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Return of Private Foundation

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

OMB No. 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for Instructions and the latest information.

For	calen	dar year 2017 or tax year beginning		, 2017	, and e	ending		, 20
Na	me of fou	undation				A Employe	r identification numbe	r
ST	ANLEY	M. TRUHLSEN FAMILY FOUNDATION INC				31-15	525292	
		street (or P.O. box number if mail is not delivered to street address)		Room/	'surte	B Telephon	e number (see instructi	ons)
C/	O MIC	CHAEL D. JONES 8805 INDIAN HILLS DRIV	/E	280		(402)	391-2521_	
		n, state or province, country, and ZIP or foreign postal code					ion application is pendi	ng, check here ▶ □
OM	AHA 1	NE 68114-4077					The second secon	
_			n of a former	public	charity	D 1. Foreign	n organizations, check i	nere .
		☐ Final return ☐ Amended		,		•		
		Address change Name cha	nge		ļ		n organizations meeting here and attach compu	
H	Check	type of organization: X Section 501(c)(3) exempt p	private found	ation	ΩU	E If private	foundation status was	terminated under
\Box		n 4947(a)(1) nonexempt charitable trust Other ta			ation	section 5	07(b)(1)(A), check here	▶□
Ī		arket value of all assets at J Accounting method						
-		year (from Part II, col. (c), Other (specify)					ndation is in a 60-montl ction 507(b)(1)(B), checl	
	line 16		e on cash basi	s.)	•			
P	art I	Analysis of Revenue and Expenses (The total of	1			L		(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue expenses			investment	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions).)	books		ır	icome	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	7.940	720.	30 8 8KS	3574W		412.076
	2	Check ► ☐ if the foundation is not required to attach Sch. B						
	3	Interest on savings and temporary cash investments	Marie Commission of Sanda Commission	. a i si al Marilla na	in a second to the second of the second		an a sanda a s	
	4	Dividends and interest from securities	5.	750.		5,750.		
	5a	Gross rents				0,700.		
	Ь	Net rental income or (loss)		(***			
ல	6a	Net gain or (loss) from sale of assets not on line 10	1,282,	218.				
Revenue	ь	Gross sales price for all assets on line 6a 1,510,691.						
Š	7	Capital gain net income (from Part IV, line 2)		× × ×	1,5	10,450.		
æ	8	Net short-term capital gain		7,000			The same of the sa	HEALTH PROPERTY.
	9	Income modifications						
	10a	Gross sales less returns and allowances	in the state of th					
<u>⊇</u>	b	Less: Cost of goods sold						
3	С	Gross profit or (loss) (attach schedule)		_			KECFIVE	
S	11	Other income (attach schedule)				4		
=	12	Total. Add lines 1 through 11	9,228,	688.	1,5	16,200/	MAY I 7 204	
ی لــ	13	Compensation of officers, directors, trustees, etc.	45,	000.		四	MINI # 8 CUI	P 131
Sã	14	Other employee salaries and wages					300	122
⊸e e	15	Pension plans, employee benefits					MANEN !	
W.	16a	Legal fees (attach schedule)						
2 0	b	Accounting fees (attach schedule)	1,	045.				
€\$	С	Other professional fees (attach schedule)		15.				
Operating and Administrative Expe	17	Interest						
<u> </u>	18	Taxes (attach schedule) (see instructions) See Stmt.	25,	390.				
Ξ	19	Depreciation (attach schedule) and depletion						
ģ	20	Occupancy				·		
þ	21	Travel, conferences, and meetings						
ē	22	Printing and publications						
Ð	23	Other expenses (attach schedule) See .Stmt		65.				
¥	24	Total operating and administrative expenses.						
ers		Add lines 13 through 23		515.				
Č	25	Contributions, gifts, grants paid	1,049,		20			
_	26	Total expenses and disbursements. Add lines 24 and 25	1,120,	834.	· ·	The second second second	and the second s	
	27	Subtract line 26 from line 12:			10.36 1 Cake	Sign of the Control o		
	а	Excess of revenue over expenses and disbursements	8,107,					
	b	Net investment income (if negative, enter -0-) .			1,5	16,200.		
	1 0	Adjusted net income (if penative enter -0-)	1 11 11 11 11 11 11	X 1 2 2 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25 10 2	17 18 18 18 18 18 18 18 18 18 18 18 18 18	1	

For Paperwork Reduction Act Notice, see instructions.

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Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year		End o	
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Valu	e	(c) Fair Market Value
	1	Cash—non-interest-bearing	263,415.	653,7	57.	<u>653,757.</u>
	2	Savings and temporary cash investments				
	3	Accounts receivable ►				
		Savings and temporary cash investments				
	4	Pledges receivable ▶			-	
		Pledges receivable ►				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7					
		Less: allowance for doubtful accounts ▶				
\$	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U.S. and state government obligations (attach schedule)				
	ь	Investments—corporate stock (attach schedule)	4,729,388.	12,446,9	nn	15,928,848.
	c	Investments—corporate bonds (attach schedule)	1,723,300.	12,440,5	00.	13/320/040.
	11	Investments—land, buildings, and equipment: basis ▶		Same and the second		
	••	Less: accumulated depreciation (attach schedule) ▶		30 87 5 00 5 M 20 5 O 20 C		
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment: basis ▶			79.WQ	
	'-	Less: accumulated depreciation (attach schedule) ▶			Gat (Condy)	
	15	Other assets (describe ►)				
	16	Total assets (to be completed by all filers—see the	<u> </u>			
	10	instructions. Also, see page 1, item I)				
			4,992,803.	13,100,6	57.	16,582,605.
	17	Accounts payable and accrued expenses				
60	18	Grants payable				
Ĕ	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
2	21	Mortgages and other notes payable (attach schedule)		· · · · · · · · · · · · · · · · · · ·		
_	22	Other liabilities (describe ►)				
	23	Total liabilities (add lines 17 through 22)				
alances		Foundations that follow SFAS 117, check here ▶ □ and complete lines 24 through 26, and lines 30 and 31.				
au	24	Unrestricted				
	25	Temporarily restricted		···		
9	26	Permanently restricted				
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here ► ⊠ and complete lines 27 through 31.			1	
ō	27	Capital stock, trust principal, or current funds	797,000.	797,0	00.	
ţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
Se	29	Retained earnings, accumulated income, endowment, or other funds	4,195,803.	12,303,6	57.	
ď	30	Total net assets or fund balances (see instructions)	4,992,803.	13,100,6		
<u>e</u>	31	Total liabilities and net assets/fund balances (see		•		
Z	1	instructions)	4,992,803.	13,100,6	57.	
Ρá	rt III	Analysis of Changes in Net Assets or Fund Balances				Property of the Park of the Pa
		al net assets or fund balances at beginning of year-Part II, colu		t agree with		
		-of-year figure reported on prior year's return)			1	4,992,803.
2		er amount from Part I, line 27a			2	8,107,854.
3					3	0,10,,004.
2		I lines 1, 2, and 3			4	13,100,657.
•					5	10,100,007.
è	5 Tota	creases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b). li	ne 30	6	13,100,657.

Part I	V Capital Gains and	d Losses for Tax on Investmen	t Income			
•	(a) List and describe the ki	nd(s) of property sold (for example, real estatuse; 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 2	SH BERKSHIRE HAT	HAWAY A		D	12/31/1969	10/06/2017
b 1	500 SH BERKSHIRE	HATHAWAY B		D	01/15/1969	02/07/2017
c 1	500 SH BERKSHIRE	HATHAWAY B		D	12/31/1969	02/09/2017
<u>d 1</u>	000 SH BERKSHIRE	HATHAWAY B		D ,	12/31/1969	02/09/2017
e S	See Statement	······································				<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		aın or (loss) ; (f) minus (g))
а	556,539.			84.		556,455.
<u>b</u>	243,762.			42.		243,720.
C	245,598.			42.		245,556.
<u>d</u>	162,955.			28.		162,927.
е_	301,837.			45.		301,792.
	Complete only for assets sh	owing gain in column (h) and owned by	the foundation	n on 12/31/69.		ol. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) ol. (j), if any		ot less than -0-) or (from col. (h))
а	84.	84.		0.		556,455.
b	42.	42.	- 	0.		243,720.
c	42.	42.		0.		245,556.
<u>d</u>	28.	28.		0.		162,927.
е	45.	45.	·	0.		301,792.
2	Capital gain net income of	ar inat canital local i	o enter in Pa nter -0- in Pa		2	1,510,450.
Part	V Qualification Une	der Section 4940(e) for Reducerivate foundations subject to the sec				
Was th		e section 4942 tax on the distributate qualify under section 4940(e). Do no			base period?	☐ Yes 🗷 No
1	 	ount in each column for each year;			aking any entries	·
Cale	(a) Base period years ndar year (or tax year beginning ii	(b) Adverted qualifying dietributions		(c) of noncharitable-use a	Donate	(d) stribution ratio divided by col (c))
	2016	678,900		5,734,4		0.118391
	2015	631,890		5,521,		0.114448
	2014	557,819		5,506,		0.101309
	2013	435,297		2,714,		0.160369
	2012	526,501		2,426,		0.216983
2 3	Total of line 1, column (d				. 2	0.711500
J		foundation has been in existence if				0.142300
4	Enter the net value of no	ncharitable-use assets for 2017 from	n Part X, line	95	. 4	10,726,177.
5	Multiply line 4 by line 3				. 5	1,526,335.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)			. 6	15,162.
7	Add lines 5 and 6				. 7	1,541,497.
8		ions from Part XII, line 4				954, 319. 1% tax rate. See the

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see i	nstructio	ns)
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)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	30,324.	
	here ► □ and enter 1% of Part I, line 27b		
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	0.	
3		30,324.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	0.	
5		30,324.	TO WHEET THE W.
6	Credits/Payments:		
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 25,920.		
b	Exempt foreign organizations—tax withheld at source 6b		
9	Tax paid with application for extension of time to file (Form 8868) . 6c		
d 7	Backup withholding erroneously withheld		
8		25 , 920.	
9	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	4 404	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10	4,404.	
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax > 0. Refunded > 11		
Part		<u></u>	
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?	1a	×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b	×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
C	Did the foundation file Form 1120-POL for this year?	1c	×
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$	74.4	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	×
	If "Yes," attach a detailed description of the activities.		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	×
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	×
	If "Yes," attach the statement required by General Instruction T.		4676
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		
	By language in the governing instrument, or		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		
7	• •	6 ×	
7 8a	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 Enter the states to which the foundation reports or with which it is registered. See instructions. ▶	7 ×	a Carterial
04	Lines the states to which the foundation reports or with which it is registered. See instructions.		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation		
_		8b ×	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9	× ()
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	 	+
. –	names and addresses	10	×
BAA		om 990-P	

Part	VII-A	Statements Regarding Activities (continued)		- Annual Property of the Prope		
					Yes	No
11	meaning	ime during the year, did the foundation, directly or indirectly, own a controlled entity within of section 512(b)(13)? If "Yes," attach schedule. See instructions	. 1	1		×
12		oundation make a distribution to a donor advised fund over which the foundation or a disquated advisory privileges? If "Yes," attach statement. See instructions	į			v
13	-	pundation comply with the public inspection requirements for its annual returns and exemption applica		3	×	_ <u>×</u>
13		address N/A	mon: [i	3		
14	The book	ks are in care of ► HOWER CPA, PC Telephone no. ► (402)28	1-0	730	
	Located	at ▶ 13304 WEST CENTER RD STE 106 OMAHA NE ZIP+4 ▶ 6				
15	Section 4	4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here		•	.)	▶ [
		r the amount of tax-exempt interest received or accrued during the year				
16		me during calendar year 2017, did the foundation have an interest in or a signature or other auti		-+	Yes	No
		ank, securities, or other financial account in a foreign country?	, ,	6	Minesty I	X
		gn country ►	arrie Or ta			
Part	VII-B	Statements Regarding Activities for Which Form 4720 May Be Required				
· ar		m 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a		ne year, did the foundation (either directly or indirectly):				
	-		X No			
	• •	ow money from, lend money to, or otherwise extend credit to (or accept it from) a				
	disqu	ualified person? 🗌 Yes 📗	🗵 No 👢			
	(3) Furni	ish goods, services, or facilities to (or accept them from) a disqualified person?	⊠ No			
			⊠ No			
		sfer any income or assets to a disqualified person (or make any of either available for penefit or use of a disqualified person)?	⊠ No			
		e to pay money or property to a government official? (Exception. Check "No" if the				
		dation agreed to make a grant to or to employ the official for a period after	_			
			X No			
ь	section 5	swer is "Yes" to 1a(1)(6), did any of the acts fail to qualify under the exceptions described in Regula 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	- Leaves	lb		×
	_	, ,				
С		foundation engage in a prior year in any of the acts described in 1a, other than excepted acts t corrected before the first day of the tax year beginning in 2017?	15 aprendig	lc		×
2		n failure to distribute income (section 4942) (does not apply for years the foundation was a p g foundation defined in section 4942(j)(3) or 4942(j)(5)):	rıvate			
а	At the er	nd of tax year 2017, did the foundation have any undistributed income (lines 6d and XIII) for tax year(s) beginning before 2017?	X No S			
	If "Yes,"	list the years ▶ 20 , 20 , 20 , 20	۵, ۲۰۰			
b		e any years listed in 2a for which the foundation is not applying the provisions of section 4942	2(a)(2)			
	(relating	to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	•	s listed, answer "No" and attach statement—see instructions.)	<u></u>	2b		X
C		ovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	9.			
3a	Did the f	, 20 , 20 , 20 foundation hold more than a 2% direct or indirect interest in any business enterprise				
oa			⊠ No			
b	If "Yes."	did it have excess business holdings in 2017 as a result of (1) any purchase by the foundati				
_	-	ied persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved the second se	1/62/2			
		sioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lap			Ex.	
		15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	if the			
		on had excess business holdings in 2017.)		3b		×
4a		oundation invest during the year any amount in a manner that would jeopardize its charitable purpo		4a	an engange	X
b		foundation make any investment in a prior year (but after December 31, 1969) that could jeopard e purpose that had not been removed from jeopardy before the first day of the tax year beginning in a	20170	D		
	CHAIRADI	e purpose trial rial not been removed from Jeopardy before the first day of the tax year beginning in .	20111 [[4b	- 1	×

Page	6

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720 l	May Be R	equire	d (continu	ied)		
5a	-	he year, did the foundation pay or incur a	-							Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . Yes No										
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,										
	directly or indirectly, any voter registration drive?										
	• •	ride a grant to an individual for travel, stud	•	•	•			Yes	× No		
		ride a grant to an organization other than ion 4945(d)(4)(A)? See instructions		ntable, etc., c	-	ation descr	ibea in				
		ride for any purpose other than religious,						∐ Yes	⊠ No		
						•		□v !	⊽		
ь	purposes, or for the prevention of cruelty to children or animals?										
•		ions section 53.4945 or in a current notice								5b	A PROPERTY.
	_	ations relying on a current notice regarding	-	-					▶□		110071
C	•	nswer is "Yes" to question 5a(4), does to	-		•		the tax				
		e it maintained expenditure responsibility			•			Yes	□No		
	If "Yes,"	attach the statement required by Regula	itions s	ection 53.494	45 – 5(d)						
6a	Did the	foundation, during the year, receive any	funds,	directly or inc	lirectly,	, to pay pre	emiums				
	on a pe	rsonal benefit contract?						☐ Yes	X No		
b	Did the	foundation, during the year, pay premium	ns, dire	ctly or indired	tty, on	a personal	benefit	contract?		6b	×
		to 6b, file Form 8870.						_	_		
		me during the tax year, was the foundation a						_	⊠ No		
		did the foundation receive any proceeds								7b	L
Par	VIII	Information About Officers, Direct and Contractors	tors, i	rustees, ro	ounda	uon wana	agers,	rignly Pa	aid E	mpioyees,	
1	List all	officers, directors, trustees, and found	ation r	nanagers an	d their	compens	ation. S	ee instruc	tions		
			(b) Title	e, and average	(c) Co	mpensation	(d)	Contributions	to	(e) Expense ac	count.
		(a) Name and address		rs per week ed to position		not paid, ter -0-)		yee benefit pl erred compen		other allowa	
STA	NLEY M	. TRUHLSEN	PRES:	IDENT							· - <u></u>
412	NORTH	97TH COURY OMAHA NE 68114		1.00		7,500.			0.		0.
		. TRUHLSEN	DIRE	CTOR/SEC							
		97TH COURT OMAHA NE 68114		0.00		7,500.			0.		0.
		. TRUHLSEN	DIRE	CTOR/VP		7 500			^	,	•
		LDCREST DRIVE OMAHA NE 68114		0.00		7,500.			0.		<u> </u>
<u>See</u>	State	ment		0 00		22 500			0		0
2	Compe	nsation of five highest-paid employee	es (oth	0.00		22,500.	ne 1	see instru	O.	s) If none	enter
_	"NONE		.o (0m)	or than thos	e men	uded on II	iic i	occ manu	Ouon	s). II 110110,	Criter
				(b) Title, and a	VOTOGO			(d) Contribut	ions to		
	(a) Name a	nd address of each employee paid more than \$50,00	0	hours per w	reek -	(c) Compe	nsation	employee b		(e) Expense ac other allowa	
				devoted to po	SITION	L		compensa			
NONE	<u> </u>										
						ļ <u>.</u>		-··			
										<u> </u>	
			-								
**											
				-							
Total	number	of other employees paid over \$50,000 .	• •		.				. ▶	0	
										Form 990-PI	(2017)

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highland Contractors (continued)	y Paid Employees,
3 Five h	nighest-paid independent contractors for professional services. See instructions. If none, e	nter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	
NONE		
		
otal numbe	er of others receiving over \$50,000 for professional services	
		• 0
Part IX-A	Summary of Direct Charitable Activities	
List the four organization	ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the sand other beneficiaries served, conferences convened, research papers produced, etc.	ne number of Expenses
1		
2		
3		
4		
		
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.	Amount
1		
_		
2		
Ali other nm	gram-related investments. See instructions.	
3	พูเลกาาตลเซน การออนกับกล. ออบ การนบบนบกร.	ļ
J		
otal. Add li	ines 1 through 3	•
		Form 990-PF (20:

Part		gn fo	undations,
	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	10,509,763.
b	Average of monthly cash balances	1b	379,757.
С	Fair market value of all other assets (see instructions)	10	0.
d	Total (add lines 1a, b, and c)	1d	10,889,520.
e	Reduction claimed for blockage or other factors reported on lines 1a and	S. 7	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	10,889,520.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	163,343.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,726,177.
6	Minimum investment return. Enter 5% of line 5	6	536,309.
Part			ations
	and certain foreign organizations, check here ▶ □ and do not complete this part.)	•	
1	Minimum investment return from Part X, line 6	1	536,309.
2a	Tax on investment income for 2017 from Part VI, line 5	\$350	
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
c	Add lines 2a and 2b	2c	30,324.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	505,985.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	505,985.
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,	1	
	line 1	7	505,985.
		لسنبط	
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	954,319.
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	954,319.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	954,319.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	g whe	
	qualifies for the section 4940(e) reduction of tax in those years.		
DAA			Form 990-PF (2017)

Part .	XIII Undistributed Income (see instruction	ns)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7		and the state of t		505,985.
2	Undistributed income, if any, as of the end of 2017:				
а	Enter amount for 2016 only		in have been a little to the said		
b	Total for prior years: 20,20,20			management of the same of the	
3	Excess distributions carryover, if any, to 2017:			<i>34</i>	
a	From 2012		ingeries in the second of the		
a	From 2013				
ان ام					
	From 2015 631,890. From 2016 678,900.				
f	Total of lines 3a through e	2,841,333.	The American Commence of the C		
4	Qualifying distributions for 2017 from Part XII,	270117,333.	Andrew State of the State of th	The said of the sa	
	line 4: ▶ \$ 954,319.				
а	Applied to 2016, but not more than line 2a .			<u> 200 - 10 - 10 - 10 - 10 - 10 - 10 - 10 </u>	
b	Applied to undistributed income of prior years	Appendix of the second second			
	(Election required—see instructions)			Section of the Section	
C	Treated as distributions out of corpus (Election				
	required—see instructions)				
đ	Applied to 2017 distributable amount				2000 Company Colores (1900)
e	Remaining amount distributed out of corpus	954,319.			
5	Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same	505,985.			505,985.
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:		August 1		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,289,667.			
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				
d	Subtract line 6c from line 6b. Taxable				7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Ū	amount—see instructions		0.		
e	Undistributed income for 2016. Subtract line	Burgar State Section		t kant bill og sig stelem ende i det elde elde stelemen.	7
_	4a from line 2a. Taxable amount-see				
	instructions			0.	
f	Undistributed income for 2017. Subtract lines				
	4d and 5 from line 1. This amount must be				
_	distributed in 2018				0.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section			1. 1. C. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2012 not				
-	applied on line 5 or line 7 (see instructions) .	26,239.			
9	Excess distributions carryover to 2018.				
	Subtract lines 7 and 8 from line 6a	3,263,428.			
10	Analysis of line 9:				
а	Excess from 2013 440, 500.				
þ	Excess from 2014				
C	Excess from 2015 631,890.		and the state of t	te fall significant of the Control o	
d	 				
e	Excess from 2017 954, 319.				CONTRACTOR OF THE SECOND

	0-PF (2017)	 				/ Page 10
art						Ń/A
1a	If the foundation has received a ruling foundation, and the ruling is effective for				,	/
ь	Check box to indicate whether the four				tion	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	1	Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	each year listed					
b	85% of line 2a				_/	
C	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly		 			
	for active conduct of exempt activities					
e	Qualifying distributions made directly					
	for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:				-	
а	"Assets" alternative test-enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
L	section 4942(j)(3)(B)(i)		/			
Ø	of minimum investment return shown in Part X, line 6 for each year listed					
C	"Support" alternative test—enter:				_	
	(1) Total support other than gross 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					
	(4) Gross investment income					
Part	XV Supplementary Information	on (Complete t	his part only if	the foundation ha	ad \$5,000 or m	ore in assets at
	any time during the year-	-see instructio	ns.)			
1	Information Regarding Foundation					
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have o	contributed more t	nan \$5,000). (See se	ection 507(d)(2).)	
	STANLEY M. TRUHLSEN List any managers of the foundation	b. a 100/			/	
D	ownership of a partnership or other el			•	•	arge portion of the
2	Information Regarding Contribution	Grant Gift Lo	an Scholarship	etc Programs:		· · · · · · · · · · · · · · · · · · ·
_	Check here ► 🗵 if the foundation		• •	• •	rganizations and	d does not accent
	unsolicited requests for funds. If the f					
	complete items 2a, b, c, and d. See ir					
а	The name, address, and telephone nu	ımber or email ad	ddress of the person	on to whom applicat	ions should be a	ddressed:
b	The form in which applications should	d be submitted ar	nd information and	d materials they shou	uld include:	
	A					
C	Any submission deadlines:					
d	Any restrictions or limitations on av	vards, such as l	by geographical a	areas charitable fie	lds kinds of in	stitutions or other

factors:

Part XV Supplementary Information (conti	inued)			
3 Grants and Contributions Paid During t	he Year or Approv	ed for Ful	ture 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	Contribution	
a Paid during the year				
SEE ATTACHED LISTING				
VAR				
OMAHA NE 68114		501C3	DONATIVE	1,049,319.
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				1
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			1	
				į
Total			<u> </u>	Ba 1,049,319.
b Approved for future payment	T	T		12/0.3/323.
•				
		1		
	<u> </u>	1	<u> </u>	
Total				3b

er g	ross amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by secti	l (e)	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exem function income (See instructions
P	rogram service revenue:					(OSC INSU CONOTIC
a				ļ	·	ļ
D				ļ	: 	ļ
d		<u> </u>		 		
e						
f						
g	Fees and contracts from government agencies				_ 	
. M	fembership dues and assessments					
l In	nterest on savings and temporary cash investments					
D	vividends and interest from securities					5,750
N	let rental income or (loss) from real estate:	and the same of th	and and his his a reason of	and the second second second		
а						<u> </u>
b						
	let rental income or (loss) from personal property		ļ	 		
	Other investment income			 		1
	tain or (loss) from sales of assets other than inventory	ļ				1,282,21
	let income or (loss) from special events	<u> </u>	 	 		
	aross profit or (loss) from sales of inventory		 	 		
b	Other revenue: a		 			
c			 	 		+
•		 				
d		1	Ĭ			
d e				 		+
e						1,287,968
e 2 S 3 T	Subtotal. Add columns (b), (d), and (e)				13	
e 2 S 3 T	Subtotal. Add columns (b), (d), and (e)	s.)			13	
e 2 S 3 T e w	Subtotal. Add columns (b), (d), and (e)	 s.) .ccomplishm	nent of Exemp	ot Purposes		1,287,968
e S S T e w	Subtotal. Add columns (b), (d), and (e)	 s.) .ccomplishm	nent of Exemp	ot Purposes		1,287,96
e S S T e w art	Subtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e 2 S 3 T e w art	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S S T e w art	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S T e w	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S T e w	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S T e w	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S T e w	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S T e w	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S T w	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S T e w	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S T e w	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S T e w	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S T e w	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S T e w	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S T e w	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S T e w	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S T e w	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S T e w	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S S T e w art	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e S S T e w art	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96
e 2 S 3 T e w art	coubtotal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is reproses (other than	nent of Exemp	ot Purposes		1,287,96

Form **990-PF** (2017)

BAA

Omaha

Part	XVII		n Regarding Trar	nsfers to	and Transa	ctions and	d R	elationship	s With	Nonchar	itable Exc	empt
		Organizatio									Native State of the last	- :
1			directly or indirectly								Yes	No
			ther than section	501(c)(3)	organization	s) or in se	ectic	on 527, rela	ting to	political		
	_	nizations?										
а	Trans	sfers from the rep	porting foundation to	o a nonch	aritable exem	pt organizat	ion	of:				
	(1) C	Sash	· · · · · · ·								1a(1)	X
	(2) C	other assets .									1a(2)	×
b	Othe	r transactions:										
	(1) S	ales of assets to	a noncharitable exc	empt orga	anızation .						1b(1)	×
	(2) P	urchases of asse	ets from a noncharit	able exen							1b(2)	×
	(3) F	lental of facilities,	, equipment, or othe	er assets							1b(3)	×
			rrangements.								1b(4)	×
		oans or loan gua	_								1b(5)	×
		•	ervices or members								1b(6)	×
С	• •		quipment, mailing li	•	-					•	1c	×
		-	of the above is "Ye		•							
•			other assets, or serv									
			on or sharing arrang									
(a) Line		(b) Amount involved			empt organization			ption of transfer				
(a) Line	, 110.	(b) Amount involved	(c) Name of Horic	A Idi Itable 6X	empt organization	(4)	98501	phon of transfer	s, transacu	oris, ario sria	uring arrangen	ienis
	+		 					·				
			ļ									
			 									
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			<u> </u>									
												
		· · · · · · · · · · · · · · · · · · ·								·		
					·							
			<u> </u>									
			<u> </u>									
			<u></u>									
2a			ectly or indirectly a				moi	re tax-exemp	t organi	zations		
	desc	ribed in section 5	501(c) (other than se	ection 501	1(c)(3)) or in se	ction 527?				[Yes 🛚	No
b	If "Y	es," complete the	e following schedule	€.								
		(a) Name of organ	nization		(b) Type of organ	nization			c) Descript	ion of relatio	nship	
				-								
												
				 								
				 			-					
	Und	er penalties of penury.	I declare that I have examin	ned this return	n, includina accomp	anving schedule	s and	statements, and	to the best	of my knowler	dge and belief.	it is true
Sign	ł		laration of preparer (other t									
_	1 1	XIAM.	100 1011	100	1	PRESER		n			RS discuss this preparer shown	
Here		nature of officer or tru	vvi i win	VHV	Date	PRESID Trile	止N'.	<u> </u>			ctions Yes	
	Sig			Prenamo	r's signature	TIME		Date		l a	PTIN ·	
Paid		Print/Type preparer			-			1		eck If		
Prep	arer	Joseph Hov			ph Hower			05/09/2			P002208	15
Use			HOWER CPA,	P.C.						<u>► 47-51</u>		
		Firm's address >	13304 W Cent	er Rd	Sta 106			1	Phone no	(402)2	81-0730	

NE 68144

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

	LEY M. TRUHLSE		UNDATION INC		31-1525292
Organia	cation type (check on	ıe):			
Filers o	f:	Section:			
Form 99	00 or 990-EZ	☐ 501(c)() (enter number) organizati	on	
		☐ 4947(a)(1) n	onexempt charitable trust not	treated as a private fou	ındation
		527 politica	organization		
Form 99	00-PF	⊠ 501(c)(3) ex	empt private foundation		
		4947(a)(1) n	onexempt charitable trust trea	ited as a private founda	ition
		501(c)(3) tax	cable private foundation		
Genera	For an organization or more (in money or contributor's total co	or property) from a	990-EZ, or 990-PF that receive any one contributor. Complete	ed, during the year, cont e Parts I and II. See insti	tributions totaling \$5,000 ructions for determining a
Special	Rules				
	regulations under se 13, 16a, or 16b, and	ections 509(a)(1) a d that received fro	tion 501(c)(3) filing Form 990 c and 170(b)(1)(A)(vi), that check om any one contributor, during i) Form 990, Part VIII, line 1h; o	ed Schedule A (Form 99 the year, total contribu	90 or 990-EZ), Part II, line itions of the greater of (1)
	contributor, during to	the year, total con	ion 501(c)(7), (8), or (10) filing f tributions of more than \$1,000 or the prevention of cruelty to	exclusively for religious	s, charitable, scientific,
	contributor, during t contributions totaled during the year for a General Rule applie	the year, contribu d more than \$1,0 an <i>exclusively</i> reliç es to this organiza	tion 501(c)(7), (8), or (10) filing tions exclusively for religious, 00. If this box is checked, entegious, charitable, etc., purposation because it received nonear	charitable, etc., purposer here the total contribute. Don't complete any concusively religious, cha	es, but no such utions that were received of the parts unless the
			y the General Rule and/or the on Part IV, line 2, of its Form 9		lle Schedule B (Form 990, n 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).

STANLEY M. TRUHLSEN FAMILY FOUNDATION INC

Employer identification number

31-1525292

raiti	Contributors (See instructions). Ose duplicate cop	bles of Fart I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STANLEY TRUHLSEN OMAHA OMAHA NE 68114	\$ 7,921,390.	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		•	Person
(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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

STANLEY M. TRUHLSEN FAMILY FOUNDATION INC

Employer identification number

31-1525292

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	30 SH BRKA	\$ 7,940,720.	Various
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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

STANLEY M. TRUHLSEN FAMILY FOUNDATION INC
FORM 990-PF: Return of Private Foundation
Part VIII: Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

Part VIII: Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors	oundation Managers, Hig	ghly Paid Employees, a		Continuation Statement
Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
NANCY BRAGER	DIRECTOR	7,500.	0	0.
2517 RIDGE ROAD	0.00			
LINCOLN, NE 68512				
BARBARA TRUHLSEN	DIRECTOR	7,500.	0.	0
4431 ALTA VISTA	0.00			
DALLAS, TX 75229				
STANLEY TRUHLSEN JR.	DIRECTOR	7,500.	0	0
1809 NORTH 121ST #106	0.00			
OMAHA, NE 68154		:		
		1		
		22,500.	0	.0

. Form 990-PF Part I, Line 6a

Name	Employer Identification No.
STANLEY M. TRUHLSEN FAMILY FOUNDATION INC	31-1525292
Asset Information:	
Description of Property 1500 SH BRK B	
Business Code Exclusion Code	
Date Acquired01/01/69 How Acquired . Purchased	
Date Sold02/07/17 Name of Buyer .	
Check Box, if Buyer is a Business	
Sales Price 243,762. Cost or other basis (do not reduce by depreciate	tion). 39.850.
Sales Expense . Valuation Method	
Total Gain (Loss) 203, 912. Accumulated Depreciation	
Description of Property 1500 SH BRK B	· ·······
Business Code Exclusion Code	
Date Acquired02/08/17 How Acquired . Donated	
Date Sold02/09/17 Name of Buyer .	
Check Box, if Buyer is a Business	
Sales Price 245, 598. Cost or other basis (do not reduce by depreciation)	tion) 30 950
Sales France 243,350. Cost of officer basis (no not reduce by deprecial	1011)39,650.
Sales Expense . Valuation Method	
Total Gain (Loss) 205,748 . Accumulated Depreciation	····
Description of Property 1000 SH BRK B	
Business Code Exclusion Code	
Date Acquired . 02/08/17 How Acquired . Donated	
Date Sold 05/02/17 Name of Buyer .	
Check Box, if Buyer is a Business	*> 06 F67
Sales Price162, 955. Cost or other basis (do not reduce by deprecia	tion)26,56/.
Sales Expense Valuation Method	
Total Gain (Loss) 136, 388 . Accumulated Depreciation	· · · · · · · · · · · · · · · · · · ·
Description of Property 500 SH BRK B	
Business Code Exclusion Code	
Date Acquired02/08/17 How Acquired . Donated	
Date Sold07/06/17 Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price85,042. Cost or other basis (do not reduce by deprecia	tion)13,283.
Sales Expense Valuation Method	
Total Gain (Loss) 71,759. Accumulated Depreciation	
Description of Property See Net Gain or Loss from Sale or	f_Assets
Business Code Exclusion Code	
Date Acquired How Acquired	
Date Sold Name of Buyer .	
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by deprecia	tion)
Sales Expense Valuation Method	
Total Gain (Loss) Accumulated Depreciation	· · · · · · · · · · · · · · · · · · ·
Totals:	
Total Gain (Loss) of all assets 1,282,218.	
Gross Sales Price of all assets 1,510,691.	
Unrelated Business Income Business Code .	_
Excluded by section 512, 513, 514 Exclusion Code .	_
Related/Exempt Function Income 1,282,218.	
QuickZoom here to Form 990-PF, Page 1	▶
QuickZoom here to Form 990-PF, Page 12	▶

Additional information from your Form 990-PF Part I Line 6a Net Gain or Loss From Sale of Assets

Form 990-PF Part I Line 6a Net Gain or Loss From Sale of Assets Net Gain or Loss from Sale of Assets

Continuation Statement

Description of Property	Bu sin es s Co de	Exciusio n Cod e	e Acq	How Acquired	Dat e Sol d	Name of Buyer	BuyeaBusiness	Sale s Pric e	or other	Sale s Exp ense	Valuation Method	Total Gain or Loss	Accu mulat ed Depre ciatio n
2 SH BRK A			12/31/6 9	Donated	10/06/1 7			556,539	79,700			476,839	
1100 SH BRK B			12/14/1 7	Donated	12/15/1 7			216,795	29,223			187,572	