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Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Fo	r calen	ndar year 2016 or tax year beginning 12	/12/2016	, and	ending	12/31/201	6
	me of for		 -		A Employe	r identification number	
Be	irow Fa	amily Foundation, Inc					
		d street (or PO box number if mail is not delivered to street address)	Rooi	m/suite		81-4536993	
_		outh Street			B Telephon	e number (see instructio	ns)
	-	s, state or province, country, and ZIP or foreign postal code					
	stings	NE	68901			402-463-663	3
Fo	reign cou	intry name Foreign province/state/county	Foreign pos	tal code	C If exemp	tion application is pendir	ıg, check here 🕒 💢
_							_
G	Cneck		of a former public	charity	D 1. Foreig	jn organizations, check h	nere . ▶ ∐
		Final return			2. Foreig	n organizations meeting	the 85% test,
		☐ Address change ☐ Name change			check	here and attach comput	ation , . ▶ 📙
Щ		type of organization Section 501(c)(3) exempt pr				foundation status was te 07(b)(1)(A), check here	
ᆚ	Sectio	on 4947(a)(1) nonexempt charitable trust U Other tax		ation	30000110	or (b)(1)(//), or look here	
ı		narket value of all assets at J Accounting method	: 🛛 Cash 🔲 A	Accrual	E if the four	ndation is in a 60-month	termination
	end of	year (from Part II, col. (c), Other (specify)				ction 507(b)(1)(B), check	
	line 16	5) ▶ \$ 396,411 (Part I, column (d) must b	oe on cash basis)			_	
Р	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily	expenses per		investment come	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions))	books	<u> </u>			(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	223,227	F 1 400 H			
	2	Check ▶☐ If the foundation is not required to attach Sch B		7-7	(1) (1) (1)	的人(1.2 2数) 三	學學養生
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					**************************************
	5a	Gross rents					Size Marky
	b	Net rental income or (loss)	3/2 - 18/8	- Bours	- 7.1		
ne	6a	Net gain or (loss) from sale of assets not on line 10	58,607	- 38.8		# 'S (S) (S)	
en	b	Gross sales price for all assets on line 6a 119,496		` '3	47/64:	(A. 14. A.)	<u> </u>
Revenue	7	Capital gain net income (from Part IV, line 2)			58,607		
œ	8	Net short-term capital gain		704			
	9	Income modifications		1 1	Cara .	500.4 (mirac)	. 12230
	10a	Gross sales less returns and allowances		9° 5, 1 * 7			
	b	Less Cost of goods sold		3.5C.25.C	**************************************		
	C	Gross profit or (loss) (attach schedule)		V 1371 867	400		
	11 12	Other income (attach schedule)	. 204 024		50.607		
-	13	Total. Add lines 1 through 11	281,834	 	58,607	0	1907 (1908) 1 - 1 (1908) (1
enses	14	Other employee salaries and wages					
Ĕ	15	Pension plans, employee benefits		 			
ğ	16a	Legal fees (attach schedule)					
ű	b	Accounting fees (attach schedule)			_		
<u>X</u>	c	Other professional fees (attach schedule)		1			
at	17	Interest		†			
Operating and Administrative Exp	18	Taxes (attach schedule) (see instructions)					
Ē	19	Depreciation (attach schedule) and depletion .					83.074 (3.1)
퉏	20	Occupancy					
٨	21	Travel, conferences, and meetings a 2017					
밀	22	Printing and publications WAT 22 2017					
B	23	Other expenses (attach schedule)					
Ĕ	24	Total operating and administrative expenses.	1				
a		Add lines 13 through 23	0		0	0	0
a	25	Contributions, gifts, grants paid	110,500	***		* *138 G # 12 1	110,500
<u>o</u>	26	Total expenses and disbursements. Add lines 24 and 25	110,500		0	0	110,500
	27	Subtract line 26 from line 12:	12 / 54 / 2	1 ,0-		7 4 5 7 1 6 7 4 6 A	* 1 1 1 1
	а	Excess of revenue over expenses and disbursements	171,334	. ", "	1 to 1 186	28 LOVE (50)	5,425
	b	Net investment income (if negative, enter -0-)	\$ 5 . O . (* * * *		58,607		
	С	Adjusted net income (if negative, enter -0-)		- 2 2	80.	0	ر بر ۵۲۰ برغ ماریخ ۱۲۵ برغ

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2016)

1 Cash—non-interest-bearing 2 Savings and temporary cash investments 8,997 8,	Part II		Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of year					
2 Sawings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts ► 4 Pledges receivable Less: allowance for doubtful accounts ► 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) 10 Tother notes and loans receivable (attach schedule) 11 Less allowance for doubtful accounts ► 8 Inventiones for sale or use 9 Prepaid expenses and deforred charges 10a Investments—Us and state government obligations (attach schedule) 10a Investments—Us and state government obligations (attach schedule) 11 Investments—Us and state government obligations (attach schedule) 12 Investments—Corporate bonds (attach schedule) 13 Investments—Corporate bonds (attach schedule) 14 Land, buildings, and equipment bases ► Less accumulated depression (attach schedule) 15 Total assests (to be completed by all fillers—see the instructions Also, see page 1, item 1) 16 Total assests (to be completed by all fillers—see the instructions Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 20 Loans from officers, directors, trustees, and other desqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other instructions 23 Total liabilities (add lines 17 through 22) 24 Unrestricted 25 Temporarily restricted 26 Penmanently restricted 27 Temporarily restricted 28 Pard not or capital surplus, or lend, bligh, and equipment fund 28 Retained earnings, accumulated depression 29 Retained earnings, accumulated income, endowment, or other funds 26 Temporarily restricted 27 Temporarily restricted 28 Pard not or capital surplus, or land, bligh, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total liabilities and not assets/fund balances (see instructions) 31 Total liabilities or fund balances (see instructions) 32 Total liabilities (and not not person endowment, or other funds 33 Total liabilities (and not	<u> </u>	2114 11	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value				
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Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg , and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 0 171,334	ale	25	Temporarily restricted							
Instructions)	8			-						
Instructions)	ŭ		Foundations that do not follow SFAS 117, check here							
Instructions)	F									
Instructions)	ō	27	Capital stock, trust principal, or current funds							
Instructions)	ts	28	Paid-in or capital surplus, or land, bldg, and equipment fund							
Instructions)	šš	29	Retained earnings, accumulated income, endowment, or other funds		-					
Instructions)	Ä	30	Total net assets or fund balances (see instructions)	0	171,334					
Instructions)	let	31	Total liabilities and net assets/fund balances (see							
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a	~		· ·	l ol	171,334					
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end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a				, line 30 (must agree	with					
2 Enter amount from Part I, line 27a	-		·	, -	1 1	n				
3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3	2				<u> </u>					
4 Add lines 1, 2, and 3										
5 Decreases not included in line 2 (itemize) 5	_					171.334				
		_			<u> </u>					
	6	Total r	net assets or fund balances at end of year (line 4 minus line 5)—Part	II, column (b), line 3	0 . 6	171,334				

Part	V Capital Gains an	d Losses for Tax on Investr	ment Income			
		the kind(s) of property sold (e g , real estate ouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	655 Ish Russell MidCap E	FT		D	12/20/2016	12/22/2016
<u> </u>						
<u>c</u>	···-				<u> </u>	
<u>d</u>	· · · · · · · · · · · · · · · · · · ·		-			
		(6 Depresiation allowed	(a) Cost or	ather bear	/b) Co.	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis inse of sale		in or (loss) (f) minus (g)
а	119,496			60,889		58,607
<u>b</u>						
<u>c</u>						
<u>d</u>						
е	Complete only for assets st	howing gain in column (h) and owned	hy the foundation	op 12/21/60		
				s of col (i)		l (h) gain minus t less than -0-) or
	(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(j), if any		rom col (h))
a						58,607
b				-		
c				_		
<u>d</u>			ļ -			
е		f If goin	oloo enter in Dec	41 les 7 3	<u> </u>	
2	Capital gain net income or	TINET CANITAL INSST. 1	also enter in Par), enter -0- ın Par	•	2	E0 607
3	Net short-term capital gain	or (loss) as defined in sections 1		(1, III le 7)	2	58,607
		, line 8, column (c) (see instruction	, , , ,	er -0- ın 1		
	Part I, line 8	• • •	<u></u>	}	3	58,607
Part	V Qualification Und	der Section 4940(e) for Redu	uced Tax on N	et Investment	Income	
Was t		re this part blank. section 4942 tax on the distributat qualify under section 4940(e) Do			e period?	☐ Yes ☒ No
1	Enter the appropriate amo	unt in each column for each year,	, see the instructi	ons before makir	ng any entries.	
	(a) Base penod years	(b)		(c)		(d) tribution ratio
Cal	endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value o	f nonchantable-use as		divided by col (c))
	2015					0.000000
	2014					0 000000
	2013 2012					0 000000
	2011					0.000000 0 000000
			L			0 000000
2	Total of line 1, column (d)				2	0 000000
3		or the 5-year base period—divide		2 by 5, or by the		
	number of years the found	lation has been in existence if less	s than 5 years		3	0 000000
	Fatantha anti-alia afairi		5			
4	Enter the net value of none	charitable-use assets for 2016 from	m Part X, line 5		4	
5	Multiply line 4 by line 3 .				5	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. 6	0
7	Add lines 5 and 6				. 7	0
8		ns from Part XII, line 4			8	0
	If line 8 is equal to or great Part VI instructions.	ter than line 7, check the box in Pa	art VI, line 1b, ar	nd complete that p	part using a 1% tax	rate See the

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see inst	ruction	ons)		
1a、	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			* '	
b	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	1	<u> </u>	1,172	
	here ▶ ☐ and enter 1% of Part I, line 27b	, -		44 ·	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		<u></u>	<u> </u>	
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		1,172	<u> </u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			-
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5	1.7	1,172	
6	Credits/Payments:	ĬŶ.			
a	2016 estimated tax payments and 2015 overpayment credited to 2016 Exempt foreign organizations—tax withheld at source 6a 6b	^ ^			1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b c	Exempt foreign organizations—tax withheld at source				12
ď	Backup withholding erroneously withheld	~			
7	Total credits and payments Add lines 6a through 6d	7	<u></u>	<u>1.8388</u>	التتسمسا
8	Enter any penalty for underpayment of estimated tax. Check here	8			T
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		1,172	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		0	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ► Refunded ►	11		0	
Part \	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			Yes	No
	participate or intervene in any political campaign?	•	<u>1a</u>	+	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		46		
	Instructions for the definition)?		1b	4000	X
	published or distributed by the foundation in connection with the activities.	3			
С	Did the foundation file Form 1120-POL for this year?		. 1c	26.2.	X
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$				300
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	ed			्रिक्ष
	on foundation managers \$		شكست		الشنعد
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		. 2	¥ 2* ;	X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				أعدقكفد
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .		3	<u> </u>	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		. 4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		. 4b	N/A	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		. 5	/ 32, 83/889	X
	If "Yes," attach the statement required by General Instruction T.				60
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1.	
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions th 	at	- ` \		3
	conflict with the state law remain in the governing instrument?	aı	. 6	X	
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	•	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		₹.3	711	.00
	NE			1 4 45 ,	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	ral			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3		<u> </u>	3 30	
	or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)?	lf .			1
	"Yes," complete Part XIV	•	. 9	4—	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the names and addresses	neir	. 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)):			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?			
b	If "Yes," list the years 20 , 20 , 20 , 20 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)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 20		, ,	w. 1/2 6-1/2
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
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, Form 4720, to determine if the			、 () () () () () () () () () ()
	foundation had excess business holdings in 2016)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	1 3	1. Ja 3	5.3
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		X
		_ 00	n_DE	/204

Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that

were not corrected before the first day of the tax year beginning in 2016?

Part	Statements Regarding Activities	tor w	hich Form	4720 I	May Be Ro	equire	d (contin	ued)		
5a_	During the year did the foundation pay or incur any (1) Carry on propaganda, or otherwise attempt to			(section	n 4945(e))?		Yes	X No	,	
	(2) Influence the outcomé of any specific public elederectly or indirectly, any voter registration drive	-	see section 4		-), 	Yes	X No	,	
	(3) Provide a grant to an individual for travel, study	, or oth	ner sımılar pur	poses?			Yes	X No	,	
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? (see instructions)		able, etc., orga			l in 	☐ Yes	⊠ No	,	
	(5) Provide for any purpose other than religious, cl purposes, or for the prevention of cruelty to chi				or education	nal 	Yes	X No)	
b	If any answer is "Yes" to 5a(1)–(5), did any of the fine Regulations section 53 4945 or in a current notice							d in	5b	N/A
С	Organizations relying on a current notice regarding disaster assistance check here									
6a	If "Yes," attach the statement required by Regulations section 53.4945–5(d). Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									X
7a b	At any time during the tax year, was the foundation a pa						Yes	X No	7b	NI/A
Part	If "Yes," did the foundation receive any proceeds o VIII Information About Officers, Direct							aid En		N/A es.
	and Contractors									_
_1	List all officers, directors, trustees, foundation	manag	ers and their	comp	ensation (s	ee inst	ructions).			
	(a) Name and address	(b) Title, and average hours per week devoted to position (c) Compensation (lf not paid, enter -0-)		not paid,	(d) Contributions to employee benefit plans and deferred compensation		(e) Expense account other allowances			
Gale E		Presid	lent/Director/T						•	
_	Pheasant Run Ave Hastings, NE 68901 Beirow	Vice-P	.50 Pres/Director/s		0					
	Pheasant Run Ave Hastings, NE 68901	V100 1	50		0					
	w Beirow	Directo								
410 St	unset Drive Doniphan, NE 68832		.10		0					
	G Beirow	Directo	- '		_					
1535 r 2	NOsage Ave Juniata, NE 68955 Compensation of five highest-paid employees (other t	10		0 line 1	coo inc	-tructions	\ If no	no ont	
4	"NONE."	ouiei u	nan those m	Jiuueu	on line 1—	500 III3	structions	. II 110	ne, end	er
	(a) Name and address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	reek	(c) Comper	isation	(d) Contribu employee plans and c compens	benefit leferred		nse account, allowances
NONE							1		_	·
						_				·
										·
						-				
Total r	number of other employees paid over \$50,000				L		L	<u> </u>		

Form 990-PF (2016)

Beirow Family Foundation, Inc

81-4536993

Page 6

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."	Pal	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	iployees,
(a) Name and address of each person paid more than \$50,000 NONE Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 None 2	3		E."
Total number of others receiving over \$50,000 for professional services			(c) Compensation
Total number of others receiving over \$50,000 for professional services . Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct chanitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences converted, research papers produced, etc. 1 None 2	NON	E	
Total number of others receiving over \$50,000 for professional services			
Total number of others receiving over \$50,000 for professional services			
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc. 1 None 2			
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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 1 None 2			
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 1 None 2			
Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 All other program-related investments See instructions 3 All other program-related investments See instructions 3 All other program-related investments See instructions			
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 1 None 2			
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 1 None 2			
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Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount None All other program-related investments See instructions 3			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount None All other program-related investments See instructions 3			
None All other program-related investments See instructions 3	Pa	t IX-B Summary of Program-Related Investments (see instructions)	
All other program-related investments See instructions 3	De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
All other program-related investments See instructions 3	1 .	None	
All other program-related investments See instructions 3			
All other program-related investments See instructions 3	_		
3	2		
3			
3	AU	ther program related investments. See instructions	
		ones program-related investments. See instructions	
Total Add lines 1 through 2	3		
Tetal Add lines 1 through 2			
	To4-	Add lines 1 through 2	

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreig	n foundati	ons,
	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	12,845
b	Average of monthly cash balances	1b	980
С	Fair market value of all other assets (see instructions)	1c	
ď	Total (add lines 1a, b, and c)	1d	13,825
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	13,825
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	207
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	13,618
6	Minimum investment return. Enter 5% of line 5 MIR Prorated - Short Year .	6	37
Part :			
	foundations and certain foreign organizations check here and do not complete this part.)	,	
1	Minimum investment return from Part X, line 6	1	37
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016 (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	1,172
3	Distributable amount before adjustments Subtract line 2c from line 1	3	-1,135
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	-1,135
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	-1,135
Part	XII Qualifying Distributions (see instructions)		
		[2 00.301	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	133	
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	110,500
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	\$\frac{1}{2}	
a	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	110,500
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	
	Enter 1% of Part I, line 27b (see instructions)	5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	110,500
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet	ner the fou	naation
	qualifies for the section 4940(e) reduction of tax in those years		

al	Undistributed income (see instruction	<u> S </u>	,	·	
1	. Distributable amount for 2016 from Part XI,	(a) Corpus	(b)	(c) 2015	(d)
•	line 7	Corpus	Years prior to 2015	2015	2016
2					-1,135
~ a	Undistributed income, if any, as of the end of 2016:				
a b	Enter amount for 2015 only			0	
	Total for prior years 20, 20, 20				•
3	Excess distributions carryover, if any, to 2016				* .
a	From 2011	-l'			. 4 . 4 . 4
D	From 2012	-{			
C	From 2013	4		,	
a	From 2014	The same of the		1 1 1 1 1 1 1	
e	From 2015	Linker Landerschauer	Charles Conference	11 3 1 1 1/2	" - S. B. Birker
f	Total of lines 3a through e	0		Property of the	
4	Qualifying distributions for 2016 from Part XII,			Bake Care	
	line 4: ▶ \$ 110,500				
а	Applied to 2015, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2016 distributable amount			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
е	Remaining amount distributed out of corpus .	110,500			人の方 ころなない カー
5	Excess distributions carryover applied to 2016		大学・小優の大学		
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	110,500			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		. 0		
С	Enter the amount of prior years' undistributed				10 m
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount—see instructions				
e	Undistributed income for 2015. Subtract line				KAL TYKU
	4a from line 2a. Taxable amount—see				
	instructions			o	
f	Undistributed income for 2016 Subtract lines			以,冷 然 的 1150	
	4d and 5 from line 1. This amount must be				
	distributed in 2017				0
7	Amounts treated as distributions out of corpus				· · · · · · · · · · · · · · · · · · ·
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2011 not		19 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(A ×/)	
	applied on line 5 or line 7 (see instructions)	1,135	/3 y * /	, '*	(1981年後度)(1981)
9	Excess distributions carryover to 2017.		() () to		- 1 2 Jun 163
	Subtract lines 7 and 8 from line 6a	109,365	* 17		
	Analysis of line 9:	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			×,, 1.29
	Excess from 2012		3 3 57	/ 1	
	Excess from 2013		1497 - 5 A	•	
	Excess from 2014		. */		
	Excess from 2015	1. 1. 2. 2. 2. 1	16.30		, i & i - 1
e	Excess from 2016 109,365				A 17 10 1

Form 9	90-PF (2016) Beirow Family Founda	tion, Inc			81-453	6993 Page 10
Part	XIV Private Operating Foundat	ions (see instru	ctions and Part	VII-A, question 9)		N/A
1a.	If the foundation has received a ruling of					
	foundation, and the ruling is effective fo		•	•		
b	Check box to indicate whether the foundation	on is a private opera	iting foundation desc	cribed in section	4942(j)(3) or 4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		
	income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Totai
	investment return from Part X for each year listed		 			0
b	85% of line 2a			 		0
c	Qualifying distributions from Part XII,		 	1		
C	line 4 for each year listed			1		0
d	Amounts included in line 2c not used directly			 - 		<u>_</u>
u	for active conduct of exempt activities		1	1	Ì	0
•	Qualifying distributions made directly		 			
е	for active conduct of exempt activities.					
	Subtract line 2d from line 2c			1	}	0
_				 		
3	Complete 3a, b, or c for the					
_	alternative test relied upon			1		
а	"Assets" alternative test—enter					
	(1) Value of all assets	 	<u> </u>	 		0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	1	•			0
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed					0
С	"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)					0
	(2) Support from general public			 		<u> </u>
	and 5 or more exempt			į į		
	organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from			 		
	an exempt organization					0
	(4) Gross investment income		 	 		
Part		(Complete thi	s part only if th	e foundation had	d \$5 000 or more	
ı aı t	any time during the year—	•	-	ie iodiladion na	u \$5,000 or more	e iii assets at
1	Information Regarding Foundation Ma		<u> </u>		···	
' a	List any managers of the foundation who		more than 2% of	the total contribution	is received by the fo	nundation
•	before the close of any tax year (but only					Janaalion
Galo F	Beirow Paula Beiro	-		40,000, (000 000	(-)(-)/	
	List any managers of the foundation who		e of the stock of a	corporation (or an e	aually large portion	of the
	ownership of a partnership or other entit					ortile
None	owner or a parameter up or our or and	,,, 0		o or groater interest		
2	Information Regarding Contribution,	Grant Gift Loan	Scholarship etc	Programe:		
~	Check here ► X if the foundation on			•	ations and door not	accent
	unsolicited requests for funds. If the four	ndation makes gift	is grants etc (see	e instructions) to indi	viduals or organiza	tions
	under other conditions, complete items 2	-	, 3, 5.65 (5.5.6		······································	
	The name, address, and telephone num		ross of the person	to whom application	s should be address	cod:
а	The flame, address, and telephone flum	ibei or e-mail addi	less of the person	to whom application	s snould be addres	seu.
	The form in which applications about the	o cubmitted and in	oformation and made	toriolo thou abauld :=		
b	The form in which applications should be	e supmitted and if	normation and mat	teriais they should if	iciuae	
	Any submission deadlines		 			
С	Any submission deadlines					
d	Any restrictions or limitations on awards	, such as by geog	raphical areas, cha	arıtable fields, kınds	of institutions, or of	her
	factors		, -	•		

Total

Form 990-PF (2016) Page **11** Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of **Amount** any foundation manager or substantial contributor contribution recipient Name and address (home or business) a Paid during the year Hastings Public School Foundation scholarships/school support 500 none 1924 West A Street Hastings, NE 68901 Central Community College Foundation 50,000 none scholarships/college support 2727 West Second St Suite 211 Hastings, NE 68901 **YWCA** none programs/organization support 10,000 604 N St Joseph Ave Hastings, NE 68901 MaryLanningHealthcare Foundation hospital endowment 50,000 none 741 N St Joseph Ave Hastings, NE 68901 ▶ За 110,500 Total Approved for future payment

nter gr	oss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	ion 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
	ogram service revenue:					
a		<u> </u>		-		
D						
ر م		· · · · · ·				
e				 		
f						
g	Fees and contracts from government agencies					
_	mbership dues and assessments					
	erest on savings and temporary cash investments .					
	idends and interest from securities					
5 Ne	t rental income or (loss) from real estate:				统计划和图	
а	Debt-financed property					
b	Not debt-financed property					
Ne	t rental income or (loss) from personal property					
' Oti	ner investment income					
	n or (loss) from sales of assets other than inventory			18	58,607	
	t income or (loss) from special events					
	oss profit or (loss) from sales of inventory .					
Oth	ner revenue: a					
b						
С				<u> </u>		
d]				
е		The Parties		No. 27		
	ototal. Add columns (b), (d), and (e)				58,607	0
3 Tot	al. Add line 12, columns (b), (d), and (e)				58,607 13	0 58,607
3 Tot ee wo	al. Add line 12, columns (b), (d), and (e)rksheet in line 13 instructions to verify calculations	 s.)		• •		
B Too ee wo art X	al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A	s.) Accomplishme	ent of Exemp	t Purposes	13	
B Too ee wo art X	rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activity for which income	s.) Accomplishment of the second of the seco	ent of Exemp	t Purposes	13	58,607
B Tote ee wo art X ine No	al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A	s.) Accomplishment of the second of the seco	ent of Exemp	t Purposes	13	58,607
3 Tot ee wo art X ine No	rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activity for which income	s.) Accomplishment of the second of the seco	ent of Exemp	t Purposes	13	58,607
3 Tot ee wo art X ine No	rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activity for which income	s.) Accomplishment of the second of the seco	ent of Exemp	t Purposes	13	58,607
B Tote ee wo art X ine No	rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activity for which income	s.) Accomplishment of the second of the seco	ent of Exemp	t Purposes	13	58,607
B Totee wo	rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activity for which income	s.) Accomplishment of the second of the seco	ent of Exemp	t Purposes	13	58,607
B Tote ee wo art X ine No	rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activity for which income	s.) Accomplishment of the second of the seco	ent of Exemp	t Purposes	13	58,607
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ee wo	rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activity for which income	s.) Accomplishment of the second of the seco	ent of Exemp	t Purposes	13	58,607
ee wo	rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activity for which income	s.) Accomplishment of the second of the seco	ent of Exemp	t Purposes	13	58,607
B Totee wo	rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activity for which income	s.) Accomplishment of the second of the seco	ent of Exemp	t Purposes	13	58,607
3 Too ee wo art X ine No	rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Activities to the Activity for which income	s.) Accomplishment of the second of the seco	ent of Exemp	t Purposes	13	58,607

Part	ΧVΙΪ	Information Exempt Org	Regarding Tran	sfers To	and Trans	saction	s and R	elationship	s With I	lonchari	table	га	ye 10
1	in se polite	he organization d ction 501(c) of the cal organizations	irectly or indirectly e e Code (other than s ?	section 50)1(c)(3) orgar	nizations) or in sec	tion 527, rela		ibed		Yes	No
а	(1) C		orting foundation to			pt organ 	ization of: 				1a(1)	<u> </u>	X
b	Othe	r transactions:	a noncharitable exe	· · · mpt orgai	nızatıon						1a(2) 1b(1)	114	X
(3) Rental of facilities, equipment, or other assets										1b(2) 1b(3)		X	
	(5) L	oans or loan guai	rangements							· · ·	1b(4) 1b(5) 1b(6)		X X
c d	If the value	answer to any of the of the goods, other	quipment, mailing lis ne above is "Yes," cor ir assets, or services o or sharing arrangeme	mplete the given by th	following school for the reporting for	edule Co undation	lumn (b) s If the four	hould always idation receiv	ed less tha	n fair mark	1c		<u> </u>
(a) Line		(b) Amount involved			cempt organization			cnption of transf				ngemer	nts
	descr	ribed in section 50	tly or indirectly affilia						nizations		Yes		
<u>b</u>	If "Ye	s," complete the f	following schedule zation		(b) Type of org	anization			(c) Descrip	on of relation	iship		
												-	
Sign Here	correc	ature of officer or trus		ayer) is based o	on all information of Date	which prepar		wledge	nowledge and b	May the IRS with the pre (see instruc	parer sho tions)?	wn belov	w
Paid Prepar		Print/Type preparer's David H. Fisher Firm's name	Dunmire, Fisher & I	<u></u>	er's signature	F	sher	Date 5/15/20	Che 17 self	employed	PTIN P01211 19865	253	
Use O	nıy		P.O. Box 1044, Has		68902				Phone no	402-46			(2016)

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.

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

OMB No 1545-0047

2016

Employer identification number

Beirow Family Foundation, In	<u></u>	81-4536993				
Organization type (check on	ne)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private found	ation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n				
	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 instructions	 (8), or (10) organization can check boxes for both the General Rule and a 	Special Rule See				
General Rule						
	iling Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instructions atributions.					
Special Rules						
regulations under sec 13, 16a, or 16b, and t	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 9 that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Com	990-EZ), Part II, line he greater of (1)				
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, 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						
990-EZ, or 990-PF), but it mu	t isn't covered by the General Rule and/or the Special Rules doesn't file Sche ist 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				

Name of organization

Beirow Family Foundation, Inc

Employer identification number 81-4536993

Part I	Contributors (See instructions). Use duplicate cop	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Gale and Paula Beirow 6001 Phesant Run Ave Hastings NE 68901 Foreign State or Province Foreign Country	\$ 223,227	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country	\$	Person Payroll Noncash (Complete Part if for noncash contributions)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
••••	Foreign State or Province. Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country	\$	Person Payroll Occupate Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Occupation (Complete Part II for noncash contributions.)

Name of organization Beirow Family Foundation, Inc

Employer identification number 81-4536993

Part II	Noncash Property (See instructions). Use duplicate	copies of Part II if additional space	e is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	Publically traded securities. See Part II, Line 10b corporate stock descriptions	\$ 391,614	12/20/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
11	655 shs ISHARES Russell Mid-Cap ETS (IWR) sold 12/22/2016 by the Foundation	\$ 119,531	12/20/2016
(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
		\$	

Name of or					Employer identification number		
	nily Foundation, Inc				81-4536993		
Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or						
	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,						
	contributions of \$1,000 or less for the year			instruction	s) ► \$0		
(a) No.	Use duplicate copies of Part III if addition	nal space is need	<u>ded</u>	- - 			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(0	d) Description of how gift is held		
Part I		<u> </u>	·				
		(e)	Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relatio	onship of	transferor to transferee		
	, , , , , , , , , , , , , , , , , , , ,						
	For Prov. Country		<u></u>				
(a) No. from Part I	(b) Purpose of gift	(0	:) Use of gift	(0	l) Description of how gift is held		
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		(e) 1	Fransfer of gift				
	Transferrate name address on	4 7ID + 4	Dalatia				
	Transferee's name, address, an	Q ZIP + 4	Relatio	onsnip or	transferor to transferee		
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	For. Prov Country						
(a) No.		Τ .					
from Part I	(b) Purpose of gift	(0) Use of gift	(0	l) Description of how gift is held		
	(e) Transfer of gift						
	Transferee's name, address, an	<u>d ZIP + 4</u>	Relatio	onship of	transferor to transferee		
							
	Country						
(a) No.	For. Prov Country		<u> </u>				
from	(b) Purpose of gift	(0	:) Use of gift	(c	I) Description of how gift is held		
Part I			·				
				-			
				-			
	(e) Transfer of gift						
		(-)					
	Transferee's name, address, an	d ZIP + 4	Relatio	onship of	transferor to transferee		
	,						
	For Brow		1				

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Beirow Family Foundation, Inc.

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Cost or Other Basis, Expenses, Deprecation and Adjustments		l			Expense of Sale	and Cost of	Improvements	
"		119.496	0			Valuation	Method	market
Gross	Sales				•	Cost or	Other Basis	60,889
Totals.		Capital Gains/Losses	Other sales			Gross Sales	Price	119,496
		දින	-		-	Date	Sed	12/22/2016
						Date	Acquired	12/20/2016 12/22/2016
						Acquisition	Method	٥
				Check "X" If	Purchaser	isa	Business	
							Purchaser	X Public Stock Exchange
					Check "X"	to include	In Part IV	×
•	Amount	0	0				CUSIP#	464287499
	ı	Long Term CG Distributions	Short Term CG Distributions			-	Description	1 655 Ish Russell MidCap EFT

Part II, Line 10b (990-PF) - Investments - Corporate Stock

Beirow Family Foundation, Inc

1						
			0	162,337	0	387,414
		Num. Shares/	Book Value	Book Value	FMV	FMV
	Description	Face Value	Beg. of Year	End of Year	Beg. of Year	End of Year
-	Comcast Corp Class A CMCSA	493	0	9,302	0	34,042
7	Berkshire Hathaway, Inc BRK.B	290	0	22,695	0	47,264
က	Thermo Fisher Scientific Inc TMO	440	0	23,777	0	62,084
4	United Health Group Inc. UNH	455	0	23,862	0	72,818
5	Boeing Co BA	330	0	25,205	0	51,374
9	3M Co MMM	255	0	23,634	0	45,535
7	Alphbet Inc Class A GOOGL	30	0	8,566	0	23,773
8	Ecolab Inc ECL	110	0	6,552	0	12,894
6	Nextera Energy Inc NEE	0	0	18,744	0	37,630
10						

Part VII-A, Line 10 (990-PF) - Substantial Contributors

Beirow Family Foundation, Inc

	يساسين ماسانين			
	Zin Code	200	68901	֡
	State		밀	
	Şİ		Hastings	
	Street		6001 Phasant Run Ave	
Check "X"	of Business			
	Name	0	1 Gale and Paula Beirow	

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

_					
0 •	Expense Account	0	0	0	0
0	Benefits	0	0	0	0
n	Avg Hrs Per Week Compensation	0	0	0	0
	Avg Hrs Per Week	0.50	0.50	0.10	0.10
	Tile	President/Dir ector/Tresurer	Vice-Pres/Dir ector/Secreta ry	Director	Director
	Foreign Country				
	State Zip Code	68901	68901	68832	68955
	State	빙	빙	빙	岁
	City	Hastings	Hastings	Doniphan	Junata
	Street	6001 Pheasant Run Ave	6001 Pheasant Run Ave	410 Sunset Drive	1535 N Osage Ave
	Check "X" if Business				
	Name	Gale Berrow	Paula Berrow	Andrew Beirow 3	Robert G Beirow
- 1			L	l	