4

**Return of Private Foundation** 

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

OMB No 1545-0052 2018

- Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

		dar year 2018 or tax year beginning	, 2018	B, and e	ending		, 20
Nan	ne of fou	ndation			A Employe	r identification number	er
Th	е На	ns and Barbara Bergstrom Foundation			46-2	662377	
Nun	ber and	street (or P O box number if mail is not delivered to street address)	Room	/suite	B Telephon	e number (see instruct	ions)
73	03 N	E 8th Drive			(561)	995-6866	
City	or town	, state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pend	ing, check here ▶
Вс	ca R	aton FL 33487					_
G	Check	all that apply:  Initial return Initial return	of a former public	charity	D 1. Foreigi	n organizations, check	here ►
		☐ Final return ☐ Amended r	return			n organizations meeting	_
		☐ Address change ☐ Name char				here and attach compu	
Н	Check	type of organization: X Section 501(c)(3) exempt p	rivate foundation	JU		foundation status was 07(b)(1)(A), check here	terminated under
		n 4947(a)(1) nonexempt charitable trust 🔲 Other tax			section 5	or(b)(1)(A), check here	▶□
ı		narket value of all assets at   J   Accounting method	: Cash X A	ccrual	F If the four	ndation is in a 60-mont	h termination
		f year (from Part II, col. (c), U Other (specify)			under se	ction 507(b)(1)(B), chec	k here ▶ □
	line 16	5) ► \$ 3,205,118. (Part I, column (d) must be	on cash basis)				
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) NaA		(m) A durahad a a h	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		investment come	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions) )					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	800,000.				
	2	Check ► ☐ if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	1,137.		1,137.		
	4	Dividends and interest from securities	99,025.		99,025.		
	5a	Gross rents					
	b	Net rental income or (loss)					
a	6a	Net gain or (loss) from sale of assets not on line 10					
ē	b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)			0.		
ш	8	Net short-term capital gain				0.	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	Ь	Less: Cost of goods sold					
	11	Gross profit or (loss) (attach schedule) Other income (attach schedule) See. Stmt .	1 250		1 250		
	12	Total. Add lines 1 through 11	1,259.	1	1,259. 01,421.	0.	
_	13	Compensation of officers, directors, trustees, etc.	901,421.	1	01,421.	<u> </u>	
es	14	Other employee salaries and wages					
penses	15	Pension plans, employee benefits				REC	EIVED
	16a	Legal fees (attach schedule)					Ig
Щ	ь	Accounting fees (attach schedule) L-1.6b. Stmt	1,500.			& APR	2 9 2019
<u>S</u>	c	Other professional fees (attach schedule) L-16c .Stmt	17,298.		17,298.	E APR	2 9 2019 Q
äŧ	17	Interest			,		
str	18	Taxes (attach schedule) (see instructions)e . Stmt.	80.		80.	<u> </u>	EN, UT
₽	19	Depreciation (attach schedule) and depletion					
þ	20	Occupancy					<u>'</u>
5 ≤	21	Travel, conferences, and meetings					
֝֞֝֟֝֝֟֝֝֟֝֝֟֝֝֟	22	Printing and publications	50,018.		50,018.		
ğ	23	Other expenses (attach schedule)					
	24	Total operating and administrative expenses.					
Operating and Administrative		Add lines 13 through 23	68,896.		67,396.		
ج د	25	Contributions, gifts, grants paid	605,457.				605,447.
_	26	Total expenses and disbursements. Add lines 24 and 25	674,353.		67,396.		605,447.
	27	Subtract line 26 from line 12:					1
	ā	Excess of revenue over expenses and disbursements	227,068.				
	b	Net investment income (If negative, enter -0-)			34,025.		
	С	Adjusted net income (if negative, enter -0-)				0.	

For Paperwork Reduction Act Notice, see instructions. BAA

Cat No 11289X REV 02/01/19 PRO

Pa	ırt II ,	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End c	of year
_	· ·	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Valu	е	(c) Fair Market Value
	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments	440,589.	240,5	84.	240,584.
	3	Accounts receivable ►				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶	,			1
		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)	1			
		Less: allowance for doubtful accounts ▶				
2	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U.S. and state government obligations (attach schedule)				
•	. ос. Б	Investments—corporate stock (attach schedule) L-10b Stmt	2,045,079.	2,620,7	16	2,964,534.
		Investments—corporate bonds (attach schedule)	2,043,073.	2,020,1	40.	2,304,334.
	11	Investments—land, buildings, and equipment: basis ▶				
	' '	Less accumulated depreciation (attach schedule) ▶	·			
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)	200,372.			
	14	tood by Middle and an arrange beautiful by				
	1-	Land, buildings, and equipment: basis  Less: accumulated depreciation (attach schedule)		· - · · · · · · · · · · · · · · · · · ·		ļJ
	15	Other appets (denotibe				
	16	Other assets (describe ►)  Total assets (to be completed by all filers—see the				
	10	instructions. Also, see page 1, item I)	2 606 040	2 061 2	20	2 205 110
_	17	Accounts payable and accrued expenses	2,686,040.	2,861,3	30.	3,205,118.
						-
e S	18	Grants payable	0.		0.	
Liabilities	19	Deferred revenue				
ğ	20	Loans from officers, directors, trustees, and other disqualified persons				
Ë	21	Mortgages and other notes payable (attach schedule)				
:	22	Other liabilities (describe >)				
	23	Total liabilities (add lines 17 through 22)	0.		0.	
g		Foundations that follow SFAS 117, check here > 🗵				
lances		and complete lines 24 through 26, and lines 30 and 31.				
<u>a</u>	24	Unrestricted	2,686,040.	2,861,3	30.	
	25	Temporarily restricted				
פ	26	Permanently restricted				
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here ▶ □				
F		and complete lines 27 through 31.				
0	27	Capital stock, trust principal, or current funds				
ė	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds				
t A	30	Total net assets or fund balances (see instructions)	2,686,040.	2,861,3	30.	
Ne	31	Total liabilities and net assets/fund balances (see				
		instructions)	2,686,040.	2,861,3	30.	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				
1	Tota	Il net assets or fund balances at beginning of year-Part II, colui	mn (a), line 30 (mus	t agree with		
	end-	of-year figure reported on prior year's return)			1	2,686,040.
2		er amount from Part I, line 27a			2	227,068.
3	Othe	er increases not included in line 2 (itemize) ▶ See Statement			3	18,185.
4		lines 1, 2, and 3			4	2,931,293.
5		reases not included in line 2 (itemize) ▶ See Statement			5	69,963.
6		Il net assets or fund balances at end of year (line 4 minus line 5) - I	Part II, column (b), lir	ne 30	6	2,861,330.

Part	Capital Gains an	d Losses for Tax on Investm	ent Income			
•		ind(s) of property sold (for example, real eduse, or common stock, 200 shs MLC Co )		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr)
1a	Capital gain distr	ibutions		P	Various	Various
b	From K-1			P	Various	Various
C	Morgan Stanley See s	tatement attached Short-T	erm Covered	P	Various	Various
d i	<u>Morqan Stanley See s</u>	statement attached Long-T	erm Covered	P	Various	Various
е	Spectra Energy Par	tners LP		P	Various	10/10/2018
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		in or (loss) (f) minus (g))
a	32.			0.		32.
<u>b</u>	1,648.			0.		1,648.
С	491,334.			<u>537,399.</u>		-46,065.
<u>d</u>	378,331.			<u>396,816.</u>		-18,485.
е	49,503.			<u>51,603.</u>		<u>-2,100.</u>
	Complete only for assets sh	owing gain in column (h) and owned	by the foundation	on 12/31/69	(I) Gains (Co	l (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		ot less than -0-) <b>or</b> from col (h))
а	0.	0.		0.		32.
b	0.	0.		0.		1,648.
C						-46,065.
d						-18,485.
е						-2,100.
2	Capital gain net income of	or mer capital lossi / "	also enter in Pa , enter -0- in Pai		2	-64,970.
f sect Vas ti	V Qualification Under prior and use by domestic prior 4940(d)(2) applies, leave the foundation liable for the	der Section 4940(e) for Reductivate foundations subject to the street to the street that part blank.  It section 4942 tax on the distribution qualify under section 4940(e). Do	section 4940(a) table amount of	tax on net invest	tment income.)	-64,970.
1		ount in each column for each yea			akına any entries	
	(a)		ar, see the instit		aking any entries.	(d)
Cale	Base period years ndar year (or tax year beginning in	· .		(c) f noncharitable-use a	ssets (col (b)	tribution ratio divided by col. (c))
	2017	395,0		2,644,0		0.149399
	2016	537,9	<del></del>	2,035,1		0.264342
	2015	532,5	<del></del>	139,3		3.820692
	2014	306,6	<del></del>	85,1		3.600413
	2013		0.	58,0	100.	0.000000
2	Total of line 1, column (d	-				7.834846
3		o for the 5-year base period—div foundation has been in existence				1.566969
4	Enter the net value of nor	ncharitable-use assets for 2018 fi	rom Part X, line	5	. 4	3,391,652.
5	Multiply line 4 by line 3				. 5	5,314,614.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b	)		. 6	340.
7	Add lines 5 and 6				. 7	5,314,954.
8	· · · · · · · · · · · · · · · · · · ·	ons from Part XII, line 4 . ater than line 7, check the box ir				605,447.
	Part VI instructions.	ato man ine i, theth the box if	i i ait vi, iille 10	, and complete	mat part using a	i /v lax rate. See tii

Part '		<u>instr</u>	uctio	ns)
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	6	581.	
	here ▶ ☐ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0.	
3	Add lines 1 and 2		581.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0.	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		581.	
6	Credits/Payments:			
а	2018 estimated tax payments and 2017 overpayment credited to 2018   6a			
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) . 6c			
ď	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here 🗵 if Form 2220 is attached		27.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		708.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid <b>10</b>		0.	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶ 11			
	VII-A Statements Regarding Activities	<del></del>		
1a		<del>,</del> T	Yes	No
14	participate or intervene in any political campaign?	` <u>1a</u>		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			<del></del>
	instructions for the definition	1b		×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	<b>&gt;</b>		
	published or distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c	<u> </u>	×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			,
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	-		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			:
	on foundation managers. ► \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		×
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	3		×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		×
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×
	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	t l		
	conflict with the state law remain in the governing instrument?	6	×	
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 XI		×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.		1	1
	FL	-		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	8b	×	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) o			
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes, complete Part XIV	9		×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the names and addresses	r   10	<b>x</b>	

Part	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		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
12	person had advisory privileges? If "Yes," attach statement. See instructions	12	J	_ <b>×</b> _
13		13	×	
14	Website address       N/A         The books are in care of ► Hans Bergstrom       Telephone no. ► (561)	995-	6866	
	Located at ▶ 7303 NE 8th Drive Boca Raton FL ZIP+4 ▶ 33487	-242	2	
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			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority	46	Yes	No
	over a bank, securities, or other financial account in a foreign country?.  See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	16		×
	the foreign country ▶			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1 .		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  Organizations relying on a current notice regarding disaster assistance, check here	1b		
С	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 2018?	1c		×
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)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  20 , 20 , 20 , 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	l I		
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
-	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		<u> </u>	
4 -	foundation had excess business holdings in 2018.)	3b		
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		×
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		

Par	VII-B Statements Regarding Activities	s for W	/hich Form	4720	May Be R	equire	<b>d</b> (contii	nued)			
5a	3 , ,	-								Yes	No
•	(1) Carry on propaganda, or otherwise attempt		_	•	• •		☐ Yes	X No			
	(2) Influence the outcome of any specific publi		-		-	•	_				- 1
	directly or indirectly, any voter registration di						☐ Yes	⊠ No			
	(3) Provide a grant to an individual for travel, stu						☐ Yes	X No			]
	(4) Provide a grant to an organization other tha						_	<b>E</b>			İ
	section 4945(d)(4)(A)? See instructions						∐ Yes	X No			
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to							<b>S</b>			ŀ
h	If any answer is "Yes" to 5a(1)–(5), did any of the						∐Yes	No 🗵			ļ
b	in Regulations section 53.4945 or in a current no							scribeu			
	Organizations relying on a current notice regard							▶ □	30		<del></del> 1
С	If the answer is "Yes" to question 5a(4), does	_									
•	because it maintained expenditure responsibility							□No			
	If "Yes," attach the statement required by Regul		-								
6a	Did the foundation, during the year, receive any					emiums					
	on a personal benefit contract?						☐ Yes	⊠ No			
b	Did the foundation, during the year, pay premiur	ns, dire	ctly or indired	ctly, on	a personal	benefit	contract	? .	6b		$\overline{\mathbf{x}}$
	If "Yes" to 6b, file Form 8870.		•								
7a	At any time during the tax year, was the foundation	a party t	to a prohibited	d tax sh	elter transac	ction?	☐ Yes	⊠ No			
b	If "Yes," did the foundation receive any proceed							n? .	7b		
8	Is the foundation subject to the section 4960 ta								į		
	remuneration or excess parachute payment(s) d							∐ No			
Par	Information About Officers, Direct	tors, 1	rustees, F	ounda	tion Mana	agers,	Highly F	Paid E	mploy	ees,	
	and Contractors  List all officers, directors, trustees, and found	<b></b>		دا حاط اد		ation 6	es instru				
	LISE All VIIICEES. Ull'ECTOES. LI USTEES. AND IVUN	auvii i				auvii. v	766 III 3U I	actions	•		
									/-\ C		
<u>'</u>	(a) Name and address	(b) Title	e, and average rs per week	(c) Co	mpensation ot paid,	(d) ( emplo	Contribution yee benefit	s to plans	(e) Expe	nse acc allowan	
Han	(a) Name and address	(b) Title hou devote	e, and average rs per week ed to position	(c) Co	mpensation	(d) ( emplo	Contribution	s to plans			
	(a) Name and address s Bergstrom	(b) Title	e, and average rs per week ed to position	(c) Co	mpensation ot paid,	(d) ( emplo	Contribution yee benefit	s to plans			ces
730	(a) Name and address  s Bergstrom 3 NE 8th Drive Boca Raton FL 33487	(b) Title hou devote	e, and average rs per week ed to position tee	(c) Co	mpensation not paid, ter -0-)	(d) ( emplo	Contribution yee benefit	s to plans ensation			
730 Bar	(a) Name and address s Bergstrom	(b) Title hou devote Trus	e, and average rs per week ed to position tee	(c) Co	mpensation not paid, ter -0-)	(d) ( emplo	Contribution yee benefit	s to plans ensation			ces
730 Bar	(a) Name and address  s Bergstrom 3 NE 8th Drive Boca Raton FL 33487 bara Bergstrom	(b) Title hou devote Trus	e, and average rs per week ed to position tee 4.00	(c) Co	mpensation not paid, ter -0-)	(d) ( emplo	Contribution yee benefit	plans plans ensation			0.
730 Bar	(a) Name and address  s Bergstrom 3 NE 8th Drive Boca Raton FL 33487 bara Bergstrom	(b) Title hou devote Trus	e, and average rs per week ed to position tee 4.00	(c) Co	mpensation not paid, ter -0-)	(d) ( emplo	Contribution yee benefit	plans plans ensation			0.
730 Bar	(a) Name and address  s Bergstrom 3 NE 8th Drive Boca Raton FL 33487 bara Bergstrom	(b) Title hou devote Trus	e, and average rs per week ed to position tee 4.00	(c) Co	mpensation not paid, ter -0-)	(d) ( emplo	Contribution yee benefit	plans plans ensation			0.
730 Bar	(a) Name and address  s Bergstrom 3 NE 8th Drive Boca Raton FL 33487 bara Bergstrom	(b) Title hou devote Trus	e, and average rs per week ed to position tee 4.00	(c) Co	mpensation not paid, ter -0-)	(d) ( emplo	Contribution yee benefit	plans plans ensation			0.
730 Bar	(a) Name and address  s Bergstrom 3 NE 8th Drive Boca Raton FL 33487 bara Bergstrom 3 NE 8th Drive Boca Raton FL 33487  Compensation of five highest-paid employe	(b) Title hou devote Trus:	e, and average rs per week ed to position tee 4.00 tee 4.00	(c) Co (if r en	mpensation not paid, ter -0-)	(d) (emplo and defe	Contribution yee benefit erred compe	s to plans ensation 0.	other	allowan	0. 0.
730 Bar 730	(a) Name and address  s Bergstrom 3 NE 8th Drive Boca Raton FL 33487 bara Bergstrom 3 NE 8th Drive Boca Raton FL 33487	(b) Title hou devote Trus:	e, and average rs per week ed to position tee 4.00 tee 4.00	(c) Co (if r en	opensation not paid, ter -0-)	(d) (emplo and defe	Contribution byee benefit competered compete	os to plans ensation  O.  O.	other	allowan	0. 0.
730 Bar 730	(a) Name and address  S Bergstrom  3 NE 8th Drive Boca Raton FL 33487 bara Bergstrom  3 NE 8th Drive Boca Raton FL 33487  Compensation of five highest-paid employe "NONE."	(b) Title hou devote Trust Trust es (oth	e, and average rs per week ed to position tee 4.00 tee 4.00	(c) Co (lf r en	0 .  0 .  uded on li	(d) (emplo and defi	Contribution lyee benefit erred compe  see instr  (d) Contribut employee	o .  O .  Cuction:	s). If n	one,	0. 0. enter
730 Bar 730	(a) Name and address  s Bergstrom 3 NE 8th Drive Boca Raton FL 33487 bara Bergstrom 3 NE 8th Drive Boca Raton FL 33487  Compensation of five highest-paid employe	(b) Title hou devote Trust Trust es (oth	e, and average rs per week ed to position tee 4.00 tee 4.00	(c) Co (lf r en	opensation not paid, ter -0-)	(d) (emplo and defi	Contribution yee benefit erred compe see instr	o .  O .  Cuction:  utions to benefit deferred	s). If n	one, (	0. 0. enter
730 Bar 730	(a) Name and address  s Bergstrom 3 NE 8th Drive Boca Raton FL 33487 bara Bergstrom 3 NE 8th Drive Boca Raton FL 33487  Compensation of five highest-paid employe "NONE."	(b) Title hou devote Trust  Trust  es (oth	e, and average rs per week ed to position tee 4.00 tee 4.00	(c) Co (lf r en	0 .  0 .  uded on li	(d) (emplo and defi	See instr	o .  O .  Cuction:  utions to benefit deferred	s). If n	one,	0. 0. enter
730 Bar 730	(a) Name and address  s Bergstrom 3 NE 8th Drive Boca Raton FL 33487 bara Bergstrom 3 NE 8th Drive Boca Raton FL 33487  Compensation of five highest-paid employe "NONE."	(b) Title hou devote Trust  Trust  es (oth	e, and average rs per week ed to position tee 4.00 tee 4.00	(c) Co (lf r en	0 .  0 .  uded on li	(d) (emplo and defi	See instr	o .  O .  Cuction:  utions to benefit deferred	s). If n	one,	0. 0. enter
730 Bar 730	(a) Name and address  S Bergstrom  3 NE 8th Drive Boca Raton FL 33487  bara Bergstrom  3 NE 8th Drive Boca Raton FL 33487  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title hou devote Trust	e, and average rs per week ed to position tee 4.00 tee 4.00	(c) Co (lf r en	0 .  0 .  uded on li	(d) (emplo and defi	See instr	o .  O .  Cuction:  utions to benefit deferred	s). If n	one,	0. 0. enter
730 Bar 730	(a) Name and address  s Bergstrom 3 NE 8th Drive Boca Raton FL 33487 bara Bergstrom 3 NE 8th Drive Boca Raton FL 33487  Compensation of five highest-paid employe "NONE."	(b) Title hou devote Trust	e, and average rs per week ed to position tee 4.00 tee 4.00	(c) Co (lf r en	0 .  0 .  uded on li	(d) (emplo and defi	See instr	o .  O .  Cuction:  utions to benefit deferred	s). If n	one,	0. 0. enter
730 Bar 730	(a) Name and address  s Bergstrom 3 NE 8th Drive Boca Raton FL 33487 bara Bergstrom 3 NE 8th Drive Boca Raton FL 33487  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,0	(b) Title hou devote Trust	e, and average rs per week ed to position tee 4.00 tee 4.00	(c) Co (lf r en	0 .  0 .  uded on li	(d) (emplo and defi	See instr	o .  O .  Cuction:  utions to benefit deferred	s). If n	one,	0. 0. enter
730 Bar 730	(a) Name and address  S Bergstrom  3 NE 8th Drive Boca Raton FL 33487  bara Bergstrom  3 NE 8th Drive Boca Raton FL 33487  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title hou devote Trust	e, and average rs per week ed to position tee 4.00 tee 4.00	(c) Co (lf r en	0 .  0 .  uded on li	(d) (emplo and defi	See instr	o .  O .  Cuction:  utions to benefit deferred	s). If n	one,	0. 0. enter
730 Bar 730	(a) Name and address  s Bergstrom 3 NE 8th Drive Boca Raton FL 33487 bara Bergstrom 3 NE 8th Drive Boca Raton FL 33487  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,0	(b) Title hou devote Trust	e, and average rs per week ed to position tee 4.00 tee 4.00	(c) Co (lf r en	0 .  0 .  uded on li	(d) (emplo and defi	See instr	o .  O .  Cuction:  utions to benefit deferred	s). If n	one,	0. 0. enter
730 Bar 730	(a) Name and address  s Bergstrom 3 NE 8th Drive Boca Raton FL 33487 bara Bergstrom 3 NE 8th Drive Boca Raton FL 33487  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,0	(b) Title hou devote Trust	e, and average rs per week ed to position tee 4.00 tee 4.00	(c) Co (lf r en	0 .  0 .  uded on li	(d) (emplo and defi	See instr	o .  O .  Cuction:  utions to benefit deferred	s). If n	one,	0. 0. enter
730 Bar 730	(a) Name and address  s Bergstrom 3 NE 8th Drive Boca Raton FL 33487 bara Bergstrom 3 NE 8th Drive Boca Raton FL 33487  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,0	(b) Title hou devote Trust	e, and average rs per week ed to position tee 4.00 tee 4.00	(c) Co (lf r en	0 .  0 .  uded on li	(d) (emplo and defi	See instr	o .  O .  Cuction:  utions to benefit deferred	s). If n	one,	0. 0. enter
730 Bar 730 2	(a) Name and address  s Bergstrom 3 NE 8th Drive Boca Raton FL 33487 bara Bergstrom 3 NE 8th Drive Boca Raton FL 33487  Compensation of five highest-paid employe "NONE."  (a) Name and address of each employee paid more than \$50,0	(b) Title hou devote Trust	e, and average rs per week ed to position tee 4.00 tee 4.00	(c) Co (lf r en	0 .  0 .  uded on li	(d) (emplo and defi	See instr	o .  O .  Cuction:  utions to benefit deferred	s). If n	one,	0. 0. enter

and Contractors (continued)  3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."  (a) Name and address of each person paid more than \$50,000  (b) Type of service  (c)  None	c) Compensation
None	c) Compensation
None	
	<del> </del>
	·
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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 Creation of scholarships, enlarging of readership, promotion of medical	
research, upgrading of facilities and general charitable support	
	605,457.
2	
3	
<u> </u>	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
<b>Total.</b> Add lines 1 through 3	000 DE

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn fou	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes:  Average monthly fair market value of securities	1a	3,223,788.
a	Average monthly fair market value of securities	1b	219,514.
b	Fair market value of all other assets (see instructions)	1c	219,514.
C	Total (add lines 1a, b, and c)	1d	3,443,302.
d e	Reduction claimed for blockage or other factors reported on lines 1a and	-14	
E	1c (attach detailed explanation)		
_		2	
2	Acquisition indebtedness applicable to line 1 assets	3	2 442 202
3	Subtract line 2 from line 1d	3	3,443,302.
4	· · · · · · · · · · · · · · · · · · ·		E1 (E0
_	Instructions)	4	51,650.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,391,652.
6	Minimum investment return. Enter 5% of line 5	6	169,583.
Part	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► and do not complete this part.)	ounga	tions
1	Minimum investment return from Part X, line 6	1	169,583.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b	1	
С	Add lines 2a and 2b	2c	681.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	168,902.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	168,902.
6	Deduction from distributable amount (see instructions)	6	· · · · · ·
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	168,902.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	605,447.
b	Program-related investments—total from Part IX-B	1b	· · · · · · · · · · · · · · · · · · ·
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	605,447.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	605,447.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	-	her the foundation
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Part	XIII Undistributed Income (see instruct	cions)			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7				168,902.
2	Undistributed income, if any, as of the end of 2018:				
а	Enter amount for 2017 only			<u> </u>	
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2018:				
а	From 2013 . 0				
b	From 2014 302,889				
C	From 2015				
d	From 2016		i		
е	From 2017				
f	Total of lines 3a through e	1,762,169.			
4	Qualifying distributions for 2018 from Part XII, line 4: ► \$605, 447.				1
а	Applied to 2017, but not more than line 2a .				1
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
ď	Applied to 2018 distributable amount				
е	Remaining amount distributed out of corpus	605,447.			
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,367,616.	-		i
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.	:	
С	Enter the amount of prior years' undistributed				·
J	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
_	amount—see instructions		0.		
е	Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see	1			
	instructions			0.	
f	Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2019				168,902.
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 2013 not applied on line 5 or line 7 (see instructions).	0.			
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:	2,507,010.			:
a	Excess from 2014			ļ	
ь	Excess from 2015 526, 287				
c	Excess from 2016 537, 977	_			
d	Excess from 2017				
е	Excess from 2018 605, 447				;

orm 99	00-PF (2018)					Page 10
Part	XIV Private Operating Founda	<b>tions</b> (see instr	uctions and Part	VII-A, question 9	9)	N/A
1a	If the foundation has received a ruling	or determination	n letter that it is a	private operating		
	foundation, and the ruling is effective for				04/17/2013	
b			e operating founda		ection 🔀 4942(j	)(3) or 🗌 4942(j)(5
2a		Tax year		Prior 3 years	<u>/</u>	(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	(0)
	each year listed					
b	85% of line 2a				<u> </u>	
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities .					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c	,				
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test - enter:					
_	(1) Value of all assets			•		
	(2) Value of assets qualifying under	<i></i>				
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/3					
_	of minimum investment return spown in					•
_	Part X, line 6 for each year listed					<del></del>
С	"Support" alternative test enter					
	(1) Total support other than gross					
	investment ipćome (interest, dividends, rents, payments on				1	
	securities / loans (section					
	512(a)(5)) or royalties)				ļ	
	(2) Support from general public and 5 or more exempt					
	and 5 or more exempt organizations as provided in					
	/section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Part				the foundation h	nad \$5,000 or m	ore in assets a
	any time during the year-	see instructio	ns.)			
1	Information Regarding Foundation	Managers:				
а	List any managers of the foundation v					I by the foundation
	before the close of any tax year (but o	only if they have o	contributed more the	han \$5,000). (See s	section 507(d)(2).)	
b	List any managers of the foundation	who own 10% o	or more of the sto	ck of a corporatio	n (or an equally l	arge portion of the
	ownership of a partnership or other er	ntity) of which the	foundation has a	10% or greater int	terest.	
2	Information Regarding Contribution	. Grant. Gift. Lo	an. Scholarship.	etc Programs:		
	Check here ▶ 🗵 if the foundation			_	organizations and	d does not accept
	unsolicited requests for funds. If the fe					
	complete items 2a, b, c, and d. See in		g, g,	,	<b>J</b>	
а	The name, address, and telephone nu		idraes of the ners	on to whom applies	ations should be a	ddressed:
•	The hame, address, and telephone ho	iniber or email ac	idress of the perso	on to whom applica	ations should be a	ludressed.
1-	The form is which and the transfer	الم معارب عارب	al information		and beclines	
b	The form in which applications should	i de sudmitted ar	ia information and	materials they sho	ouia include:	
С	Any submission deadlines:					
		<del></del>			11 17 1	
d	Any restrictions or limitations on aw	ards, such as t	by geographical a	reas, charitable fi	elds, kinds of ins	stitutions, or other
	factors.					

Part XV Supplementary Information (continued)

·	he Year or Approve If recipient is an individual,	E		
Recipient  Name and address (home or business)	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	Tooipioni		
a Paid during the year	/			
Swedish Tibetan Society for School & Culture				
Vivstavarvsvagen 200		NC	Cuartian of Cabaal Cabalanahina	E1 100
12243 Enskede Sweden		NC	Creation of School Scholarships	51,109
Research!Sweden				
Master Samuelsgalan 50		NC	Dunating andical massach	202 440
SE-121 11 Stockholm Sweden		NC	Promoting medical research	202,448
Nordvarmlands FF				
Norra NY FF Torbjorn Persson		NC	Vauth nugguera in accoun	27 010
SE-680 Ambjorfy Sweden		INC	Youth programs in soccer	37,818
Frisinnad Tidskrift				
Johan Hockerts vag 11		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		10 000
554 48 Jonkoping Sweden		NC	Support of a magaize for open society	18,909
Fidskriften Kvartal				
BOX 3104		170	Bakkan dannas ldan and anklas dakaka	62 265
103 62 Stockholm Sweden		NC	Better journalism and public debate	63,265
Stifelsen Det Goda Samhallet				
Box 5625		NG	0	25 206
Stockholm Sweden		NC	Support of enlighted public debate	25,306
Stiftelsen Barnforskningen Svenska hjartan				
Box 5625		NC	Command about managed and accord	4 222
Stockholm Sweden		NC	Support child research and awards	4,332
The Royal Swedish Academy for Engineering Sciences				
Royal Swedish Academy		NC	3d for access based dames 13	20 260
Stockholm Sweden		NC	Award for science based journalism	28,360
Medicinska forenigngens karhusstiftele Karolınska Institute				
Stockholm Sweden	ı	NC	Medical students sames beyon Varelineka Jactatute	172 010
Stockholm Sweden		NC	Medical students common house Karolinska Institute	173,910
	V			
	,			
b Approved for future payment			<b>▶ 3a</b>	605,457
b Approved for future payment				
,				
I				

Ente	r gross amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by section	on 512, 513, or 514	( <del>e</del> )
		(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exemp function income (See instructions
1	Program service revenue:					(See maductions
	a					
	b					
	C				PP PV==	
	d					
	e					
	f				_	
	<b>g</b> Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	1,137.	
4	Dividends and interest from securities			14	99,025.	
5	Net rental income or (loss) from real estate:	ļ	·		[A-A	<b>*</b>
	a Debt-financed property			<u> </u>		
	<b>b</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					
9	Net income or (loss) from special events					<u> </u>
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b					
	C					
	d					
	e					
	Subtotal. Add columns (b), (d), and (e)				100,162.	
13	Subtotal. Add columns (b), (d), and (e)				100,162. 13	
<b>13</b> (See	Subtotal. Add columns (b), (d), and (e)	s.)				
13 (See Pal	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162.
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162.
13 See Pal Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	ot Purposes	13	100,162.

		Organizati	ons						
1	ın s			engage in any of the follo 501(c)(3) organizations)					No
а	Tran	sfers from the re	porting foundation to	o a noncharitable exempt	organization	ı of:	¥		
	(1) (	Cash						1a(1)	×
	(2)	Other assets						1a(2)	×
b	Othe	er transactions.							
	(1) 5	Sales of assets to	a noncharitable exe	empt organization				1b(1)	×
	(2) F	Purchases of asse	ets from a noncharit	able exempt organization	ı			1b(2)	×
			, equipment, or othe					1b(3)	×
	(4) F	Reimbursement a	rrangements					1b(4)	×
	(5) L	oans or loan gua	rantees					1b(5)	×
	(6) F	Performance of se	ervices or membersl	hip or fundraising solicita	tions .			1b(6)	×
C	Shar	ring of facilities, e	quipment, mailing li	sts, other assets, or paid	employees			1c	×
d	If the	e answer to any	of the above is "Ye	s," complete the following	ng schedule	Column (b) sh	nould always sh	ow the fair i	market
	valu	e of the goods, o	ther assets, or serv	ices given by the reportir	ng foundation	. If the founda	ition received les	ss than fair i	market
	valu	e in any transacti	on or sharing arrang	gement, show in column (	d) the value of	of the goods, c	other assets, or s	services rece	eived.
(a) Line	e no	(b) Amount involved	(c) Name of nonc	haritable exempt organization	(d) Desc	nption of transfers	, transactions, and s	haring arranger	nents
	Ť								
				,					
							•		
							-		
2a	Is th	ne foundation dir	ectly or indirectly a	iffiliated with, or related	to, one or m	nore tax-exem	pt organizations	;	
	desc	cribed in section !	501(c) (other than se	ection 501(c)(3)) or in sect	ion 527?			☐ Yes [	⊼ No
b	If "Y	es," complete the	e following schedule	<b>)</b> .					_
	-	(a) Name of organ		(b) Type of organization	ation	(c	) Description of relat	ionship	
							<del></del>		
			-						
							· · ·		
				ed this return, including accompan				edge and belief,	it is true,
Sign	cor	ect, and complete Dec	laration of preparer (other th	nan taxpayer) is based on all inform	ation of which prep	parer has any knowl		IRS discuss thi	s return
Here	1	4am Deron	Show A chr.	45 Autor 24 201	Trustee		with the	preparer shown	below?
		nature of officer of ru	stee	Date	Title		See inst	ructions XYe	3 □ No
<b>D</b> _!_!	1 -	Print/Type prepare	r's name	Preparer's signature (	CIIIO (	Date		PTIN	
Paid		Charles A.		Charles A. Krbi	WW.	/ 04/22/20	Check if	P001455	7.8
Prep			Charles A. K		.1011				<i>i</i> 0
Use (	Unly			<u> </u>			Phone no (954)		
		Firm's address	Fort Laudord	st Third Avenue	ET 33316		-none no (304)	764-4334 50m QQQ_D	E (2018)

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2018

**Employer identification number** 

46-2662377 The Hans and Barbara Bergstrom Foundation Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ★ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
The Hans and Barbara Bergstrom Foundation

Employer identification number

46-2662377

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	Hans and Barbara Berstrom  7303 NE 8th Drive  Boca Raton FL 33487	\$ . 800,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		ę	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) \ Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		<b>\$</b>	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

Name of organization
The Hans and Barbara Bergstrom Foundation

Employer identification number

46-2662377

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	,	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

he Har	ns and Barbara Bergstrom Fou	ndation		4	6-2662377			
art III	Exclusively religious, charitable, et	c., contributions to o		lescribed in se	ction 501(c)(7), (8), or			
	(10) that total more than \$1,000 for							
	the following line entry. For organization contributions of \$1,000 or less for the							
	Use duplicate copies of Part III if add	- · ·		see maductions	·,			
(a) No.			-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descrip	otion of how gift is held			
		-						
Ļ				<u> </u>	··· · · · · · · · · · · · · · · · · ·			
		(e) Transfer	of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
(a) No			•	-				
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Descrip	otion of how gift is held			
Part I								
1								
L								
	(e) Transfer of gift							
	Transferee's name, address, a		-	nehin of transfe	ror to transferee			
-	Transièree s name, audress, ai	IU ZIF T T	Neiallo	manip of transie				
1								
				<b>1</b>				
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Descrip	otion of how gift is held			
Part I								
i								
L								
		(e) Transfer	of aift					
-	Transferee's name, address, a	10 ZIP + 4	Relatio	nsnip of transfe	ror to transferee			
				·				
(a) No. from	(b) Purpose of gift	(c) Use of	aift	(d) Descrip	otion of how gift is held			
Part I	(4,1 4,1 4,1	(0) 000 01		(-,				
		(e) Transfer						
L	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
				·				

# Additional information from your Form 990-PF: Return of Private Foundation

## Form 990-PF: Return of Private Foundation

#### Other Income

#### **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	
Form K-1	163.	163.		
Form K-1	1,096.	1,096.		
Total	1,259.	1,259.		

#### Form 990-PF: Return of Private Foundation

## **Taxes**

#### **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Foreign tax paid (Form K-1)	80.	80.		
Total	80.	80.		

#### Form 990-PF: Return of Private Foundation

#### Other Increases

#### **Continuation Statement**

Description	Amount
Non-dividend distributions	251.
Cash to accural adjustment	17,934.
Total	18,185.

## Form 990-PF: Return of Private Foundation

#### **Other Decreases**

#### **Continuation Statement**

Description			Amount
Realized capital losses, net			64,970.
Form K-1s, suspended losses	•		4,993.
		Total	69,963.

# Legal and Professional Fees

2018

Name	Employer Identification No
The Hans and Barbara Bergstrom Foundation	46-2662377

# Line 16a - Legal Fees

Form 990-PF

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
tal to Form 990	)-PF, Part I, Line 16a				

## **Line 16b - Accounting Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Charles A Krblich PA CPAs	Tax return preparation	1,500.			
Total to Form 990-	PF, Part I, Line 16b	1,500.			

## **Line 16c - Other Professional Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Morgan Stanley	Investment	17,298.	17,298.		
Total to Form 990-	PF, Part I, Line 16c	17,298.	17,298.		

Name The Hans and Barbara Bergstrom Foundation				Employer Identification No	
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	f Year State and Local Obligations FMV	US Govern Obligati Book Va	ons	f Year US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a					
Line 10b - Investme	ents - Corporate	Stock:	Book Value	•	f Year Fair Market Value
Abbvie Inc Alphabet Inc Amzaon Com Inc See L-10b Stmt Totals to Form 990-PF, Part II, I	_ine 10b		38,		40,103. 52,248. 75,099. 2,797,084. 2,964,534.
Line 10c - Investme	ents - Corporate I	Bonds:	Bool Value	-	f Year Fair Market Value
Totals to Form 990-PF, Part II, I	_ine 10c				
Line 12 - Investme	ents - Mortgage i	oans:	Bool Value	_	f Year Fair Market Value
Totals to Form 990-PF, Part II, I	_ine 12				
Line 13 - Inve	estments - Other	:	Bool Value	-	f Year Fair Market Value
Totals to Form 990-PF, Part II, I	ine 13				

# Additional information from your 2018 Federal Exempt Tax Return

# Form 990-PF Part II Line 10, 12 and 13 Investments L-10b Stmt

# **Continuation Statement**

Line 10b Description	Line 10b Book	Line 10b FMV
American Electric Power Co	23,221.	34,455.
Apple Inc	50,163.	81,078.
AT&T Inc	117,167.	98,377.
Boeing Co	63,072.	155,123.
BP PLC ADS	72,185.	75,840.
Bristol Myers Squibb Co	108,278.	93,876.
Buckeyes Partners LP	84,116.	43,920.
Caterpillar Inc	69,375.	76,242.
Chevron Corp	76,559.	85,944.
Cisco Sys Inc	33,116.	45,280.
Clorox Co	79,969.	94,180.
Coca Cola Co	57,471.	64,680.
Colgate Palmolive Co	55,523.	48,985.
Consolidated Edison Inc	19,774.	27,067.
Cummins Inc	33,151.	33,544.
Deere & Co	34,227.	37,293.
Diagep PLC	73,915.	97,558.
DowDupont Inc	54,669.	59,202.
Eaton Corp PLC	21,149.	29,936.
Exelon Corp	31,692.	49,836.
Exxon Mobil Corp	41,714.	34,777.
Facebook Inc	88,876.	78,654.
Gaming & Leisure PPTYS Inc	36,582.	40,743.
General Mills Inc	54,071.	47,702.
Harris Corporation	34,539.	33,663.
Intel Corp	43,405.	61,948.
Johnson & Johnson	26,433.	33,940.
Kellogg Co	31,021.	28,904.
Kraft Heinz Co	42,365.	28,708.
Lockheed Martin Corp	18,902.	26,184.
Lyondellbasell NV	43,330.	44,823.
McDonalds Corp	15,636.	28,944.
Merck & Co	46,160.	62,503.
Nextera Energy Inc	76,099.	88,474.
Nike Inc	32,728.	46,115.
Pepsico Inc	41,287.	46,954.
Pfizer Inc	75,273.	89,439.

# Form 990-PF Part II Line 10, 12 and 13 Investments

# L-10b Stmt

# **Continuation Statement**

Line 10b Description	Line 10b Book	Line 10b FMV
PPL Corporation	104,778.	91,903.
Procter & Gamble	42,630.	49,361.
Starbucks Corp	57,177.	67,105.
Starwood Property Trust Inc	51,341.	44,545.
United Technologies Corp	71,397.	64,207.
Verizon Communications	100,550.	121,941.
Wal Mart Stores Inc	66,213.	90,542.
Walt Disney Co Hold Co	48,054.	56,141.
Wells Fargo & Co	71,121.	56,448.
Total	2,520,474.	2,797,084.