.	20,571.	
WR ADVISORS NEW CONCEPTS A WR ADVISORS SCIENCE AND TEC		FMV FMV		273,614.	273,614.	
A (622)				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 WR ADVISORS CONTINENTAL INC		FMV FMV		0.	0.	
(627)				550,175.	550,175.	
WR ADVISORS BOND A (624)		FMV		244,232.	244,232.	
WR ADVISORS HIGH INCOME A (WR ADVISORS GLOBAL BOND A		FMV FMV		1,213,222. 262,241.	1,213,222. 262,241.	
TOTAL TO FORM 990-PF, PART	II, LINE 13	•		5,019,043.	5,019,043.	

FORM 990-PF	PART VIII - LIST TRUSTEES AND	OF OFFICERS, FOUNDATION MAN		STATE	MENT 11
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
GARY B. SAUER 952 GRAND AVENUE ST. PAUL, MN 55105		TREASURER 1.00	0.	0.	0.
PATRICIA SAUER 952 GRAND AVENUE ST. PAUL, MN 55105		PRESIDENT 5.00	0.	0.	0.
COREY SAUER 952 GRAND AVENUE ST. PAUL, MN 55105		TRUSTEE 1.00	0.	0.	0.
JESSICA NICKELSON 952 GRAND AVENUE ST. PAUL, MN 55105		TRUSTEE 1.00	0.	0.	0.
STEPHANIE MORRISSE 952 GRAND AVENUE ST. PAUL, MN 55105		TRUSTEE 1.00	0.	0.	0.
COLLEEN O'KEEFE 952 GRAND AVENUE ST. PAUL, MN 55105		EXECUTIVE DIR	ECTOR & TRUST 87,370.		0.
TOTALS INCLUDED ON	990-PF, PAGE 6,	PART VIII	87,370.	2,267.	0.
FORM 990-PF		XV - LINE 1A DUNDATION MANAG	ERS	STATE	MENT 12

NAME OF MANAGER

GARY B. SAUER PATRICIA SAUER

41-1859711

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

COLLEEN O'KEEFE, EXECUTIVE DIRECTOR 952 GRAND AVE

ST. PAUL, MN 55105

TELEPHONE NUMBER

(651)633-6165

FORM AND CONTENT OF APPLICATIONS

APPLICANTS MUST BE 501(C)(3) ORGANIZATIONS THAT HAVE PROGRAMS AND USE FUNDING TO IMPROVE THE LIVES OF DISADVANTAGED CHILDREN AND THEIR FAMILIES.

ANY SUBMISSION DEADLINES

CALL THE FOUNDATION OFFICE BEFORE APPLYING FOR FUNDING.

RESTRICTIONS AND LIMITATIONS ON AWARDS

STATE OF MINNESOTA. CHECK OUR WEBSITE FOR CURRENT FUNDING PRIORITIES.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	OFFICE FURNITURE	02/21/07	SL	7.00		16	3,203.				3,203.	3,203.		0.	3,203.
2	COMPUTER	09/16/13	SL	5.00		16	1,647.			824.	823.	413.		165.	578.
3	DESK	11/30/15	SL	7.00	MQ	16	1,804.			902.	902.	16.		129.	145.
4	DESK	12/30/15	SL	7.00	MQ	16	1,384.			692.	692.	12.		99.	111.
15	MACBOOK AIRS (2)	12/31/16	SL	5.00		16	2,038.				2,038.			0.	
	* TOTAL 990-PF PG 1 DEPR						10,076.			2,418.	7,658.	3,644.		393.	4,037.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						8,038.			2,418.	5,620.	3,644.			4,037.
	ACQUISITIONS						2,038.			0.	2,038.	0.			0.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						10,076.			2,418.	7,658.	3,644.			4,037.
	ENDING ACCUM DEPR											6,455.			
	ENDING BOOK VALUE											3,621.			