# EXTENDED TO NOVEMBER 15, 2017 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 <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>

	For	caler	ndar year 2016 or tax year beginning DEC	12, 2016	, and ending	DEC 31, 2016	
,	Nai	ne o	f foundation			A Employer identification	number
	В	ER	GERSON FAMILY FOUNDATION	1		81-4676184	
	Nun	nber a	nd street (or P O box number if mail is not delivered to street a	Room/suite	B Telephone number		
	6	46	5 WAYZATA BOULEVARD		300	952-994-99	56
	City	or t	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
			LOUIS PARK, MN 55426				g, chook halo
	G	heck	all that apply: X Initial return	Initial return of a former public charity D		D 1. Foreign organizations, check here	
			Final return	Amended return			
			Address change	Name change		2 Foreign organizations me check here and attach co	eting the 85% test,
	НС	heck	type of organization. X Section 501(c)(3) ex	empt private foundation	00	E If private foundation sta	tue was terminated
		] Se		Other taxable private founda	ation	under section 507(b)(1)	
Ī	Fa	ur ma	arket value of all assets at end of year   J   Accounti	ng method; X Cash	Accrual	F If the foundation is in a	
	(fr	om I	Part II, col. (c), line 16)	her (specify)	. —	under section 507(b)(1)	
_	Þ		15,778,241. (Part I, colu	mn (d) must be on cash b	pasis)		
- [	Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
			necessarily equal the amounts in column (a) )	expenses per books	income	income	for charitable purposes (cash basis only)
		1	Contributions, gifts, grants, etc., received	15,817,900.		N/A	
2		2	Check In the foundation is not required to attach Sch. B				
U,		3	Interest on savings and temporary cash investments	15.	15.		STATEMENT 2
A	•	4	Dividends and interest from securities				
	•	5a	Gross rents				
		b	Net rental income or (loss)				
	a)	6a	Net gain or (loss) from sale of assets not on line 10	<39,674.>		DEOFIN	STATEMENT 1
	evenue	Ь	Gross sales price for all assets on line 6a 15,778,226.			VECE!	ED
	eve	7	Capital gain net income (from Part IV, line 2)	·	7,139,741.	S JAN 0 9	2018
ගු	Œ	8	Net short-term capital gain			E U MAL	ZU18   Z
SCANNED		9	Income modifications Gross sales less returns	···			
2		10a	and allowances			OGDEN,	UI
2			Less Cost of goods sold				
J		C	Gross profit or (loss)			<u> </u>	<del></del>
7		11	Other income	15 550 044	- 400		
		12	Total. Add lines 1 through 11	15,778,241.	7,139,756.		
<b>%</b>		13	Compensation of officers, directors, trustees, etc	0.	0.		0.
		14	Other employee salaries and wages		<del></del>		<u> </u>
$\geq$	s		Pension plans, employee benefits	· · · · · · · · · · · · · · · · · · ·			
3	Se	16a	Legal fees				
	Expense	D	Accounting fees			<u> </u>	
			Other professional fees			<del></del>	
	Administrative	17	Interest Taxes		<u>-</u> .		
	itra	18 19	Depreciation and depletion	·	· · · · · · · · · · · · · · · · · · ·	<del></del>	
	inis	20	Occupancy	·	<del></del>		
	пþ	21	Travel, conferences, and meetings		<del></del>		
		22	Printing and publications		·	<del></del>	<del> </del>
	and	23	Other expenses		· *·-	<del>  </del>	<del></del>
	tinc		Total operating and administrative			<del></del>	
	Operating	27	expenses Add lines 13 through 23	0.	0.		0.
	Ö	25	Contributions, gifts, grants paid	0.			0.
			Total expenses and disbursements.		-		<del>`</del>
		-5	Add lines 24 and 25	0.	0.		0.
-		27	Subtract line 26 from line 12		3,		
			Excess of revenue over expenses and disbursements	15,778,241.			
			Net investment income (if negative, enter -0-)		7,139,756.		
			Adjusted net income (if negative, enter -0-)			N/A	
-	_						

Department of the Treasury

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		<del> · · · - · · · · · · · · · · · · · ·</del>
	(must agree with end-of-year figure reported on prior year's return)		0.
2	Enter amount from Part I, line 27a	2	15,778,241.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	15,778,241.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	15,778,241.

See the Part VI instructions.

Form 990-F Rart VI		0(a), 4	940(b), 4940(e), c		- 4676 - <b>see</b> i		Page 4
1a Exem	pt operating foundations described in section 4940(d)(2), check here  and	enter "N//	A" on line 1.				
	of ruling or determination letter: (attach copy of letter if ne						
	estic foundations that meet the section 4940(e) requirements in Part V, check here	_	L L			142,	795.
of Pa	rt I, line 27b						
c All ot	ner domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 49	% of Part	I, line 12, col. (b).				
2 Tax u	nder section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. C	Others ent	ter -0-)	2			<u>      0                              </u>
3 Add I	nes 1 and 2			3		142,	<u>795.</u>
4 Subti	tle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others en	nter -0-)	4			0.
5 Tax b	ased on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5		142,	<u>795.</u>
6 Credi	ts/Payments:		1				
a 2016	estimated tax payments and 2015 overpayment credited to 2016	6a					
<b>b</b> Exem	pt foreign organizations - tax withheld at source	6b			- 1		
c Tax p	aid with application for extension of time to file (Form 8868)	6c	144,00	00.			
d Back	up withholding erroneously withheld	6d				4 4 4	
	credits and payments. Add lines 6a through 6d			<u> </u>		144,	000.
8 Enter	any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is at	tached		8			
	ue. If the total of lines 5 and 8 is more than line 7, enter amount owed						205
10 Over	payment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<b>▶</b> 1		<u> </u>	205.
	the amount of line 10 to be: Credited to 2017 estimated tax		1,205. Refunde	d ▶ 1	1		0.
	I-A Statements Regarding Activities						es No
1a Durin	g the tax year, did the foundation attempt to influence any national, state, or local leg	islation o	or did it participate or inte	ervene in		<del></del>	
	olitical campaign?				-	1a	X
	spend more than \$100 during the year (either directly or indirectly) for political purp					1b	<del>  ^</del>
	answer is "Yes" to 1a or 1b, attach a detailed description of the activities	and cop	pies of any materials pi	ublish <b>ed</b> d	or		
	buted by the foundation in connection with the activities.					4.	$\frac{1}{x}$
	ne foundation file Form 1120-POL for this year?					1c	<del>  ^</del>
	the amount (if any) of tax on political expenditures (section 4955) imposed during the		,	0.			
	On the foundation. > \$ 0 . (2) On foundation manage			<u> </u>			
	the reimbursement (if any) paid by the foundation during the year for political expen	iditure tax	k imposed on toditation			1	
	gers. ▶ \$	IDCO				2	X
	he foundation engaged in any activities that have not previously been reported to the	inor					<del>-  </del> -
If "Y	es," attach a detailed description of the activities. he foundation made any changes, not previously reported to the IRS, in its governing	n inotrium	ant articles of incorners	tion or		1 1	
			ent, articles of fileorpora	tion, or		3	X
	vs, or other similar instruments? <i>If "Yes," attach a conformed copy of the chang</i> the foundation have unrelated business gross income of \$1,000 or more during the ye					4a	X
	is," has it filed a tax return on <b>Form 990-T</b> for this year?	Jai -			N/A	4b	
	there a liquidation, termination, dissolution, or substantial contraction during the year	r?			_ ,	5	X
-							
If "Y	es," attach the statement required by General Instruction T he requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	either:					
	language in the governing instrument, or	omioi.					
	state legislation that effectively amends the governing instrument so that no mandate	orv direct	tions that conflict with th	e state law	,		
_	state registation that enectively amends the governing historness so that no mandato in in the governing instrument?	., unout				6 2	K
	he foundation have at least \$5,000 in assets at any time during the year? If "Yes," c	omoleto	Part II col (c) and D	art XV			X
, Did i	ne roundation have at least \$0,000 in assets at any time during the year. If Yes, Cl	ompiete	raith, cor (c), and F	u. ( /\ <del>V</del>			
8a Ente M1	${f r}$ the states to which the foundation reports or with which it is registered (see instruct ${f r}$	tions)	·			.	
	e answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney	General (or designate)			.	
		, ,oi iioy	, constant (or oboliginato)			8b 2	X
	ich state as required by General Instruction G? If "No," attach explanation e foundation claiming status as a private operating foundation within the meaning of a	section 4	1942(1)(3) or 4942(1)(5) f	or calenda	 r	<u>                                   </u>	1
	e foundation claiming status as a private operating foundation within the meaning of a 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			valoriua	-	9	$-\frac{1}{x}$
	zo to or the taxable year beginning in 20 to (see instructions for Part XIV)? If "Yes," any persons become substantial contributors during the tax year? If "Yes," attach a sche			ST	<b>MT</b> 3		<u>x  </u> °
טוט טו	thry persons become substantial continuators during the tax year. If tes, attach a sche	June natiri	a mon marines and addresses			orm <b>990-</b>	

Х

3b

4a

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2016.)

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

b If "Yes," did it have excess business holdings in 2016 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopar dize its charitable purpose that

during the year?

Yes X No

N/A

orm 990-PF (2016) BERGERSON FAMILY FOUNDAT			<u>81-46761</u>	84	Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be R	equired <sub>(contin</sub>	ued)		
5e During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,			
any voter registration drive?	• • •		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio					
4945(d)(4)(A)? (see instructions)	ii addonibaa iii addiidii		es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or aducational nurnoses or fe		53 [14] [10]		1
the prevention of cruelty to children or animals?	or concational purposes, or in		es X No		Ì
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni			S A NO		
		n Regulations	N/A	<b>FL</b>	لــــــــــــــــــــــــــــــــــــــ
section 53.4945 or in a current notice regarding disaster assistance (see instru	,		— F	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		- / -			1 1
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	pay premiums on				
a personal benefit contract?		Ye	es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		L	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 attribu	itable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly	,		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their of the control of the	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) E	xpense nt, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accou	nt, otner vances
SHAWN BERGERSON		<del>                                     </del>	DIRECTOR	1	
6465 WAYZATA BOULEVARD, SUITE 300	[,	T			
ST. LOUIS PARK, MN 55426	10.00	0.	٥.		0.
	DIRECTOR	· · ·	<u> </u>		<del></del>
6465 WAYZATA BOULEVARD, SUITE 300	DIRECTOR				
ST. LOUIS PARK, MN 55426	1.00	0.	0.		٥
		+	<u> </u>		<u> </u>
	SECRETARY, DI	RECTOR			
6465 WAYZATA BOULEVARD, SUITE 300	1 00				•
ST. LOUIS PARK, MN 55426	1.00	0.	0.		<u> </u>
		ļ			
				<u> </u>	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(4) 6	<del></del>	
(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) E	xpense nt, other vances
(a) Harris and addition of state of para from that \$60,000	devoted to position	(c) compensation	compensation	allov	vances
NONE					
***************************************		1			
	1				
		<del>                                     </del>	<u> </u>	<u> </u>	
	1				
		<del> </del>	<del></del>	<del> </del>	
·····	1				
	<u> </u>	<u>L</u>	<del></del>	1	
Total number of other employees paid over \$50,000					0

Part IX-B   Summary of Program-related investments made by the foundation during the tax year on lines 1 and 2.   Amount   N/A	Form 990-PF (2016) BERGERSON FAMILY FOUNDATION	81 <u>-4</u>	676184 Page 7
(a) Name and address of each person paid more than \$50,000   (b) Type of service   (c) Compensation	Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly	
NONE    Total number of others receiving over \$50,000 for professional services   > 0   Part IX-A   Summary of Direct Charitable Activities	3 Five highest-paid independent contractors for professional services. If none, er	nter "NONE."	
Total number of others recovered visit (see the content of the c		(b) Type of service	(c) Compensation
Part IX-B   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.  N/A  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  N/A  All other program-related investments. See instructions.	NONE		
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N/A  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  N/A  All other program-related investments. See instructions.	Part IX-A   Summary of Direct Charitable Activities		
N/A  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  N/A  All other program-related investments. See instructions.	List the foundation's four largest direct charitable activities during the tax year. Include relevant st	ratistical information such as the	
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  N/A  All other program-related investments. See instructions.	number of organizations and other beneficiaries served, conferences convened, research papers p	produced, etc.	Expenses
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  N/A  All other program-related investments. See instructions.	1 N/A		
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Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  N/A  All other program-related investments. See instructions.  Cotal. Add lines 1 through 3	4		
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All other program-related investments. See instructions.  Cotal. Add lines 1 through 3		on lines 1 and 2.	Amount
All other program-related investments. See instructions.    Cotal. Add lines 1 through 3   Documents   Documents	N/A		
All other program-related investments. See instructions.    Cotal. Add lines 1 through 3   Documents   Documents			
All other program-related investments. See instructions.    Cotal. Add lines 1 through 3   Documents   Documents	2		<del>.</del>
otal. Add lines 1 through 3 ▶ 0 •	1		
otal. Add lines 1 through 3 ▶ 0 •			
otal. Add lines 1 through 3	All other program-related investments. See instructions.		
	3		
	Total, Add lines 1 through 3		<u> </u>
	- Committee and I stronger o		Form <b>990-PF</b> (2016)

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	0. 15,778,241.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	15,778,241.
е	Reduction claimed for blockage or other factors reported on lines 1a and		<del></del>
	1c (attach detailed explanation) le le 0.	`	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	15,778,241.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	236,674.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	15,541,567.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	42,584.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here   in and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	42,584.
2a	Tax on investment income for 2016 from Part VI, line 5 2a 142, 795.		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c_	142,795.
3	Distributable amount before adjustments. Subtract line 2¢ from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5_	0.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
甲	art 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	0.
b	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 charitable, etc., purposes	2	<del></del>
3	Amounts set aside for specific charitable projects that satisfy the:	<u> </u>	
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	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
_	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	jualities fo	r the section

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,		10013 prior to 2010	2010	2010
line 7				0.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
<b>b</b> Total for prior years:				
· · · · · · · · · · · · · · · · · · ·	•	0.		
3 Excess distributions carryover, if any, to 2016:				
<b>a</b> From 2011				
<b>b</b> From 2012				
<b>c</b> From 2013				
<b>d</b> From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 0.				
a Applied to 2015, but not more than line 2a	***		0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)	<del></del>	0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	<u> </u>			
d Applied to 2016 distributable amount	0.			0.
e Remaining amount distributed out of corpus	0.			0.
5 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	0.			
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				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line			_	
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		i		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011	0.			
not applied on line 5 or line 7				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				İ
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

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		ON FAMILY FO			81-46	76184 Page 10
	XIV Private Operating Fo	•		A, question 9)	N/A	<u>/</u>
	ne foundation has received a ruling or				, */	
	ndation, and the ruling is effective for	•	•	▶		
	eck box to indicate whether the found		g foundation described in		4942(j)(3) or / 49	42(j)(5)
2 a Ent	er the lesser of the adjusted net	Tax year	41.0015	Prior 3 years	, , , , , , , , , , , , , , , , , , ,	<del>.</del>
inc	ome from Part I or the minimum	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
ınv	estment return from Part X for				, /	
eac	h year listed				,	
<b>b</b> 85°	% of line 2a			4		
c Qu	alifying distributions from Part XII,			, ,		
line	4 for each year listed			./		
d Am	ounts included in line 2c not			1.	•	
use	d directly for active conduct of			,		
exe	mpt activities					
e Qu	alifying distributions made directly					
for	active conduct of exempt activities.			4		
Sui	otract line 2d from line 2c		/			
	mplete 3a, b, or c for the					
	ernative test relied upon: sets" alternative test - enter:		1/			
	Value of all assets					
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)					
h "En	dowment" alternative test - enter		//			
2/3 sho	of minimum investment return own in Part X, line 6 for each year					
list						<del></del>
	pport" alternative test - enter:					
(1)	Total support other than gross investment income (interest,	/				
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
(2)	Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
(3)	Largest amount of support from					
	an exempt organization					
	Gross investment income		la Alaia mari ambuit	the formulation l		in consta
Part	Supplementary Info			the foundation i	iad \$5,000 or mor	e III 455612
		<del> </del>				
	formation Regarding Foundatio	=		L	faccadation before the alan	a of any toy
	t any managers of the foundation whear (but only if they have contributed n			ibutions received by the	roundation before the clos	e or any tax
•	` • •	1016 than \$5,000). (566 S	5011011 507 (4)(2).)			
	N BERGERSON	400/ / / /				-too-objo or
	it any managers of the foundation where entity) of which the foundation has			or an equally large portio	n of the ownership of a pa	rtnership or
	• •	s a 1076 of greater interes				
NONE						
	formation Regarding Contributi					anta far friada 16
	eck here <b>X</b> if the foundation of the foundation of the foundation makes gifts, grants, etc.					
						<u>.                                    </u>
a Th	e name, address, and telephone numl	ber or e-mail address of t	he person to whom applic	ations should be addres	sea:	
		<del></del>				
b Th	e form in which applications should b	e submitted and informat	tion and materials they sh	ould include:		
		<del></del>				
c An	y submission deadlines:					
		a quah as bu as series.	al areas, sharitable fields	lands of antitutions of	other factors:	<del></del>
d An	y restrictions or limitations on award	s, such as by geographica	n areas, charllable fields,	KINOS OF INSULUTIONS, OF C	JUIGI IAGUUIS.	

- artitle oupplementary information				
3 Grants and Contributions Paid During the Ye	ar or Approved for Future F	ayment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
a Paid during the year				
NONE				
HONE				
		•		
Total		Γ	<u>▶ 3a</u>	0.
<b>b</b> Approved for future payment				
NONE				
Total			<b>▶</b> 3b	0.
				orm 990-PF (2016)

## Fart XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded	d by section 512, 513, or 514	(e)
•	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion code	Amount	function income
a			1		
b					
C		· · · · · · · · · · · · · · · · · · ·			
d					
e	1		_		<del></del>
1			<u> </u>		<del></del>
g Fees and contracts from government agencies		<del>*=</del>			<del></del>
2 Membership dues and assessments		<del></del>			
3 Interest on savings and temporary cash		<del></del>			
investments			14	15.	
4 Dividends and interest from securities	-				<del></del>
5 Net rental income or (loss) from real estate:		<del> </del>			<del></del>
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					<del></del>
property					
7 Other investment income				-	
8 Gain or (loss) from sales of assets other					· · · · · · · · · · · · · · · · · · ·
than inventory			18	<39,674.>	
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					<u>.                                      </u>
d					<del></del>
e					
12 Subtotal. Add columns (b), (d), and (e)		0		<39,659.>	
13 Total. Add line 12, columns (b), (d), and (e)				13	22 45 4
(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)

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		RSON FAMI	LY FOU	NDATION	81-467	6184	_ Pa	ge 13
Part			sfers To a	ind Transactions an	d Relationships With Nonchai	itable		
	Exempt Organ	izations						
<b>1</b> Did	the organization directly or indi	rectly engage in any	of the following	ig with any other organization	described in section 501(c) of		Yes	No
the	Code (other than section 501(c)	)(3) organizations) o	r in section 52	7, relating to political organiza	ations?			
<b>a</b> Tra	insfers from the reporting found	ation to a noncharita	ble exempt or	ganization of:		L		
(1)	Cash					1a(1)		X
(2)	Other assets					1a(2)		X
<b>b</b> Otl	ner transactions;				•			
(1)	Sales of assets to a noncharita	ble exempt organiza	tion		•	1b(1)	L	_X_
(2)	Purchases of assets from a no	ncharitable exempt o	organization			1b(2)		X
(3)	Rental of facilities, equipment,	or other assets			•	1b(3)		<u> </u>
(4)	Reimbursement arrangements					1b(4)		X
	Loans or loan guarantees					1b(5)		X
	Performance of services or me					1b(6)		X
	aring of facilities, equipment, ma					_1c	L	X
					ays show the fair market value of the goods,		ets,	
				ed less than fair market value	in any transaction or sharing arrangement, s	how in		
	umn (d) the value of the goods,			<del></del>				
(a) Line n	o (b) Amount involved	(c) Name o		e exempt organization	(d) Description of transfers, transactions, and	sharing arra	angemen	ts
			<u> N/A</u>	<u> </u>				
								_
		<del> </del>						
	<del></del>	<del> </del>						
	<del></del>	<del> </del>				<del></del>		
				···				
		<del> </del>						
	-	<del> </del>	<del></del>					
	_		*	·				
	<del></del>	<del> </del>		<del></del>				
	<del></del>	<del> </del>		······································				
				· · · · · ·				
			·····	·····			· · · · ·	
20 101	t the foundation directly or indirec	tly affiliated with or	related to one	or more tay-evernt organiza	utions described			
	section 501(c) of the Code (other				[	Yes	X	No
	Yes," complete the following sch		,(O))	ion of	_			
	(a) Name of org			(b) Type of organization	(c) Description of relations	ship		
	N/A			, , , , , ,				•
	<del>_</del>							
					ements, and to the best of my knowledge	ay the IRS o	liscusa ti	nis
Sign	and belief, this true, correct, and con	plete Declaration of pre	eparer (other than	taxpayer) is based on all informatio	on of which preparer has any knowledge re	turn with the	prepare	er
Here	- AMMIN &	76 NY OL YY	m_	1-70-11	PRESIDENT	X Yes		No
	Signature of officer or trustee	, ,		Date	Title			
	Print/Type preparer's na	ame V	Preparer's s		Date Check PTIN			
			Cush		self- employed			
Paid	CINDY J. A		<u> </u>	V V		0771		
Prep		S & BARNE	TT, P.	Α.	Firm's EIN ►41-0	9438	45	
Use (	UNIY							

623622 11-23-16

Firm's address ► 150 S. 5TH STREET, SUITE 1200 MINNEAPOLIS, MN 55402

Phone no. (612) 877-5000

### 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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2016

Name of the organization

Employer identification number

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

F	BERGERSON FAMILY FOUNDATION	81-4676184
Organization type (check	k 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	on
	527 political organization	
Form 990-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	
	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule. See instructions
delieral nule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions iny one contributor Complete Parts I and II See instructions for determining a cont	
Special Rules		
sections 509(a)(1 any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% so 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 1: utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the EZ, line 1 Complete Parts I and II.	3, 16a, or 16b, and that received from
year, total contri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ibutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, of cruelty to children or animals Complete Parts I, II, and III.	
year, contributio is checked, ente purpose. Don't c	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ons exclusively for religious, charitable, etc., purposes, but no such contributions to exper here the total contributions that were received during the year for an exclusively complete any of the parts unless the <b>General Rule</b> applies to this organization becable, etc., contributions totaling \$5,000 or more during the year	otaled more than \$1,000 If this box religious, charitable, etc,
but it <b>must</b> answer "No" o	that isn't covered by the General Rule and/or the Special Rules. doesn't file Schedu on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or out the filing 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)		Page 2
Name of or	ganization		Employer identification number
BERGE	RSON FAMILY FOUNDATION		81-4676184
Part I	Contributors (See instructions) Use duplicate copies of Part I if add	itional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SHAWN BERGERSON 6465 WAYZATA BOULEVARD, SUITE 300 ST. LOUIS PARK, MN 55426	\$ <u>15,817,90</u>	Person Payroll Noncash X (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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b></b> \$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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)

623452 10-18-16

Name of organization

Employer identification number

#### BERGERSON FAMILY FOUNDATION

81-4676184

	-4676184
s needed	
(c) r estimate) structions)	(d) Date received
817,900.	12/20/16
(c) r estimate) structions)	(d) Date received
(c) r estimate) structions)	(d) Date received
(c) r estimate) structions)	(d) Date received
(c) r estimate) structions)	(d) Date received
(c) r estimate) structions)	(d) Date received
	r estimate)

Name of orga	anization				Employer identification number
BEDCED	SON_FAMILY FOUNDATION				81-4676184
Part III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	columns (a) through (e) and th , charitable, etc , contributions of \$	ie following line	<b>COTOV</b> For organization	10) that total more than \$1,000 for
(a) No. from	Use duplicate copies of Part III if additiona (b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
Part I					
-		(e) Transfer	of gift	<del></del>	
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Desc	ription of how gift is held
-		(e) Transfer	of gift		
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship <u>of trar</u>	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Desc	ription of how gift is held
-		(e) Transfer	of gift	· <del> ,</del>	
_	Transferee's name, address, ar	nd ZIP + 4	Ro	elationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
-		(e) Transfer	of gift		
_	Transferee's name, address, ar		-	elationship of trai	nsferor to transferee
				···	

DESCRIP	(A) TION OF PROPERTY				ANNER QUIRED	DA ACQU	TE IRED	DATE SOLD
150,000	SHS. BANK OF TH	E OZARKS				12/2	0/16	12/21/16
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF	(E)			(F)
	SALES PRICE	TIME OF ACQ.	SALE		DEPRE	c.	GAIN	OR LOSS
	8,000,733.	8,043,000.		0.		0.		<42,267.
				1,1	ANNER	DA		
	TION OF PROPERTY SHS. BANK OF TH	<u> </u>			QUIRED	ACQU	IRED	
	SHS. BANK OF TH	<u> </u>	(D) EXPENSE	AC		ACQU		DATE SOLD 12/22/16 (F)
	SHS. BANK OF TH	E OZARKS		AC	QUIRED	ACQU 12/2	0/16	12/22/16

FORM 990-PF INTEREST ON SAVING	S AND TEMPORARY	CASH INVESTMENTS	STATEMENT 2
SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
NATIONAL FINANCIAL SERVICES	15.	15.	
TOTAL TO PART I, LINE 3	15.	15.	

\* FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 3
PART VII-A, LINE 10

NAME OF CONTRIBUTOR
SHAWN BERGERSON

ADDRESS
6465 WAYZATA BOULEVARD, SUITE 300
ST. LOUIS PARK, MN 55426