EXTENDED TO NOVEMBER 15, 20 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. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

		t of the Treasury								it may be ma					U IU	_
		venue Service dar year 2018 (or tay year		SEI			or insu	ructions and t and e		DEC 3	1	2018	Open to P	ublic Inspection	-
		foundation	JI LAX YEAT		DHE		, 2010		, and 6:		A Employ			number		-
Æ	ER	T FAMIL	Y FOU	NDATI	ON	1_					83-	-637	2665			_
Nu	nber a	nd street (or P O b	ox number if	mail is not de	vered to street	address)				Room/suite	B Teleph					_
5	82	9 WOODL	ANE E	AY							651	L-49	<u>1-93</u>	03		4
	-	own, state or pro		untry, and Zi 5129	P or foreign p	ostal co	de				C If exemp	tion applic	cation is pe	ending, check h	ere 🕨 🔛	V
G . (Check	all that apply:	X	Initial retur	n		Initial return	of a f	ormer public o	harity	D 1. Fore	ign orga	nızatıons	, check here	ightharpoons	
		•		Final return	1		Amended re	turn			2 5			-4:- 4 th a QEO/ t		
_				Address ch			Name chang				chec	k here and	attach cor	eting the 85% to inputation	^{∞,} ▶∐	
H	_	type of organizetion 4947(a)(1			n 501(c)(3) e trust		ıvate foundatı xable prıvate		ation	04				tus was term (A), check he		
l Fa	air ma	arket value of all	assets at e	end of year	J Account	ıng meth	od: X	Cash	Accr	ual	F If the fo	oundatio	n is in a 6	60-month tei	mination	
(f	rom f	Part II, col. (c), li			1	ther (spe					under s	section 5	i07(b)(1)	(B), check he	ere 🕨 🛄	
_	-\$	1		482.	(Part I, colu	mn (d) m	ust be on cas	sh basi	is.)			<u> </u>				_
P.	art i	Analysis of R (The total of amonecessarily equal	ounts in colur	mns (b), (c), an	d (d) may not))) Revenue and enses per bo			vestment ome		Adjusted income	net	for charita	bursements able purposes pasis only)	_
4	1	Contributions,	gifts, grant	ts, etc., rece	ved		300,00	00.								
J	2			n is not required t	o attach Sch B			~/ ~/~/>	223	APPROXIMATION AND ADVANCES OF	32 E32		KA 75			
•	3	Interest on saving cash investments	s and tempo	rary				$\frac{24.}{1}$		24.				STATE		
	4	Dividends and	interest fro	om securities	3			56.		56.				STATE	MENT 2	3
	1	Gross rents				83(**34-55)	ANG JOHN HOUSE	Letter State	.70k/1925-888-884-88		\$531488X361	247/039/FDV	(MARTA 157) 149 AX	7. 4. 4. 4.		ħ
	۱.	Net rental income	_				3. 4. X X 3. 10	2 3 400 (ALTERNATION OF THE PARTY OF THE	FOLI	<u> </u>	
9	N .	Net gain or (loss) to Gross sales price		assets not on l	ine 10	3000 A	######################################	- T.			\$100 PM 500	4.01/46% 9860-001/0/89	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S. Mar. of Section States	STATE OF THE STATE	
Revenu	7	assets on line 6a Capital gain net in		Part IV June 2\		280727 287272		280 1651 280 1651	多"古人"中心 <i>"他们"</i>	0.			3	NOV 15	2019 : (4
ğ	8	Net short-term					4.44.45		11/4 10 10 10 10		**** #*** YSSP40##	17-45 J. S.	<u> </u>		WAR THE WAR	Ĭ
	9	Income modific				W 2 2							(SCOPE	SATURE	3
	10a	Gross sales less r				***		444		*** ***	64.74		36.02 - 20.0 - 10.00 - 10.00	7 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1	AND PARTY	1
	Ь	Less Cost of goo	ds sold								70 × 7	AZN.				
	C	Gross profit or	(loss)													3
	11	Other income														7
	12	Total. Add line	s 1 throug	h 11		ļ	300,08			80.	ļ		0.		12 P. W. H. L. S. //	2
	13	Compensation of			, etc		••	0.		0.	<u> </u>		0.		<u> </u>	-
	14	Other employed	•						<u></u>		<u> </u>					-
Ø.	15	Pension plans, Legal fees	employee		гмт 3		9,50	19.		0.			0.		9,509.	-
DS C	h	Accounting fee	s	Ο.	5			,			\ 				5,0050	-
Expenses	c	Other profession									_					-
		Interest												^		_
Administrative	18	Taxes	r													_
ist	19	Depreciation ar	nd depletio	n			_									200
<u> </u>	20	Occupancy	•			<u></u>									-	-
		Travel, confere				<u> </u>										-
and		Printing and pu				<u> </u>	1									-
		Other expenses		!m!n&A*					,		 				 -	-
Operating	24	Total operating expenses. Add	_				9,50) q		0.			0.		9,509.	
Ö	25	Contributions,				-	5,7			patricia d	V 4106 5				5,750.	-
	23	Total expenses							SANT SANTANTANTANTANTANTANTANTANTANTANTANTANTA	a navone en e	NTSS. MICHELISSES	a Dang (DPCRES)	(CONTRACTOR OF THE CONTRACTOR		-,.50.	-
	-	Add lines 24 ar					15,2	59.		0.			0.	:	L5,259.	
	27	Subtract line 20		12:			·		* 5							200 Marks
		Excess of revenue	•			VI. 400 pm 2 400	284,82	21.	date :		ctellan		4 104			¥ 1548.
		Net investmen				C C C			TOTAL TOTAL	80.	2 3 9 3		· · · · · · ·	MAN AND AND AND AND AND AND AND AND AND A		18 E
	C	Adjusted net in	icome (if no	egative, enter -	·O-)			2000	to the little				0.			1

LHA For Paperwork Reduction Act Notice, see instructions.

SCANNED JAN 9 9 2020

\bar{\bar{\bar{\bar{\bar{\bar{\bar{\bar	art.	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	of year
r x	;aı;ı;	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		135,207.	135,207.
	1	Savings and temporary cash investments	-		
					Marine days and a second second
] 3	Accounts receivable -			
		Less: allowance for doubtful accounts			300-10-10-10-10-10-10-10-10-10-10-10-10-1
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			i
	1 -	Receivables due from officers, directors, trustees, and other		•	
	ľ		1		
	۱_	disqualified persons	2007		
	7	Other notes and loans receivable			2 4 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		Less: allowance for doubtful accounts			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ą	10a	Investments - U.S. and state government obligations			•
	1	Investments - corporate stock			
	ŀ	Investments - corporate bonds			
	١	_	ZX.AM TUBEROUS PUBEROUS TO SEE	PER MANAGE AGE AGE AGENT AGENCE	
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 4	0.	149,614.	149,275.
	14	Land, buildings, and equipment; basis			
		Less accumulated depreciation			
	15	Other assets (describe >			
	1				
	16	Total assets (to be completed by all filers - see the		204 021	204 402
_	-	instructions. Also, see page 1, item I)	0.	284,821.	284,482.
	17	Accounts payable and accrued expenses			
	18	Grants payable			经验的数据为 然的
ý	19	Deferred revenue	<u></u>		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ᅙ	21	Mortgages and other notes payable			
۳		Other liabilities (describe)			F TO THE SECTION OF T
					W. 18 18 18 18 18 18 18 18 18 18 18 18 18
	۱	Total P. A. Perior Could have 47 November 000	0.	0	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	TO SERVE OF THE SE
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			ent to the
ès	24	Unrestricted			20 20 20 20 20 20 20 20 20 20 20 20 20 2
ä	25	Temporarily restricted			
3af	26	Permanently restricted			
Assets or Fund Balance		Foundations that do not follow SFAS 117, check here			1000 mg (1000 mg (100
֖֚֚֚֚֚֓֡֝֞֡֡֡֞֝֡֡	l	and complete lines 27 through 31.			
or I			0.	0.	
ts	27	Capital stock, trust principal, or current funds			DECENT AND SERVICE OF THE SERVICE OF
Se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ΙÀ	29	Retained earnings, accumulated income, endowment, or other funds	0.	284,821.	
Net	30	Total net assets or fund balances	0.	284,821.	
	31	Total liabilities and net assets/fund balances	0.	284,821.	74
·				•	The state of the s
þŖ.	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net accete or fund halances at haginning of year. Dort II. solume (a) line	30		
		net assets or fund balances at beginning of year - Part II, column (a), line	υυ		^
		t agree with end-of-year figure reported on prior year's return)		1	<u>U.</u>
		amount from Part I, line 27a		2	284,821.
3	Other	increases not included in line 2 (itemize)		3	0.
4	Add I	ines 1, 2, and 3		4	284,821.
5	Decre	eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (h), line 30 `	6	284,821.
	. 5,141	Tare in the second of the seco	Committee and and and		5 990 PE (0010)

Part IV Capital Gains	and Lo	sses for Tax on In	vestment	Income				
(a) List and describ 2-story brick	e the kind(warehouse;	s) of property sold (for exar or common stock, 200 shs.	nple, real esta . MLC Co.)	te,	(b) I	How acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a								
b N	ONE							
_ C	_				┝			
_d		<u>-</u>			├			
<u>e</u>	1 0	Danisa allawad	/-> O	et er ether beere	<u> </u>		(h) Coup or (loca	1
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (loss ((e) plus (f) minus	
a	<u> </u>			<u>.</u>				
<u>b</u>			-					
C				-				
d								
e								
Complete only for assets show		<u></u>				,	(I) Gains (Col. (h) gain ol. (k), but not less tha	
(i) FMV as of 12/31/69	<u> </u>	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			Losses (from col. ((h))
<u>a</u>	_		-					
<u>b</u>	+	· · ·						
					\dashv			
e	-							
	ı	∫ If gain, also enter	ın Dart I line	7	7			
2 Capital gain net income or (net	capital loss		in Fart I, line	7	} [2		
3 Net short-term capital gain or (oss) as def	•						
If gain, also enter in Part I, line			o (o).		}			
If (loss), enter -0- in Part I, line	8 Undon 6	20 otion 40 40 (a) 4 a m	Dadwad	Tay as Nat	ار	3		
Part V Qualification							some	N/A
(For optional use by domestic priva	ite foundati	one subject to the section 4	940(a) tax on	net investment in	come.	.)		14 / W
If section 4940(d)(2) applies, leave	this part b	lank.						
Was the foundation liable for the se	ection 4942	tax on the distributable am	ount of any ve	ar in the base per	iod?			Yes No
If "Yes," the foundation doesn't qua		, ,					·	
1 Enter the appropriate amount in	n each colu	mn for each year; see the in	structions bef	ore making any ei	ntries.			
(a) Base period years		(b)		Mot value of ac	(c)	utable was seen	Distri	(d) bution ratio
Calendar year (or tax year begin	ning in)	Adjusted qualifying dist	TIDULIONS	Net value of fic	HUHA	itable-use asse	(col. (b) div	vided by col. (c))
2017	_						-	
2016 2015								· · · · · · · · · · · · · · · · · · ·
2013								
2013								
2 Total of line 1, column (d)							2	
3 Average distribution ratio for th	e 5-year ba	se period - divide the total o	on line 2 by 5.0), or by the numb	er of y	ears/		
the foundation has been in exis	tence if less	s than 5 years					3	
	11	(- 0040 (D- 4)/ I						
4 Enter the net value of noncharit	able-use as	sets for 2018 from Part X, I	ine 5				4-	<u> </u>
5 Multiply line 4 by line 3							5	
• manapiy into 4 by little 0							<u> </u>	
6 Enter 1% of net investment inco	ome (1% of	Part I, line 27b)					6	
	•	•						
7 Add lines 5 and 6							7	
Enter qualifying distributions for	nm Dart VII	line A					8	
8 Enter qualifying distributions fro		•	41	alain ihat as-4		1/ toy	<u> </u>	
If line 8 is equal to or greater the See the Part VI instructions	an line /, c	neck the box in Part VI, line	io, and comp	nete that part usin	ig a 1'	% tax rate.		

	990-PF (2018) BERT FAMILY FOUNDATION 83-6372 rt.VIII. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in		Page 4 ons)	
1a b	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) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		2.	
C	of Part I, line 27b All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		0.	
3	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Add lines 1 and 2	-	2.	
5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	242. MINSESSOS	2.	
a	Credits/Payments: 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 0 0	din T		
C	Exempt foreign organizations - tax withheld at source Tax paid with application for extension of time to file (Form 8868) 66 0 • 66 0 •			
7	Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d 7		0.	
9	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 8 9		2.	
11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2019 estimated tax Refunded 11			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Y 1a	es No	
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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.	1b	X	
d	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	1c	X	
е	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
2	managers. \$	2	X	
3	If "Yes," attach a detailed description of the activities. 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	X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	4a 4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	X	
6	Are the requirements of section 508(o) (rolating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	-	X X	
	Enter the states to which the foundation reports or with which it is registered. See instructions. MN			
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	OL .	X	
9	of each state as required by General Instruction G? If "No," attach explanation 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 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	8b -	X	2
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X PF (2018)	

823531 12-11-18

N/A

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 jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2018.)

had not been removed from jeopardy before the first day of the tax year beginning in 2018?

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

Form 990-PF (2018) BERT FAMILY FOUNDATION			83-63726	65 Page 6
Part VII By Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contini}	ued)	2200 x 13.5
5a During the year, did the foundation pay or incur any amount to:				Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🛣 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 🗶 No 📳	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es 🗶 No 📳	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? See instructions		Ye	es 🗶 No 📗	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fe			
the prevention of cruelty to children or animals?		Ye	es 🗶 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance? See instru	uctions		N/A	5b
Organizations relying on a current notice regarding disaster assistance, check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?	N	I/A	es 📖 No 🍴	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es 🗓 No 🙎	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		36	6b X
If "Yes" to 6b, file Form 8870.			्रिका ॥	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	7.
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	51,000,000 in remuneration or		es 🗶 No	
excess parachute payment(s) during the year?	as Coundation Mar		es LA NO 1	16 16 1 18 H
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	ees, roundation war	lagers, migniy		
List all officers, directors, trustees, and foundation managers and tr	neir compensation.	·	-	
List all Officers, directors, a disters, and foundation managers and a	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
JACK M. BERT	TRUSTEE	enter -o-y	compensation	dilowalioos
5829 WOODLANE BAY	111001111			
WOODBURY,, MN 55129	0.00	. 0.	0.	0.
MARY L. BERT	TRUSTEE			
5829 WOODLANE BAY				
WOODBURY,, MN 55129	0.00	0.	0.	0.
110000011111 1211 00213		<u> </u>		
	1			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	allowances
NONE				
				_
		i		1
		-		
				0

Total. Add lines 1 through 3

All other program-related investments. See instructions.

259.

5

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

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,				514.
line 7				714.
2 Undistributed income, if any, as of the end of 2018			0.	
a Enter amount for 2017 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from		<u> </u>		
Part XII, line 4: ►\$ 15, 259.				
a Applied to 2017, but not more than line 2a			0.	
• • • • • • • • • • • • • • • • • • • •			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)	-	· · · · · · · · · · · · · · · · · · ·		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				514.
d Applied to 2018 distributable amount	14,745.			214.
e Remaining amount distributed out of corpus	14,743.			0.
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	14,745.		·	
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	. <u></u>	
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 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019.			:]
Subtract lines 7 and 8 from line 6a	14,745.			
0 Analysis of line 9:]
a Excess from 2014				ļ
b Excess from 2015		•		
c Excess from 2016				}
d Excess from 2017				
e Excess from 2018 14,745.				1

823581 12-11-18

	MILY FOUNDA			83-63	<u>72665 Page 10°</u>
Rart XIV Private Operating Fo	-		I-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for			▶∟		
b Check box to indicate whether the found		ing foundation described		4942(j)(3) or 49	942(1)(8)
2 a Enter the lesser of the adjusted net	Tax year	(5) 0017	Prior 3 years	(4) 2015	(a) Tatal
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed					
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					
for active conduct of exempt activities.			1		
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the		\top			
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		<u> </u>			
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					ĺ
investment income (interest					
dividends, rents, payments on			1		
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public		<u> </u>	-		
and 5 or more exempt				ì	
organizations as provided in					
section 4942(j)(3)(B)(iii)		 	 		
(3) Cargest amount of support from					
an exempt organization					
(4) Gross investment income Part:XV# Supplementary Infor	rmation (Comple	ete this part only i	if the foundation	had \$5,000 or mo	re in assets
at any time during the	he vear-see inst	ructions.)	ir tire roundation	11100 40,000 01 11101	· · · · · · · · · · · · · · · · · · ·
1 Information Regarding Foundation	=	than 10/ of the total cont	ributions reserved by th	o foundation hefers the class	a of any tay
a List any managers of the foundation who year (but only if they have contributed m			ributions received by ti	ie toutidation before the clos	e of any lax
	1010 111411 Ф0,000). (000	000			
	100/	he steel of a serioustion	/or on aqually large per	tion of the autorobin of a na	ertnorobin or
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large por	tion of the ownership of a pa	in the ship of
	Su 1070 of grounds into	.			
NONE		0 1 1 1 1 5			
2 Information Regarding Contribution					anta fau firada. If
Check here X if the foundation of the foundation makes gifts, grants, etc.,					ests for funds. If
a The name, address, and telephone number	per or email address of	the person to whom applic	cations should be addre	ssed:	
					
b The form in which applications should b	e submitted and inform	ation and materials they s	hould include:		
c Any submission deadlines:			····		
d Any restrictions or limitations on awards	s such as hy geographi	cal areas, charitable fields	kinds of institutions of	r other factors:	
a rany restrictions of minitations on dwards	o, outin at my geographii	ou. al out, one habit holds	,		
					5 000 DE (00)
823601 12-11-18					Form 990-PF (2018)

10

Part XV Supplementary Information	on (continued)			
3 Grants and Contributions Paid During the		Payment		
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	Solid Ideal	
a Paid during the year				
CORNER CHURCH	NONE	PUBLIC	CHARITABLE	
514 N 3RD ST				
MINNEAPOLIS, MN 55401		<u> </u>		2,800.
NATIONAL PARKS CONSERVATION	NONE	PUBLIC	CHARITABLE	
ASSOCIATION				
777 6TH ST NW #700				
WASHINGTON, DC 20001	<u> </u>	<u> </u>		50.
SISTERS OF ST JOSEPH	NONE	PUBLIC	CHARITABLE	
1884 RANDOLPH				0.500
ST PAUL, MN 55105				2,500.
STREET CARDS	NONE	PUBLIC	CHARITABLE	
501 SE MAIN ST APT 511				400.
MINNEAPOLIS, MN 55414		 		400.
Total			▶ 3a	5,750.
b Approved for future payment				
NONE				
NONE				
				,
	<u> </u>	<u> </u>	<u> </u>	
Total			▶ 3b	0.

Part XVI-A	Analy	sis of In	come-Pro	ducina	Activities
I WILATI"A	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,010 01 111		adonig	

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		fed by section 512, 513, or 514	(e)
	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
a					
b					
с		-			
d					···
e	1 1				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments		_	14	24.	
4 Dividends and interest from securities			14	56.	
5 Net rental income or (loss) from real estate:					•
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	l				
a	_				
b					
C	1 1				·
d					
e	_			.,,,	
12 Subtotal. Add columns (b), (d), and (e)		0.	\perp	80.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	80.
(See worksheet in line 13 instructions to verify calculations	1				

Part XVI-B Relationship of Activit	ies to the Accomplishment of Exempt Purposes
------------------------------------	--

Line No.	Explain below now 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).
	
	

823621 12-11-18

83-6372665 Form 990-PF (2018) BERT FAMILY FOUNDATION Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X 1a(1) (1) Cash X (2) Other assets 1a(2) **b** Other transactions: X 16(1 (1) Sales of assets to a noncharitable exempt organization Х 1b(2) (2) Purchases of assets from a noncharitable exempt organization X (3) Rental of facilities, equipment, or other assets 1b(3) X (4) Reimbursement arrangements X (5) Loans or loan guarantees 1b(5) X 1b(6) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule (c) Description of relationship (a) Name of organization (b) Type of organization Under penalties of perjury, I declare that Thave xamined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer shown below? See instr and belief, it is true, correct, Sign Here TRUSTEE X Yes Signature of officer or trustee Date Title Date Check [PTIN Print/Type preparer's name Preparer's signature self- employed Paid DAVID D. BRAUER D 11/04/19 P00528485 Preparer Firm's EIN ► 41-0721734 Firm's name ► LURIE, LLP **Use Only**

Form **990-PF** (2018)

(612)377-4404

Firm's address ▶ 2501 WAYZATA BOULEVARD

MINNEAPOLIS, MN 55405

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

83-6372665 BERT FAMILY FOUNDATION Organization type (check one): Filers of: Sections 501(c)(Form 990 or 990-EZ) (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** X 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 33 1/3% 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 totaling \$5,000 or more during the year ▶ \$ 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

Employer identification number

BERT	FAMILY	FOUNDATION

83-6372665

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	JACK BERT 5829 WOODLANE BAY WOODBURY, MN 55125	\$\$00,000.	Person X Payroll
(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
		• \$	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 Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Employer identification number

BERT FAMILY FOUNDATION

83-6372665

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(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
		\$	

	rganization			Employer identification number
BERT :	FAMILY FOUNDATION			83-6372665
Part III	Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, charused uplicate copies of Part III if additional spa	rough (e) and the following line ent ritable, etc , contributions of \$1,000 or	n/ For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
·				
		(e) Transfer of gift	1	
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift	1	
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift	1	
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift	<u> </u>	
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee

FORM 990-PF INTERES	ET ON SAVIN	GS AND TEM	IPORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE		(A REVE PER B	NUE		(B) VESTMENT COME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB (7295	5) INTEREST		24.		24.	2
TOTAL TO PART I, LIN	NE 3		24.		24.	2
FORM 990-PF	DIVIDENDS	AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RI	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO	
CHARLES SCHWAB (7295) DIVIDENDS	56.		0.	56.	5	56. 5
TO PART I, LINE 4	56.		0.	56.	5	56. 5
FORM 990-PF		LEGAL	FEES			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I			(D) CHARITAB IE PURPOSE
LEGAL FEES	_	9,509.	_	0.		0. 9,50
TO FM 990-PF, PG 1,	LN 16A	9,509.		0.		0. 9,50
FORM 990-PF		OTHER INV	ESTMENT	rs		STATEMENT 4

VALUATION

METHOD

COST

BOOK VALUE

149,614.

149,614.

FAIR MARKET

VALUE

149,275.

149,275.

TOTAL TO FORM 990-PF, PART II, LINE 13

DESCRIPTION

CHARLES SCHWAB

FORM 990-PF

PART XV - LINE 1A LIST, OF FOUNDATION MANAGERS STATEMENT 5

NAME OF MANAGER

JACK M. BERT MARY L. BERT