

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF Department of the Treasury Internal Revenue Service

OMB No 1545-0052

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

EXTENDED TO NOVEMBER 15, 2017

Return of Private Foundation

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

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

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

For	caler	idar year 2016 or tax year beginning DBC	<u> </u>	, and ending	DEC 31, 2016	
Na	me o	foundation			A Employer identification	number
_ E	EΑ	COM FAMILY FOUNDATION			81-4810569	
Nus	nber a	ind street (or P O box number if mail is not delivered to street a	B Telephone number			
_4	80	27 RIVERSIDE PLACE			605-357-34	10
-	,	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is pe	ending, check here
8	IO	UX FALLS, SD 57108		<u></u>	_	
G (Check	all that apply: X Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		2 5	
		Address change	Name change		Foreign organizations me check here and attach con	mputation
H (Check	type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation state	tus was terminated
厂	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1)	(A), check here
l Fa	ur ma	arket value of all assets at end of year J Account	-	Accrual	F If the foundation is in a	60-month termination
			ther (specify)		under section 507(b)(1)	(B), check here
	<u> </u>	2,000,050 · (Part I, colu	mn (d) must be on cash b	asis)		
Pá	<u>irt l</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(1) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	income		(cash basis only)
ø s	1	Contributions, gifts, grants, etc., received	2,000,000.		N/A	
S	2	Check I if the foundation is not required to attach Sch. B. Interest on savings and temporary	 		 	
Š	3	cash investments	50.	50	 	CMAMPMENT 1
SCANNED	4	Dividends and interest from securities			•	STATEMENT 1
Ti	5a	Gross rents				
J		Net rental income or (loss)	<u> </u>			
<u> </u>	oa h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	<u> </u>			
VON evenue	7	assets on line 6a Capital gain net income (from Part IV, line 2)		0	REG	EIVED
ھَ ج	8	Net short-term capital gain				Si
3	9	Income modifications			TO NOT	10 2017 9
2		Gross sales less returns and allowances			181 16	
الد ام		Less Cost of goods sold				
		Gross profit or (loss)			1 03	JEIN, UI
	11	Other income				
	12	Total, Add lines 1 through 11	2,000,050.	50	•	
	13	Compensation of officers, directors, trustees, etc	0.	0	•	0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
es Se	16a	Legal fees			<u> </u>	
pensi	b	Accounting fees				
Ä	C	Other professional fees				<u> </u>
9	17	Interest			 	ļ
Administrative	18	Taxes			 	
ist	19	Depreciation and depletion				
Ē	20	Occupancy			 	
Ă		Travel, conferences, and meetings			 	
and		Printing and publications		 	 	
ë.	23	Other expenses				
perating	24	Total operating and administrative	0.	0		
Ope		expenses. Add lines 13 through 23	0.		•	0.
		Contributions, gifts, grants paid	U.		 	
	26	Total expenses and disbursements.	0.	0		0.
	27	Add lines 24 and 25 Subtract line 26 from line 12:	- 0.		•	·
			2,000,050.			
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	2,000,000	50		
		Adjusted net income (if negative, enter -0-)			N/A	

Form **990-PF** (2016)

81-4810569

Page 2

Form 990-PF (2016)

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

Form 990-PF (2016)

BEACOM FAMILY FOUNDATION

(a) List and desc 2-story brick wa	Part IV Capital Gains and Losses for Tax on Investment Income (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(b) D	How acquired - Purchase - Donation	(c) Date (mo., d		(d) Date sold (mo., day, yr.)	
<u>1a</u>					_					
b NO	NE				ـــ					
C					├	<u> </u>	 			
<u>d</u>					├					
<u>e</u>	<u> </u>		T		Ц.,		<u> </u>			
(e) Gross sales price		ation allowed lowable)		expense of sale				ain or (loss) (f) minus (
<u>a</u>	ļ									
<u>b</u>									·	
<u>c</u>			 							
<u>d</u>	<u> </u>	· · · · - · · · · · · · · · · · · · · ·	 							
<u>e</u>	L		<u> </u>							
Complete only for assets showing	ng gain in column	(h) and owned by	the foundation	n on 12/31/69			(I) Gains (C	ol. (h) gain i	minus	
(i) F.M.V. as of 12/31/69		sted basis 12/31/69		xcess of col. (1) r col. (1), if any			còl. (k), but i Losses	(from col. (h	-U-) or 1)) 	
a										
b										
C										
d										
e										
? Capital gain net income or (net ca	unital loce)	If gain, also ente	r in Part I, line	37	}	2				
,		If (loss), enter -0		e /	7 }					
Net short-term capital gain or (los If gain, also enter in Part I, line 8,	column (c).	sections 1222(5) ai	nd (6):		7					
Part V Qualification U	ndor Soctio	n 4040/a) for	Dodugod	Toy on Not	<u> </u>	stment In				
f section 4940(d)(2) applies, leave the vast the foundation liable for the sector of the foundation does not qual Enter the appropriate amount in the foundation does not qual the first the appropriate amount in the foundation does not qual the first the appropriate amount in the first the appropriate amount in the first the appropriate amount in the first the firs	tion 4942 tax on t ify under section	4940(e). Do not co	mplete this pa	art.					Yes No	
	Jacin coldinir lor (130 000013 00	I and thaking any or					(d)	
(a) Base period years Calendar year (or tax year beginnii	ng in) Adji	(b) usted qualifying dis	tributions	Net value of no	(c) nchar		ts	Distribution ratio (col. (b) divided by col. (c))		
2015								(coi. (b) divi	ded by col. (c))	
2014				 				(coi. (b) divi	ded by col. (c))	
								(coi. (b) divi	ded by col. (c))	
2013								(coi. (b) divi	ded by col. (c))	
2012								COI. (D) CIVI	ded by col. (c))	
								coi. (b) divi	ded by col. (c))	
2012 2011 Total of line 1, column (d)							2	col. (b) divi	ded by col. (c))	
2012 2011 Total of line 1, column (d)			on line 2 by 5,	, or by the number	of yea	ars	2	col. (b) divi	ded by col. (c))	
2012 2011 Total of line 1, column (d) Average distribution ratio for the state foundation has been in exister	nce if less than 5	years		, or by the number	of yea	ars	3	col. (b) divi	ded by col. (c))	
2012 2011 Total of line 1, column (d) Average distribution ratio for the the foundation has been in exister Enter the net value of noncharitab	nce if less than 5	years		, or by the number	of year	ars	3	col. (b) divi	ded by col. (c))	
2012 2011 Total of line 1, column (d) Average distribution ratio for the the foundation has been in exister Enter the net value of noncharitab	nce if less than 5	years		, or by the number	of year	ars	3	col. (b) divi	ded by col. (c))	
2012 2011 * Total of line 1, column (d) Average distribution ratio for the	nce if less than 5 le-use assets for	years 2016 from Part X,		, or by the number	of year	ars	3	col. (b) divi	ded by col. (c))	
2012 2011 Total of line 1, column (d) Average distribution ratio for the the foundation has been in exister Enter the net value of noncharitab Multiply line 4 by line 3	nce if less than 5 le-use assets for	years 2016 from Part X,		, or by the number	of year	ars	3 4 5	col. (b) divi	ded by col. (c))	
2012 2011 Protal of line 1, column (d) Average distribution ratio for the street foundation has been in exister Enter the net value of noncharitab Multiply line 4 by line 3 Enter 1% of net investment incom	nce if less than 5 le-use assets for ne (1% of Part I, Ii n Part XII, line 4	years 2016 from Part X, ine 27b)	line 5				3 4 5	col. (b) divi	ded by col. (c))	

	1 990-PF (2016) BEACOM FAMILY FOUNDATION	81-	<u>48109</u>	<u> 69</u>		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	348 -	see ins	truc	tions	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		i			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		1		•	1.
	of Part I, line 27b					
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	1 (ì			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	i I			O.
	Add lines 1 and 2	3				1.
Δ	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				1.
6	Credits/Payments;	-				<u>:</u>
-	2016 estimated tax payments and 2015 overpayment credited to 2016	l 1				′
	· · · · · · · · · · · · · · · · · · ·	1 1				
		1 1				
	Tax paid with application for extension of time to file (Form 8868)	} }				
	Backup withholding erroneously withheld Table and assessed Add loss Sathanah Sa	┨╻╏				ο,
_	Total credits and payments. Add lines 6a through 6d	$\left \frac{7}{2} \right $				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				1.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11				
	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	No
	any political campaign?			1a_		<u>X</u>
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	L	1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or	İ			
	distributed by the foundation in connection with the activities		ĺ		- 1	•
C	Did the foundation file Form 1120-POL for this year?		L	1c		<u> </u>
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. ▶ \$ O .	_		l		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1	ľ	Ì	
	managers.▶\$ 0.		l	ŀ	- {	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		-	2	[<u>X</u>
	If "Yes," attach a detailed description of the activities			j	j	
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		 	3		<u>X</u>
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?	N.	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		1	5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T		ł	l	1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ł	l	ļ	
	By language in the governing instrument, or		i	ŀ		:
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law	1	- (
	remain in the governing instrument?		L	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		L	7	X	
0-	Enter the states to which the foundation reports or with which it is required for instructions.		- 1	ļ	j	
ďä	Enter the states to which the foundation reports or with which it is registered (see instructions)			j	j	
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)		— i		I	
	of each state as required by General Instruction G? If "No," attach explanation SEE STATEM	ENT	2	8b	İ	X
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale					
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		- 1	9	ļ	X
		TMT		10	X	
			Form	990	-PF	2016)

Forn	n 990-PF (2016) BEACOM FAMILY FOUNDATION 81-4	810569		Page 5
Ŗ	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			l
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		х
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	1	х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A	<u> </u>		
14	The books are in care of ► MILES K. BEACOM Telephone no. ► 605	-357-3	410	
•		▶57108		
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	N	[/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	1	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1:	During the year did the foundation (either directly or indirectly):	<u> </u>	1.55	
′-	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No Í		,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	""		
	a disqualified person?	No.]]	;
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No		1
	(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)?	No.		i
	(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		ĺĺ	
	termination of government service, if terminating within 90 days.) Yes X	No.		
ь	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)?	A 1b	1 1	
	Organizations relying on a current notice regarding disaster assistance check here	<u>~</u> ├ <u>~</u>	-	
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	_		
٠	before the first day of the tax year beginning in 2016?	10		х
9	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	<u> </u>		
_	defined in section 4942(j)(3) or 4942(j)(5));	1	1 1	
	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			
a	before 2016? Yes X	No.		
	If "Yes," list the years \blacktriangleright ,,,,	""		
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
U	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.)	A 2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20	-	
	· · · · · · · · · · · · · · · · · · ·			
3.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Ja	during the year?	No		
h	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.			
	37./	A 3b	[
40	Form 4720, to determine if the foundation had excess business holdings in 2016.) Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	+ +	<u>x</u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	75		
J	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	46	1	x
_	The state of the s	Form 990)-PF	
			- 1	0)

Form 990-PF (2016) BEACOM FAMILY FOUNDATION			<u>81-48105</u>	69	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contin}	ued)		
5a During the year did the foundation pay or incur any amount to:					ł
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No	1	
(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?		Y	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	9		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio					
4945(d)(4)(A)? (see instructions)		Y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f				- '
the prevention of cruelty to children or animals?	or oddoddonar perpodod, or r		es 🗓 No		1 .
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	dor the excentions described i				
section 53.4945 or in a current notice regarding disaster assistance (see instru		in ricgulations	N/A	5b	-
Organizations relying on a current notice regarding disaster assistance check h				-	- -
•		unad		- 1	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for				į	
expenditure responsibility for the grant?		1/A 10	es L No		
If "Yes," attach the statement required by Regulations section 53 4945	* *]		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		िका 		
a personal benefit contract?		Y	es X No	.	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		-	6b	<u> </u>
If "Yes" to 6b, file Form 8870				į į	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y	es X No _		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Truste	ees, Foundation Mar	nagers, Highly			
Paid Employees, and Contractors	4.				
1 List all officers, directors, trustees, foundation managers and their		(a) Companyation	(d) Contabutions to	1	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	accou	Expense Int, other
	to position	enter -0-)	compensation	allo	wances
MILES K. BEACOM	DIRECTOR		i		
48027 RIVERSIDE PLACE	_	_	_		
SIOUX FALLS, SD 57108	0.20	0.	0.		0.
LISA E. BEACOM	DIRECTOR				
48027 RIVERSIDE PLACE					
SIOUX FALLS, SD 57108	0.20	0.	0.		0.
ALYSSA A. BEACOM	DIRECTOR				
48027 RIVERSIDE PLACE	1				
SIOUX FALLS, SD 57108	0.20	0.	0.		0.
	1			1	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
	(b) Title, and average		(d) Contributions to employee benefit plans	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation		unt, other wances
	1				
		-			_
	1				
			<u> </u>		
	1				
					
	†		ŀ		
		 			_
	1				
Total number of other employees paid over \$50,000					0

Form 990-PF (2016) BEACOM FAMILY FOUNDATION	<u>81-481056</u>	9 <u>Page 7</u>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, H Paid Employees, and Contractors (continued)	lighly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
	e of service (c)	Compensation
Total number of others receiving over \$50,000 for professional services	. •	0
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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	tne Exp	enses
1		
2		0.
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 lines 1 and 2.	Am	ount
1		
		0.
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.
	Form 95	90-PF (2016)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations	s, 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	<u> </u>
b	Average of monthly cash balances	1b	2,000,050.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	2,000,050.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,000,050.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	30,001.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,970,049.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	1,080.
<u>P</u>	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	1,080.
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.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,079.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,079.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7_	1,079.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u> </u>
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
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	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies f	or the section

Form 990-PF (2016) BEACOM FAMIL	Y FOUNDATION		81-4	1810569 Page 9
Part XIII Undistributed Income (see	instructions)			
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				1,079.
2 Undistributed income, if any, as of the end of 2016			1	
a Enter amount for 2015 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013	1			
d From 2014	ł		[
e From 2015		İ		
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 0 .	1	1	1	
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_	İ	i	
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	_	
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				······································
amount - see instructions		0.	1	
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must			ļ	
be distributed in 2017				1,079.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election			j	
may be required - see instructions)	0.			•
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			

10 Analysis of line 9: a Excess from 2012 b Excess from 2013 c Excess from 2014 d Excess from 2015

Part XIV Private Operating F	OUNDATIONS (See in		II A superior O		810569 Page 16
	 -	· · · · · · · · · · · · · · · · · · ·	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	•	•	. ▶ ∟	1000000	10.10(1)(5)
	dation is a private operating foundation described in section			4942(j)(3) or4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2016	(b) 2015	Prior 3 years (c) 2014	(d) 2013	/a) Tatal
income from Part I or the minimum	(a) 2010	(0) 2015	(6) 2014	(0) 2013	(e) Total
investment return from Part X for					
each year listed		 			
b 85% of line 2a		ļ			<u> </u>
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			 		
e Qualifying distributions made directly			1		
for active conduct of exempt activities.	į				
Subtract line 2d from line 2c		ļ			<u> </u>
3 Complete 3a, b, or c for the 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	```		1		
2/3 of minimum investment return					İ
shown in Part X, line 6 for each year 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)					
(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					
Part XV Supplementary Infor	mation (Comple	l te this part only i	if the foundation	had \$5 000 or mo	re in assets
at any time during th	•	•		40,000 0	
1 Information Regarding Foundation	n Managers:	· · · · · · · · · · · · · · · · · · ·			
a List any managers of the foundation who	•	than 2% of the total cont	ributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed m					· · · · · · · · · · · · · · · · · · ·
SEE STATEMENT 4					
b List any managers of the foundation who			or an equally large portion	n of the ownership of a p	artnership or
other entity) of which the foundation has	a 10% or greater interes	it.			
NONE					
2 Information Regarding Contribution					
Check here ► X if the foundation of	nly makes contributions t	to preselected charitable	organizations and does n	ot accept unsolicited requ	iests for funds. If
the foundation makes gifts, grants, etc. (d d.
a The name, address, and telephone numb	er or e-mail address of th	he person to whom appli	cations should be addres	sed:	
···					
b The form in which applications should be	submitted and informat	ion and materials they sl	nould include;		
c Any submission deadlines;		-			
d Any restrictions or limitations on awards	, such as by geographica	l areas, charitable fields,	kinds of institutions, or o	other factors:	
•		·			

3 Grants and Contributions Paid During the	Year or Approved for Future I	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		
a Paid during the year				
NONE		ļ	}	
		[ĺ	[
		 		
		j		
		1		
		Í		
		1		
		[
		i	,	
]	ļ
		1		
			}	
Tabl		<u> </u>	<u> </u>	0
Total b Approved for future payment		<u> </u>		<u>°</u>
2 Approved for fatare payment		[
		ł		
NONE				İ
		}		
	<u> </u>			
		1	1	
Total		<u> </u>	▶ 3b	0
10101			₩ XD	ι υ.

Ō.

Form 990-PF (2016)

13

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)	
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exemp function income	
a						
b	— 					
d	-					
e						
e					_ _ _	
Fees and contracts from government agencies						

2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 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:

823821 11-23-16

12 Subtotal. Add columns (b), (d), and (e)

13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of				
	the foundation's exempt purposes (other than by providing funds for such purposes).				
4	INVESTMENT ACTIVITIES CONTRIBUTED THE NECESSARY SOURCES OF CASH IN				
	ORDER FOR THE FOUNDATION TO MAKE FUTURE DONATIONS TO CHARITABLE				
	ORGANIZATIONS.				

0.

orm 990-PF		M FAMILY					81-483		Pa	ge 13
Part XVI	Information Re	egarding Tran	sfers To a	and Transact	ions ar	nd Relationsh	ips With Noncha	ritable		
	Exempt Organ	izations								
1 Did the	organization directly or indi	rectly engage in any	of the following	ng with any other o	rganızatıo	n described in secti	on 501(c) of		Yes	No
the Cod	le (other than section 501(c))(3) organizations) o	r in section 52	27, relating to politic	cal organi	zations?		1		
a Transfe	rs from the reporting found:	ation to a noncharita	ble exempt or	ganization of:					. 1	
(1) Cas	sh							1a(1)	[X
	ner assets							1a(2)		X
	ansactions;									$\overline{}$
	les of assets to a noncharita	ble exempt organiza	tion					16(1)		X
• •	rchases of assets from a no							1b(2)		X
٠,		•	n yanızatıvı							X
• •	ntal of facilities, equipment,							1b(3)	-	X
٠,,	imbursement arrangements							1b(4)		X
• •	ans or loan guarantees							1b(5)		_
• •	formance of services or me		_					1b(6)		X
-	of facilities, equipment, ma	· ·						[_1c_]		X
	iswer to any of the above is		-			=	-		ets,	
	ces given by the reporting fo			ed less than fair ma	rket value	e in any transaction	or sharing arrangement,	show in		
	(d) the value of the goods,						 			
a)Line no	(b) Amount involved	(c) Name of		e exempt organizati	on	(d) Description	of transfers, transactions, an	sharing arra	ngemen	ts
			N/A			 				
					_					
								,		
						Ţ				
						 				
						 				
					-	+				
+						+ -				
										
		ļ				 				
						 				——
		<u> </u>								
	undation directly or indirect	-	· ·		ot organiz	ations described				٦.
	in 501(c) of the Code (other		(3)) or in sect	ion 527?				Yes	X	No
b If "Yes,"	complete the following sche			, <u>.</u>						
	(a) Name of org	anization		(b) Type of organ	nization		(c) Description of relation	ıshıp		
	N/A									
				Í						
	er penalties of perjury, I declare the							May the IRS di	scuss th	vis
Sign 👢	belief, it is true, correct, and com	plete Declaration of pre	parer (other than	taxpayer) is based on i	ili intormati	on of which preparer ha	is any knowledge	eturn with the hown below (prepare	r
Here	of was 16 /2	FERCOM		16/10	117	DIRECT	OR	X Yes	- T	No
Sig	gnature of officer or trustee			Date		Title				
	Print/Type preparer's na	me	Preparer's si	gnature		Date	Check If PTIN			
	1			-	ł	l l	self- employed			
Paid	TRACY A. PI	RTER SON	j		j	1		02673	335	
Preparer			L				Firm's EIN ► 42-0			
Use Only	1111113110110	OB TITE					FILITIS EIN \$20	,,1434		
· · · · · · · · · · · · · · · · · · ·										
						300	605	26 00		
	SI	OUX FALLS	, SD 5	/104-6/21	<u> </u>		Phone no. 605-3	30-95	122	

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

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

2016

Employer identification number Name of the organization 81-4810569 BEACOM FAMILY FOUNDATION Organization type (check one) Section: Filers of: 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 X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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, 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)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

BEACOM FAMILY FOUNDATION

81-4810569

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MILES K. AND LISA E. BEACOM 48027 RIVERSIDE PLACE SIOUX FALLS, SD 57108	\$2,000,000.	Person X 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 Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BEACOM FAMILY FOUNDATION

81-4810569

Part II	Noncash Property (See instructions). Use duplicate copies of P	art 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
(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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
- -		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			
<u>-</u>			
			190 990-F7 or 990-PF\/2

iame of organ	Form 990, 990-EZ, or 990-PF) (2016) ization		Pa Employer identification number				
EACOM Part III	FAMILY FOUNDATION Exclusively religious charitable etc. contrib	utions to organizations described in sec	81-4810569 tion 501(c)(7), (8), or (10) that total more than \$1,000 for				
G.()	the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious,	lumns (a) through (e) and the following charitable, etc., contributions of \$1,000 or less fo	line entry. For organizations				
(a) No.	Use duplicate copies of Part III if additional	space is needed					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
—— - -							
		(e) Transfer of gift					
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
	(e) Transfer of gift						
-	<u>Transferee's name, address, and</u>	Relationship of transferor to transferee					
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_							
-	(e) Transfer of gift						
	Transferee's name, address, and	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I -	(b) r dipose of gift	(6) 030 01 911	(a) Description of now gires need				
-							
	(e) Transfer of gift						
	Transferee's name, address, and	71D + 4	Relationship of transferor to transferee				

FÖRM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ROM SECURITIES S	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
UNIFALLS	50.	0.	50.	50.	
TO PART I, LINE 4	50.	0.	50.	50.	

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 8B STATEMENT 2

EXPLANATION

SOUTH DAKOTA ATTORNEY GENERAL DOES NOT HAVE LICENSING OR REGISTRATION REQUIREMENTS FOR NON-PROFIT OR CHARITABLE ORGANIZATIONS.

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

NAME OF CONTRIBUTOR

MILES K. & LISA E. BEACOM

ADDRESS

48027 RIVERSIDE PLACE SIOUX FALLS, SD 57108

FORM 990-PF PART XV - LINE 1A STATEMENT 4
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

MILES K. BEACOM LISA E. BEACOM