Form 990-PF

Return of Private Foundation

Department of the Treasury Internal Revenue Service

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

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

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

2	01	7
pen to	Public I	nspectio

F	or ca	lend	dar year 2017 or tax year beginning AUG	14, 2017	, and ending	DEC 31, 2017	<u> </u>
Ī	Vam	e of t	foundation			A Employer identification	n number
	NA	ИV	CY SOMERS FAMILY FOUNDA	TION		82-2478403	3
7	V umt	per an	d street (or PO box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	15	514	SOUTH KIPLING COURT	9704854204	<u> </u>		
-			wn, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is	pending, check here
G			all that apply X Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	is, check here
			Final return	Amended return		2 5	continue the OSO/ test
_			X Address change	Name change		Foreign organizations me check here and attach or check here and attach or check here.	computation
Н	Cr		type of organization X Section 501(c)(3) ex	tempt private foundation	•	E If private foundation st	
\ <u> </u>		Sec		Other taxable private founda		under section 507(b)(1	I)(A), check here
V	/ Fai	r ma	rket value of all assets at end of year J Accounti	ng method X Cash	Accrual	F If the foundation is in a	
(八)			art II, col. (c), line 16) Ot 1,224,304. (Part I, colum	ther (specify)	· \	under section 507(b)((B), check here
` _[(c) Adjusted net	(d) Disbursements
L	Pa	rt I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	income	for chantable purposes (cash basis only)
-	\neg	1	Contributions, gifts, grants, etc., received	633,911.	11 1 1 1 1 1 1 1 1 1 	N/A	
			Check I if the foundation is not required to attach Sch B			,	
		3	Interest on savings and temporary cash investments				
	1	4	Dividends and interest from securities	5,222.	4,326	•	STATEMENT 1
		5a	Gross rents				
	ĺ	þ	Net rental income or (loss)	163 713	 	, , , , , , , , , , , , , , , , , , ,	- whombossed the Calledonia
	9	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales pnce for all 495,458	163,712.			
	Revenue	_b	assets on line 6a		163,712		
	Re	7	Capital gain net income (from Part IV, line 2)		103/112	•	
		8 9	Net short-term capital gain Income modifications		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 -	
	- 1	_	Gross sales less returns and allowances				
	l		Less Cost of goods sold	, (1, 1 1, 11, 11, 1 , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
	- 1		Gross profit or (loss)				<u> </u>
		11	Other income		1.50.000	<u> </u>	
_		12	Total. Add lines 1 through 11	802,845.	168,038		2 000
		13	Compensation of officers, directors, trustees, etc	7,000.	5,000	•	2,000.
\(\omega		14	Other employee salaries and wages				
5	es		Pension plans, employee benefits	2,636.	2,636		0.
7	Sus		Legal fees STMT 2 Accounting fees	2/000.	RECE	IVED	
-	×		Other professional fees			155	
	ě	17	Interest		101	löl	
≓ ∷	rati		Taxes		MAY 1	الم المالات ا	
\sim	and Administrative Expens	19	Depreciation and depletion				
SCANNED	Ē	20	Occupancy		OGDE	N, UT	
Z	¥	21	Travel, conferences, and meetings				
Z	an	22	Printing and publications Other expenses STMT 3	99.	99		0.
S	ing	23		99.	33	•	0.
9,5	Operating	24	Total operating and administrative expenses. Add lines 13 through 23	9,735.	7,735		2,000.
	o	25	Contributions, gifts, grants paid	43,500.	1,33	-	43,500.
			Total expenses and disbursements				
		_	Add lines 24 and 25	53,235.	7,735	•	45,500.
•		27	Subtract line 26 from line 12				
		a	Excess of revenue over expenses and disbursements	749,610.			
		1	Net investment income (if negative, enter -0-)		160,303	• 37/2	
-		C	Adjusted net income (if negative, enter -0-)	<u> </u>	<u> </u>	N/A	Form 990 DE (2017)

749,610

749,610.

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4

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

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

, -

(a) List and describe	the kind(s) of property sold (for example the consequence of common stock, 200 sh	ample, real esta		(b) F	low acquired - Purchase - Donation	(c)	Date acquired no , day, yr)	(d) Date sold (mo., day, yr)
<u></u>	PUBLICLY TRADED SECURITIES		1 -	D	V	ARIOUS	10/26/17	
b								
<u>c</u>								
<u>d</u>				↓				
<u>e</u>				┸,		ļ		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(((h) Gain or (loss e) plus (f) minus	(g))
a 495,458.	· · · · · · · · · · · · · · · · · · ·	ļ.,	331,74	16.		, .		163,712
b		ļ	·					
<u>C</u>								
<u> </u>		ļ						
<u> </u>	land to the second by	Ab - 4 d-4-	10/04/00					
Complete only for assets snowli	ng gain in column (h) and owned by						uns (Col. (h) gair), but not less tha	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col (i) r col (j), if any				osses (from col	(h))
a		<u> </u>						163,712
<u> </u>								
<u>c</u>								
d		1						
<u>e</u>		<u></u>						
Capital gain net income or (net ca	apital loss) { If gain, also enter-	er in Part I, line 0- in Part I, line	9 7 e 7	}	2			163,712
Net short-term capital gain or /lo	ss) as defined in sections 1222(5) a							
If gain, also enter in Part I, line 8,		d (0))				
If (loss), enter -0- in Part I, line 8					3		N/1	<u> </u>
Part V Qualification L	Inder Section 4940(e) fo	r Reduce	d Tax on Ne	<u>t Inv</u>	estment	Inco	me	N/A
"Yes," the foundation doesn't quali	tion 4942 tax on the distributable a fy under section 4940(e). Do not co	implete this pa	rt					Yes N
	each column for each year; see the	instructions be	efore making any	entries	·			
(a) Base period years Calendar year (or tax year beginni	ng in) Adjusted qualifying di	stributions	Net value of n	(c) oncha		sets	Dıstr (col (b) d	(d) ibution ratio ivided by col (c))
2016								
2015								
2014								_
2013			ļ					
2012								
? Total of line 1, column (d)							2	
	5-year base period - divide the tota	I on line 2 by 5	0, or by the num	ber of	years			
the foundation has been in existe	nce if less than 5 years						3	
Enter the net value of noncharital	ble-use assets for 2017 from Part X	I, line 5					4	
Multiply line 4 by line 3							5	
	(40) - 40-41 has 07h)		•					
Enter 1% of net investment incor	118 (1% 01 Part I, line 2/0)						6	
7 Add lines 5 and 6							7	
Enter qualifying distributions from							8	
If line 8 is equal to or greater tha See the Part VI instructions	n line 7, check the box in Part VI, lir	ne 1b, and com	plete that part us	ing a 1	% tax rate			

	- <u> </u>		24784			age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	148 -	see in	stru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter *N/A* on line 1	4			"	
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		3	3,20	6.
	of Part I, line 27b	1				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)	t				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2				0.
3	Add lines 1 and 2	3		3	3,20	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			3,20	6.
6	Credits/Payments	e ()	17/1		1 11	
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6a 0.	24	573	4,50	14	672 J
b	Exempt foreign organizations - tax withheld at source	\cdot $^{\prime}$ \cdot $^{\prime}$	eig (11,2	3 7 7 - 7.	41.14
C	Tax paid with application for extension of time to file (Form 8868) 6c 0.	2		11/1	4	1.74
đ	Backup withholding erroneously withheld 6d 0.			′ ′	· ·	,
	Total credits and payments Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8				51.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			3,25	<u>57.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities		—			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	
	any political campaign?		<u> </u>	1a		<u>X</u>
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defini	tion		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or					
	distributed by the foundation in connection with the activities			ı	1	Х
	c Did the foundation file Form 1120-POL for this year?					
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ► \$ O . (2) On foundation managers ► \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1		1	
	managers ► \$O.				1	v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		-	2		X
_	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r			1	Х
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3 4a		$\frac{X}{X}$
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?						
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A						<u>X</u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		ŀ	5		
	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
6	By language in the governing instrument, or		1			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	law				
	remain in the governing instrument?	ICT AA		6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		ŀ	7	X	
′	bid the foundation have at least \$5,000 in assets at any time during the year? If Tes, complete rait if, cor (c), and rait xv		ŀ	·········		
Ωa	Enter the states to which the foundation reports or with which it is registered. See instructions					
Va	MN					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
J	of each state as required by General Instruction G? If "No," attach explanation		İ	8b	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar						
•	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes," complete Part XIV			9		Х
10		тмт	6	10	Х	
					_	

Pa	ert VII-A Statements Regarding Activities (continued)			
		1	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		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► MONICA SPIGARELLI Telephone no ► 970485		4	
	Located at ► 1514 SOUTH KIPLING COURT, LAKEWOOD, CO ZIP+4 ►80	232		
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		/ <u>A</u>	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	'	,	
	foreign country	<u> </u>		<u> </u>
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			····
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	ļļ	Yes	No
1 a	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(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?			
	(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)			
t	o 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 N/A	1b		ļ
	Organizations relying on a current notice regarding disaster assistance, check here			
0	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 2017?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
ā	a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017? Yes X No		•	1
	If "Yes," list the years \blacktriangleright			
t	Are there any years listed in 2a for which the foundation is not 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) N/A	2b	ļ	ļ
0	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>	1		
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
ŧ	b If "Yes," did it have excess business holdings in 2017 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,			1
	Form 4720, to determine if the foundation had excess business holdings in 2017) N/A	3b		1
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	X
t	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		-	
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	<u> </u>	X

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Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
· · · · · · · · · · · · · · · · · · ·	4	
	-	
	-{	
	┪	
Total number of others receiving over \$50,000 for professional services	_L	▶ 0
Part IX-A Summary of Direct Charitable Activities		······································
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	cal information such as the	Funance
number of organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc	Expenses
1N/A		
2	··-·	
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on I	ines 1 and 2	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	•	0.
Total. And lines I through a		

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

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45,500

3b

4

5

6

Cash distribution test (attach the required schedule)

4940(e) reduction of tax in those years

Adjusted qualifying distributions, Subtract line 5 from line 4

income Enter 1% of Part I, line 27b

Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Part XIII Undistributed Income (see Instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7	2		,	10,853.
2 Undistributed income, if any, as of the end of 2017	,	, , , , , , , , , , , , , , , , , , , ,	,	
a Enter amount for 2016 only	***************************************	<u> </u>	0.	
b Total for prior years	,	0.		
3 Excess distributions carryover, if any, to 2017		0.		A A A A A A A A A A A A A A A A A A A
a From 2012		Carlotte Commence		
b From 2013	A 12 1/2 1/2			Something the
c From 2014	1 1 11 1 1 1			
d From 2015	' ,	/ /		, , ,
e From 2016	·			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from		······································		
Part XII, line 4 ► \$ 45,500.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior		<u></u>		micronomic normal rata
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			'	1':
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				10,853.
e Remaining amount distributed out of corpus	34,647.			10/030.
5 Excess distributions carryover applied to 2017	0.			0.
(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.				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	34,647.			
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			<u> </u>	
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 2016. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2017 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				0.
7 Amounts treated as distributions out of				The state of the s
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				' ''n r an ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.			The state of the s	The state of the s
Subtract lines 7 and 8 from line 6a	34,647.			
10 Analysis of line 9		· · · · · · · · · · · · · · · · · · ·		17-17-18-18-18-18-18-18-18-18-18-18-18-18-18-
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017 34,647.				

	OMERS FAMIL				78403 Page 10,
Part XIV Private Operating F	oundations (see ins	structions and Part V	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	rt is a private operating			
foundation, and the ruling is effective for	r 2017, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	lation is a private operatir	ig foundation described	in section	4942(j)(3) or 49	942(J)(5) /
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					./
each year listed	į				
b 85% of line 2a				 	
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				*	
e Qualifying distributions made directly				<u> </u>	
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			 		
alternative test relied upon					İ
a "Assets" alternative test - enter					
(1) Value of all assets			+-/		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		<u> </u>			
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year				1	
listed					
c "Support" alternative test - enter					
(1) Total support other than gross					•
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)		1			
(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		 -			
(4) Gross investment income		As Abis mark sub-	if Al f	- h - d 65 000	
Part XV Supplementary Info at any time during t		•	it the foundation	n nad \$5,000 or m	ore in assets
		uctions.,			
1 Information Regarding Foundatio					_
a List any managers of the foundation wh			tributions received by th	e foundation before the cl	ose of any tax
year (but only if they have contributed in	iore than \$5,000) (See S	ection 507 (u)(2))			
NANCY M. SOMERS		·			
b List any managers of the foundation wh			(or an equally large port	tion of the ownership of a p	partnership or
other entity) of which the foundation has	s a 10% or greater interes	St.			
NONE					
2 Information Regarding Contributi					
Check here $lackbox X$ if the foundation o					uests for funds If
the foundation makes gifts, grants, etc.,	to individuals or organiza	ations under other cond	itions, complete items 2a	a, b, c, and d	
a The name, address, and telephone num	ber or email address of th	ne person to whom appl	ications should be addre	ssed	
t The farmer which and lack and a leading			hand a short		
b The form in which applications should b	—	tion and materials they :	SHOULD HICHUGE		
c Any submission deadlines					
d Any restrictions or limitations on awards	e cuch ac hu nannranhin	al areas charitable folds	kinds of institutions of	r other factors	
u Any restrictions of infiltations off awards	s, such as by geographica	ai aicas, ciidikabie ilelus	ง, หมานจ บา มารมนนนบทร, 01	Other factors	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to **Amount** status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year AVIVO NONE 501 (C) 3 GENERAL FUND 1900 CHICAGO AVE 5,000. MINNEAPOLIS, MN 55404 BRIDGING, INC. NONE 501 (C) 3 GENERAL FUND 201 W 87TH ST BLOOMINGTON, MN 55420 2,000. 501 (C) 3 COMMONBOND COMMUNITIES NONE GENERAL FUND 1080 MONTREAL AVE ST. PAUL MN 55116 2,000. COMMUNITY SHARES OF MINNESOTA NONE 501 (C) 3 GENERAL FUND 570 N ASHBURY ST, SUITE 208 ST. PAUL, MN 55104 1,000. 501 (C) 3 CONFLICT RESOLUTION CENTER OF NONE GENERAL FUND MINNESOTA 2101 HENNEPIN AVE, SUITE 100 MINNEAPOLIS, MN 55405 1,000. SEE CONTINUATION SHEET(S) **▶** 3a 43,500. Total b Approved for future payment NONE Total **≥** 3b

orm 990-PF (2017) NANCY SOMERS	FAMILY FOU	NDATION		82-2	478403 Page 1
Part XVI-A Analysis of Income-Pro	ducing Activitie	es			
nter gross amounts unless otherwise indicated	Unrelated t	usiness income		y section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	_				
b	_				
<u> </u>	_				
d					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities		***************************************	14	5,222.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property 7 Other investment income					
B Gain or (loss) from sales of assets other					
than inventory			18	163,712.	
Net income or (loss) from special events			- -	- '	
Gross profit or (loss) from sales of inventory					
Other revenue					<u> </u>
a					
b					
C	_				
d					
Cubbabl Add selvens (b) (d) and (c)	_		0.	168,934.	0
P. Subtotal Add columns (b), (d), and (e) B. Total, Add line 12, columns (b), (d), and (e)	L		<u> </u>	13	168,934
See worksheet in line 13 instructions to verify calculations	e)			13	100/334
					
Part XVI-B Relationship of Activitie	es to the Accon	nplisnment of	Exempt P	urposes	
Line No. Explain below how each activity for which	income is reported in a	column (e) of Part X\	VI-A contributed	I importantly to the accom	plishment of
▼ the foundation's exempt purposes (other t	han by providing fund	s for such purposes))		··
					
					
					
				······································	
					
					

Page 13_

	Exempt Organi	izations							
1 Did th	e organization directly or indir	ectly engage in any	of the followin	g with any other organizatio	n described in sectio	n 501(c)		Yes	No
(othe	r than section 501(c)(3) organ	izations) or in sectio	ın 527, relating	to political organizations?				ŧ	
a Trans	fers from the reporting founda	ition to a nonchantal	ble exempt or	anization of			[1		
(1)	• •			•			1a(1)	- 1	X
• •	Other assets	•					1a(2)		X
	transactions						1.9(2/		
		ala ava mat ara anizat	hon				125/21		Х
• •	ales of assets to a noncharitat						1b(1)		$\frac{\mathbf{X}}{\mathbf{X}}$
1 -7	urchases of assets from a nor	•	organization				1b(2)		
• •	lental of facilities, equipment, o	or other assets					1b(3)	+	X
• •	leimbursement arrangements	• ••	•				1b(4)		X
(5) L	oans or loan guarantees			•			1b(5)		X
(6) F	'erformance of services or mei	mbership or fundrais	sing solicitatio	ns			1b(6)		X
c Shari	ng of facilities, equipment, mai	ling lists, other asse	its, or paid em	ployees			10		X
d If the	answer to any of the above is '	"Yes," complete the f	following sche	dule Column (b) should alw	vays show the fair m	arket value of the goods	other ass	ets,	
or se	vices given by the reporting fo	undation If the four	ndation receive	ed less than fair market valu	e in any transaction	or sharing arrangement,	show in		
colun	nn (d) the value of the goods, o	other assets, or serv	ices received						
(a) Line no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Description	of transfers, transactions, and	shanng an	angemen	its
			N/A						
				 -					
									
					<u> </u>				
					+		-		
					-				
						·			
		· · · · · · · · · · · · · · · · · · ·			 	·			
				·	ļ				
	- 1,		· · · · · · · · · · · · · · · · · · ·						
								_	
2a Is the	foundation directly or indirect	ly affiliated with, or	related to, one	or more tax-exempt organiz	zations described				
	ction 501(c) (other than section	-		. •			Yes	X	No
	s," complete the following sche							·	-
	(a) Name of org			(b) Type of organization	(c) Description of relation	ship		
	N/A			<u> </u>		<u> </u>	<u> </u>		
			**.						
					<u> </u>				
									
	· · · · · · · · · · · · · · · · · · ·		1						
	Inder penalties of penury, I declare t	that I have examined the	s return uncluden	ng accompanying schedules and	statements and to the l	nest of my knowledge			
	ind belief, it is true, correct, and corr					has any transitioning	lay the IRS eturn with th	discuss t	his er
Sign (M MM	1 ~		15.6.1B	mp na cu	s	hown below	? See ins	str
TIGI 6	11100		<u> </u>		TREASU	RER	LX Yes	· L_	J No ∣
	Signature of officer or trustee		0	Date	Title	Chook			
	Print/Type preparer's na	me	Preparer's s	ignature	Date	Check if PTIN	ı		
D			_		///	self- employed		• • •	
Paid	MICHAEL PE		will	Lary.	9/1/18		0185		
Prepar		ELAND BUH	IL & CO	MPANY PLLP		Firm's EIN ► 41-	12927	16	
Use O									
	Firm's address ► 80				TE 300				
	WA	YZATA, MN	<u>55391</u>	-1766		Phone no (952)	476-	710	0
							Form 99		

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.
➤ Go to www.irs.gov/Form990 for the latest information.

NANCY SOMERS FAMILY FOUNDATION

OMB No 1545-0047

2017

Name of the organization

Employer identification number

82-2478403

Organiz	ation type (check or	ne):	
Filers of	:	Section:	
Form 99	0 or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 99	0-PF	X 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Note: Oi General	nly a section 501(c)(Rule For an organization	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. In filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	
Special	,		
	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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 i, line 1. Complete Parts I and II.	1h;
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.	
	year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the sexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year	
but it mi	ust answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 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) (2017)

Name of organization

Employer identification number

NANCY SOMERS FAMILY FOUNDATION

82-2478403

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	NANCY SOMERS 6124 CLARION PASS MINNETONKA, MN 55343	\$\$.	Person Payroll Moncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NANCY SOMERS 6124 CLARION PASS MINNETONKA, MN 55343	\$\$	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
3	NANCY SOMERS 6124 CLARION PASS MINNETONKA, MN 55343	\$22,626.	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
4	NANCY SOMERS 6124 CLARION PASS MINNETONKA, MN 55343	\$331,745.	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
<u>5</u>	NANCY SOMERS 6124 CLARION PASS MINNETONKA, MN 55343	\$\$.	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.)
723452 11-0	11-17	Schedule B (Form	990, 990-EZ, or 990-PF) (2017

Employer identification number

NANCY SOMERS FAMILY FOUNDATION

82-2478403

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.
---------	---

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1 4,546	SHARES OF ABBOTT LABORATORIES	_	
		\$\$.	10/11/17
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2 3,289	SHARES OF MICROSOFT CORPORATION	N	
		\$\$.	10/11/17
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3 800 SI	HARES ACCENTURE PLC CLS		
		<u> </u>	10/13/17
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4 9,848	SHARES OF AMERICAN GROWTH FUND		
		\$\$	10/13/17
(a) No. oom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5 11,669	SHARES OF SIT TAX FREE INCOME		
		\$113,191.	10/20/17
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

	SOMERS FAMILY FOUNDATIO	N	82-2478403
t III	the year from any one contributor. Complete co	lumns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 twing line entry. For organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	chantable, etc., contributions of \$1,000 or space is needed.	less for the year (Enter this info once.)
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
-			
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif	t Relationship of transferor to transferee
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
— ·			
	Transferee's name, address, an	(e) Transfer of gif	Relationship of transferor to transferee

FORM 990-PF D	IVIDENDS	AND 1	NTERES	ST FROM	SECUR	ITIES	ST	ATEMENT	1
GROSS SOURCE AMOUNT		CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS					
FIDELITY INVESTMENTS	5,222.		0.	•	5,222.	4,:	326.		
TO PART I, LINE 4	5,222.		0.	•	5,222.	4,:	326.		_
FORM 990-PF		I	LEGAL I	FEES			ST	ATEMENT	2
DESCRIPTION		(A) EXPENS PER BO	SES 1	(B) NET INV MENT IN	EST-	(C) ADJUST NET INC	ED	(D) CHARITAE PURPOSE	
LEGAL FEES		2,636.		2,636.				0.	
TO FM 990-PF, PG 1, LN	16A	2,	,636.	2	,636.				0.
FORM 990-PF		OTI	HER EXI	PENSES			SI	CATEMENT	3
DESCRIPTION		(A) EXPENS PER BO	SES 1	(B) NET INV MENT IN	EST-	(C) ADJUST NET INC		(D) CHARITAI PURPOSI	
SUPPLIES	_		99.		99.				0.
TO FORM 990-PF, PG 1,	LN 23 =		99.		99.				0.
FORM 990-PF		CORI	PORATE	STOCK		·	SI	TATEMENT	4
DESCRIPTION					воо	K VALUE	F <i>I</i>	AIR MARKET VALUE	Г
FIDELITY INVESTMENTS						188,875	•	663,2	53.
TOTAL TO FORM 990-PF, PART II, LINE 10B									

FORM 990-PF	CORPORATE BOND	S	STATEMENT	5
DESCRIPTION		BOOK VALUE	FAIR MARKE	r
FIDELITY INVESTMENTS		114,087.	114,4	03.
TOTAL TO FORM 990-PF,	PART II, LINE 10C	114,087.	114,4	03.
FORM 990-PF	LIST OF SUBSTANTIAL CONT PART VII-A, LINE 1		STATEMENT	6
NAME OF CONTRIBUTOR	ADDRESS			
NANCY SOMERS	6124 CLARI MINNETONKA			

Part XV Supplementary Informati				
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	- Contribution	
ONSERVATION MINNESOTA	NONE	501 (C) 3	GENERAL FUND	
101 W RIVER PARKWAY, SUITE 250				
INNEAPOLIS, MN 55415				1,00
REATIVE SPIRIT	none	501 (C) 3	GENERAL FUND	
640 ASHLAND AVE				
T. PAUL, MN 55410		ļ		1,00
OCTORS WITHOUT BORDERS	NONE	501 (C) 3	GENERAL FUND	
.011 WASHINGTON AVE S				- ^^
INNEAPOLIS, MN 55415		 		5,00
SARDENING MATTERS	NONE	501 (C) 3	GENERAL FUND	
110 EAST 38TH ST, #206 (INNEAPOLIS, MN 55409				50
		 		30
ABITAT FOR HUMANITY TWIN CITIES	NONE	501 (C) 3	GENERAL FUND	
1954 UNIVERSITY AVE W		Por (c, 3	SENERAL FUND	
ST. PAUL, MN 55104				2,00
MMIGRANT LAW CENTER OF MINNESOTA	NONE	501 (C) 3	GENERAL FUND	
150 N SYNDICATE ST, #200				
ST. PAUL, MN 55104				1,00
JEREMIAH PROGRAM	NONE	501 (C) 3	GENERAL FUND	
510 LAUREL AVE				
INNEAPOLIS, MN 55403		-		1,00
KIVA	NONE	501 (C) 3	GENERAL FUND	
375 HOWARD STREET, SUITE 340				
SAN FRANCISCO, CA 94103		 		5,00
METRO MEALS ON WHEELS	NONE	501 (C) 3	GENERAL FUND	
1200 S WASHINGTON AVE, #380 (INNEAPOLIS, MN 55415				1,00
		1	-	
(INNEAPOLIS PARKS FOUNDATION	NONE	501 (C) 3	GENERAL FUND	
800 MINNEHAHA AVE		D01 (C) 3	SHERRE FUND	
MINNEAPOLIS, MN 55417		<u> </u>		1,0
Total from continuation sheets				32,5

	ion			·
3 Grants and Contributions Paid During th				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or odsiness)	or substantial contributor	recipient		
INNESOTA ASSISTANCE COUNCIL FOR	NONE	501 (C) 3	GENERAL FUND	
2700 EAST LAKE STREET, SUITE 3350 MINNEAPOLIS, MN 55406				1,00
NAMI MINNESOTA	NONE	501 (C) 3	GENERAL FUND	
800 TRANSFER ROAD, SUITE 31	[12.2]	(3,7)		
ST. PAUL, MN 55114				1,00
NORTH COUNTRY FOOD ALLIANCE	NONE	501 (C) 3	GENERAL FUND	
2101 HENNEPIN AVE, SUITE 110 MINNEAPOLIS, MN 55405				1,00
DPEN ARMS OF MINNESOTA	NONE	501 (C) 3	GENERAL FUND	
2500 BLOOMINGTON AVE				
MINNEAPOLIS, MN 55404				1,00
PLANNED PARENTHOOD	NONE	501 (C) 3	GENERAL FUND	
671 VANDALIA STREET				
ST. PAUL, MN 55114		-		5,00
PROJECT FOR PRIDE IN LIVING	NONE	501 (C) 3	GENERAL FUND	
1035 E FRANKLIN AVE				
MINNEAPOLIS, MN 55404				2,00
THE FOOD GROUP	NONE	501 (C) 3	GENERAL FUND	
3501 54TH AVE N				
MINNEAPOLIS, MN 55428				1,00
TUBMAN	NONE	501 (C) 3	GENERAL FUND	
3111 FIRST AVENUE SOUTH				
MINNEAPOLIS, MN 55408				1,00
TWIN CITIES RISE	NONE	501 (C) 3	GENERAL FUND	
1301 BRYANT AVE N MINNEAPOLIS, MN 55411				1.00
ILMERIODIS, FM 13411				1,00