Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0	052
2017	7
Open to Public Inst	ection

Fo	or ca	alendar year 2017 or tax year beginning NOV	21, 2017	, and ending	DEC 31, 2017	a point of a pilot map contain
1	iame	e of foundation			A Employer identification	number
40	ED	OSON III AND TRACY BRIDGES	3			
	FA	AMILY FOUNDATION	82-3544224			
١	lumb	ber and street (or P.O. box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	
		60 FAIRACRES ROAD	_ 		(402)504-6	
(or town, state or province, country, and ZIP or foreign po-		C If exemption application is po	ending, check here	
_		MAHA, NE 68132	- 		_[
G	Ch	neck all that apply: X Initial return		ormer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test.
_		Address change	Name change		check here and attach co	mputation
Н	$\overline{}$	neck type of organization: X Section 501(c)(3) exe		04	E If private foundation stat	
<u>.</u>			ther taxable private foundate method: X Cash	ation	under section 507(b)(1)	
ı		r market value of all assets at end of year J Accounting	g method: L&1 Cash er (specify)	Accrual	F If the foundation is in a 6	
	(1101 ▶ \$		er (Specify)		under section 507(b)(1)	(B), check here
П	_				(a) Advicted pat	(d) Disbursements
L	<u> </u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	Т	1 Contributions, gifts, grants, etc., received	499,367.		 	(outsi Busio only)
ク		2 Check If the foundation is not required to attach Sch B	22275070			
_	-	Interest on savings and temporary cash investments				
IJ		4 Dividends and interest from securities	145.	145		STATEMENT 1
/		5a Gross rents				
	1	b Net rental income or (loss)				
	a	6a Net gain or (loss) from sale of assets not on line 10				
	<u> </u>	b Gross sales price for all assets on line 6a				
	Revenue	7 Capital gain net income (from Part IV, line 2)		0	•	
	-	8 Net short-term capital gain				
	1	9 Income modifications Gross sales less returns			<u> </u>	
	- [1	10a and allowances			 	
		b Less Cost of goods sold			 	
	١,	c Gross profit or (loss)			 	
	- 1	11 Other income	499,512.	145	0.	
-		12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc	0.	0		0.
	- 1	14 Other employee salaries and wages		_	·	
	- 1 '	15 Pension plans, employee benefits			 	
	10 I	16a Legal fees				
	ĕ	b Accounting fees				
1	Expense	c Other professional fees				
		17 Interest		RECE	VED	
2018	<u>ह</u> 1	18 Taxes				
693	[일] 1	19 Depreciation and depletion		ES MAY 1 7	OS	
8	dministrative	20 Occupancy			2018	
	₹ 2	21 Travel, conferences, and meetings		ш	RS	
	10	22 Printing and publications		DODE		
		23 Other expenses		Variety Code Dec / Date 9		
SCANNED	perating	24 Total operating and administrative	_	^		^
Z,	~	expenses. Add lines 13 through 23	0.	0	0.	0.
\mathcal{C}	- 1	25 Contributions, gifts, grants paid				U•
$\widetilde{\mathbf{S}}$	2	26 Total expenses and disbursements. Add lines 24 and 25	0.	0	. o.	0.
_	۲,	27 Subtract line 26 from line 12:				
		Subtract file 20 Hofff file 12. Excess of revenue over expenses and disbursements	499,512.			
		b Net investment income (if negative, enter -0-)		145		
		C. Adjusted not income (if possitive enter 0.)				

(a) Book Value (b) Book Value (c) Far Market Value (d) Far Market Value	Г	ort	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
2 Sorrogs and temporary cash mestiments 3 Accounts receivable ▶ 4 Pediges receivable ▶ Less: allowance for doubtful accounts ▶ 5 Grants receivable ▶ Less cannot be doubtful accounts ▶ 5 Grants receivable ↑ 1 East state of the function of the state of	<u></u>	<u> </u>	Congration Should be for the or year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
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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 31 Total liabilities and net assets/fund balances 32 Total net assets or fund balances 33 Total net assets or fund balances 497,749. 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 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 4 499, 512.	9	20				
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 31 Total liabilities and net assets/fund balances 32 Total net assets or fund balances 33 Total net assets or fund balances 497,749. 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 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 4 499, 512.	5		·			
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 31 Total liabilities and net assets/fund balances 32 Total net assets or fund balances 33 Total net assets or fund balances 497,749. 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 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 4 499, 512.	<u></u>		· - 1			
31 Total liabilities and net assets/fund balances 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 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3	ş	ļ.	The state of the s			
31 Total liabilities and net assets/fund balances 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 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3	188					
31 Total liabilities and net assets/fund balances 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 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3	¥		- 1			
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 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 1 0.	ž	30	Total net assets of fund dalances		491,149.	
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 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 1 0.			Table 10 to 100 to and a decade found belowed		407 740	
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 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 1 0.	_				497,749.	
(must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 1 0. 4 499,512.	Р	<u>art</u>	III Analysis of Changes in Net Assets or Fund Ba	alances		
(must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 1 0. 4 499,512.	1	Total	net assets or fund balances at beginning of year - Part II column (a) line			
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3					,	n
3 Other increases not included in line 2 (itemize) ► 4 Add lines 1, 2, and 3 3 0. 4 499,512.		•			 + +	
4 Add lines 1, 2, and 3 4 499, 512.					 	
			· · · · · · · · · · · · · · · · · · ·		——————————————————————————————————————	
5 Decreases not included in line 2 (itemize) ► UNREALIZED GAINS (LOSSES) 5 1.763.				(24220.I) 2V	5	1,763.
						497,749.
	<u>-</u> _	, Jiai	not appear or form paramoes at city of year time 4 minus line 3) - Part II, Co	idinii (u), iiile ou		Form 990-PF (2017)

Form 990-PF (2017) FAMILY FOUNDATION 82-3544224 Page 3 Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold (for example, real estate, (c) Date acquired (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) 1a NONE b C (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) đ Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) FMV as of 12/31/69 as of 12/31/69 over col. (j), if any b d If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) N/A If section 4940(d)(2) applies, leave this part blank. Yes Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) Base period years Calendar year (or tax year beginning in) (d)
Distribution ratio
(col. (b) divided by col. (c)) Adjusted qualifying distributions Net value of noncharitable-use assets 2016 2015 2014 2013 2012 2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 3 4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 6 Add lines 5 and 6 Enter qualifying distributions from Part XII, line 4 8 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

	990-PF (2017) FAMILY FOUNDATION rt VI Excise Tax Based on Investment Income (Section 494	0(a) 4040(b) 4040(a)	82 or 4949	-354	4224	. otio	Page 4	
	Exempt operating foundations described in section 4940(d)(2), check here		UI 4540	- 500	-	-	113)	
	Date of ruling or determination letter: (attach copy of letter if ne							
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		١,				3.	
	of Part I, line 27b	and enter 170	<u></u>	+-	_			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4	% of Part I line 12 col (h)		}				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; o		2				0.	
	Add lines 1 and 2	incra, criter o j	3	+-			_3.	
_	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; or	nthers enter -0-1	4	 			0.	
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	others, enter o j	5	1			3.	
	Credits/Payments:		"	+-			<u> </u>	
	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	0.	1				
	Exempt foreign organizations - tax withheld at source	6b	0.	Į				
	Tax paid with application for extension of time to file (Form 8868)	6c	0.					
	Backup withholding erroneously withheld	6d	0.	l				
	Total credits and payments. Add lines 6a through 6d		7				0.	
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	nched	8				0.	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶ 9	 			3.	
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10					
	Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunde	, F-	\neg				
	rt VII-A Statements Regarding Activities	71101211001	<u> </u>					
	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or inte	rvene in			Yes	No	
	any political campaign?				1a		X	
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	ses? See the instructions for the	e definition		1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies							
	distributed by the foundation in connection with the activities.							
	Did the foundation file Form 1120-POL for this year?				10		х	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	e vear:						
	(1) On the foundation. > \$ 0 . (2) On foundation managers		0.		}			
	Enter the reimbursement (if any) paid by the foundation during the year for political expend							
	managers. ▶ \$ 0 .	,			ľ			
	Has the foundation engaged in any activities that have not previously been reported to the I	RS?			2		X	
	If "Yes," attach a detailed description of the activities.							
	Has the foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles of incorpora	tion, or		1			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	,			3		X	
4a 🛭	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?			4a		X	
	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	4b			
5 V	Was there a liquidation, termination, dissolution, or substantial contraction during the year')			5		X	
li	If "Yes," attach the statement required by General Instruction T							
6 <i>P</i>	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	ither:						
•	By language in the governing instrument, or				-			
•	By state legislation that effectively amends the governing instrument so that no mandator	y directions that conflict with the	e state law			'		
r	remain in the governing instrument?				6	X		
7 [Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	olete Part II, col. (c), and Part XV	,		7	X		
	Enter the states to which the foundation reports or with which it is registered. See instruction ${\bf NE}$	ons. ►			-			
-	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)			1]		
	of each state as required by General Instruction G? If "No," attach explanation	, (====================================			8b	x		~
	Is the foundation claiming status as a private operating foundation within the meaning of se	ection 4942(j)(3) or 4942(j)(5) fo	r calendar					1
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," con				9		X	
	Did any persons become substantial contributors during the tax year? If "yes," attach a schedi		STM	т 3	10	Х	_ 	
		III ara audi 63003			orm 99		(2017)	

Pε	art VII-A Statements Regarding Activities (continued)			
		Ţ	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			-
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		_X_
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		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► TRACY T. BRIDGES Telephone no. ► (402)	616-	149	3
•	Located at ▶ 760 FAIRACRES ROAD, OMAHA, NE ZIP+4 ▶6			<u> </u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	<u> </u>	_	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16	.00	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10	-	- 41
	foreign country	1	ļ	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T -	Yes	No
19	During the year, did the foundation (either directly or indirectly):	 		110
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	}		
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	İ		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(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)?	1		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1		
	If the foundation agreed to make a grant to or to employ the official for a period after	-		
	termination of government service, if terminating within 90 days.) Yes X No			
		1	}	
u	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	46		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A Organizations relying on a current notice regarding disaster assistance, check here	1b		
	E Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
·	before the first day of the tax year beginning in 2017?	4.		X
9	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c		
2	defined in section 4942(j)(3) or 4942(j)(5)):		, ,	
9	to the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
٠	before 2017? Yes X No]	
	If "Yes," list the years \		İ	
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			
·	valuation of assets) to the year's undistributed income? (If applying the provisions of section 4942(a)(2) to all years listed, answer "No" and attach]	
	statement - see instructions.)	2b		
	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
·			[
30	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
va	during the year?			
h	of "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
J	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 2017.) N/A	Зь		
Aa	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	70		
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	}	X
_		orm 99 0)-PF	
	•••		1	/

Form 990-PF (2017) FAMILY FOUNDATION			82-35442	224	Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be I	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				Ye	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y(es 🗶 No	[1
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir			ļ	1
any voter registration drive?			es X No	-	-
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y∈	es 🗶 No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			Ì	1
4945(d)(4)(A)? See instructions			es X No		l
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			ļ	Ţ
the prevention of cruelty to children or animals?		Ye	es 🛣 No 📗	l	1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	•	ın Regulatıons		l	ł
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check t				1	}
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				ļ	}
expenditure responsibility for the grant?	I/A ∟ Ye	es L No	ļ		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es X No	Í	1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					ł
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y6	es 🗶 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, Trusto	ees, Foundation Ma	nagers, Highl	y		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t		(c) Compensation	(d) Contabutane to	7.35	
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accour	pense it, other
	to position	`enter'-0-)	compensation	allow	ances
		1		ĺ	_
SEE STATEMENT 4		0.	0.	 	0.
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O Companyation of five highest unid applement (4th or them there in	fuded as time d) 16	a-Assultance	<u></u>	L	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(a) E)	pense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	accour	it, other
	devoted to position		compensation	allow	ances
NONE		[1	
		<u> </u>		 	
]	•		
		 		 	
		1		1	
		 	ļ 	 	
		 	ļ 	 	
				[
Total number of other employees paid over \$50,000		L		L	<u> </u>
LATSLUGGOEL OF OTHER EMBIOVERS DAIG OVER \$50 LUNG					11

Form **990-PF** (2017)

Five highest-paid independent contractors for professional services. If none, enter "NO! (a) Name and address of each person paid more than \$50,000 NONE	(b) Type of service	
NONE		(c) Compensation
1		
		
		1
tal number of others receiving over \$50,000 for professional services		•
art IX-A Summary of Direct Charitable Activities		
st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inf Imber of organizations and other beneficiaries served, conferences convened, research papers produced, e	formation such as the etc.	Expenses
N/A		
art IX-B Summary of Program-Related Investments		
escribe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
N/A		
other program-related investments. See instructions.		
other program related investments, our management.		
tal. Add lines 1 through 3	>	0

Form 990-PF (2017)

FAMILY FOUNDATION

P	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e 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	440,749.
b	Average of monthly cash balances	1b	440,749. 57,000.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	497,749.
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_	
3	Subtract line 2 from line 1d	3	497,749.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,466.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	490,283.
6_	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	2,753.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
_	foreign organizations, check here 🕨 🔲 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	2,753.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	3.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,750.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	_ 5	2,750.
6	Deduction from distributable amount (see instructions)	6	<u> </u>
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,750.
P	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a		1a	0.
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:		
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	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	
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 of 4940(e) reduction of tax in those years.	jualifies for th	

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 [Distributable amount for 2017 from Part XI,				
	ine 7				2,750.
	Undistributed income, if any, as of the end of 2017		 	,	
	Enter amount for 2016 only			0.	
	Total for prior years:				
_			0.		
3 E	Excess distributions carryover, if any, to 2017:				
	From 2012				
	From 2013				
-	From 2014				
_	From 2015				
	rom 2016				
	Fotal of lines 3a through e	0.			`
	Qualifying distributions for 2017 from				
	Part XII, line 4: ► \$ 0 .				:
	Applied to 2016, but not more than line 2a			0.	
	Applied to undistributed income of prior				
	/ears (Election required - see instructions)	Í	o.'		
	Treated as distributions out of corpus				
	Election required - see instructions)	0.			
,	Applied to 2017 distributable amount	-			0.
	Remaining amount distributed out of corpus	0.			
5 E	Excess distributions carryover applied to 2017 If an amount appears in column (d), the same amount	0.			0.
6 E	nust be shown in column(a)) Enter the net total of each column as ndicated below:				
	į daras ir d	0.			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income. Subtract				
	ine 4b from line 2b		0.		
	Enter the amount of prior years'				
t t	Indistributed income for which a notice of deficiency has been issued, or on which he section 4942(a) tax has been previously issessed		0.		
	Subtract line 6c from line 6b. Taxable				
	amount - see instructions		0.		
	Undistributed income for 2016. Subtract line				
	ta from line 2a. Taxable amount - see instr.			0.	
	Indistributed income for 2017. Subtract				
	ines 4d and 5 from line 1. This amount must		Ì		
	pe distributed in 2018				2,750.
	Amounts treated as distributions out of				2,150.
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election				
	may be required - see instructions)	0.			
	Excess distributions carryover from 2012	-			
	not applied on line 5 or line 7	0.		ļ	
	Excess distributions carryover to 2018.	_			
	Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9:				
	excess from 2013	ł			
	excess from 2014				
	excess from 2015			İ	
	excess from 2016			Ì	
ے د		1		l l	

EDSON III AND TRACY BRIDGES Form 990-PF (2017) FAMILY FOUNDATION 82-3544224 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling 4942(j)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (a) 2017 (b) 2016 (d) 2014 (e) Total (c) 2015 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: "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 2/3 of minimum investment return shown in Part X, line 6 for each year 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 (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) SEE STATEMENT 5 b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🗓 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed; b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2017)

FAMILY FOUNDATION

82-3544224 Page 11

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		T
Recipient	If recipient is an individual,			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
NONE				
				
]		Ì
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		ł		ļ
				}
	 		 	
		1		
		j		
		į		
	 			
				i
Total		<u> </u>		
b Approved for future payment		<u> </u>	<u>▶ 3a</u>	
a raproved for fature payment				
NONE				
		<u> </u>	 	·
		1		
				<u> </u>
		į		
Total			<u>▶ 3b</u>	

Part XVI-A	Analysis of Income-Producing Activities
I WILLY	Analysis of moonie i roadsing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ided by section 512, 513, or 514	(e)
gross arrowns arrows only most material	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	ļ				<u> </u>
b			<u> </u>	<u></u>	<u> </u>
c		·	L		
d	 		<u> </u>		
e			<u> </u>		
f	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
g Fees and contracts from government agencies	 		<u> </u>		
2 Membership dues and assessments	 		<u> </u>	<u> </u>	<u> </u>
3 Interest on savings and temporary cash	1		{		
investments	 		<u> </u>	ļ	<u> </u>
4 Dividends and interest from securities			14	145.	
5 Net rental income or (loss) from real estate:	 		<u> </u>		
a Debt-financed property			├	 	
b Not debt-financed property	 		 	 	
6 Net rental income or (loss) from personal	1 1				
property	 		 		
7 Other investment income	<u> </u>		<u> </u>		
8 Gain or (loss) from sales of assets other]]]		li
than inventory	} }			<u> </u>	<u></u>
9 Net income or (loss) from special events	}		<u> </u>	<u> </u>	
10 Gross profit or (loss) from sales of inventory	 				
11 Other revenue:	1			i I	
a				 	
b				 	
c			ļ	 	
de					
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.		145.	0.
13 Total Add line 12, columns (b), (d), and (e)			L	13	
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Acco	mplishment of Ev	omn	t Dumonon	
rait AVI-B Helationship of Activities t				uiposes 	
Line No. Explain below how each activity for which income			contrit	outed importantly to the accon	plishment of
the foundation's exempt purposes (other than	by providing fur	nds for such purposes).		· · · · · · · · · · · · · · · · · · ·	
				 	
		· · · · · · · · · · · · · · · · ·			
					
					
					
					
					
					
					
					
					
					
					
					
					

Form 990-PF (2017) FAMILY FOUNDATION 82-3544224

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable

82-3544224

Page 13

	Exempt Organ	izations							
1 Did the	organization directly or indi	rectly engage in any	of the following	ng with any other organizati	on described in sec	tion 501(c)		Yes	No
(other t	han section 501(c)(3) orgai	nizations) or in section	on 527, relatin	g to political organizations?	•	• •			
	rs from the reporting found	•		- ·			()		
(1) Ca	·		·	•			1a(1)		X
	ner assets					•	1a(2)		X
٠.	ansactions:								
-	les of assets to a noncharita	able exempt organiza	ition				1b(1)		х
• •	rchases of assets from a no						1b(2)		X
	ntal of facilities, equipment,	·	- · g · · - · · · · · · · · · · · · · · ·				1b(3)		X
	imbursement arrangements						1b(4)		X
٠,	ans or loan guarantees						1b(5)		X
	rformance of services or me	embership or fundra	isina solicitatio	ons			1b(6)		X
	of facilities, equipment, ma						1c		X
	nswer to any of the above is				ways show the fair	market value of the goods		.ets.	
	ces given by the reporting f							4.0,	
	(d) the value of the goods,				,		,		
(a) Line no	(b) Amount involved			e exempt organization	(d) Description	n of transfers, transactions, ar	id sharing arr	angeme	nts
	``` `		N/A						
									
		 							
	*	1							
		T							
		T							
									
			·						
									
		<u> </u>							
			·						
2a Is the fo	oundation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organ	zations described				
	on 501(c) (other than section						Yes	X] No
	complete the following sch	, . ,							
	(a) Name of org			(b) Type of organization	Ţ	(c) Description of relation	ıshıp		
	N/A								
	der penalties of perjury, I declare						May the IRS d	liscuss t	his
Sign	belief, it is true, correct, and cor	·	reparer (other tha	n taxpayer) is based on all inforr	mation of which prepare	reas any knowledge	eturn with the	prepare	er 📗
Here) Cl/2				PRESI		X Yes		οN
\$	ignature of officer or trustee	,		Date	Title	L			
	Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if PTIN	ı		
						self- employed			
Paid	JAMES L. S	OUSLEY	h	D. Mr	5-10-18	P(00283	883	
Prepare	Firm's name > SEI		I, LLP	/	Firm's EIN ► 47-6097913				
Use Onl	y		<u></u>			_			
	Firm's address ▶ 18	081 BURT	STREET	, SUITE 200					
	OM	IAHA, NE 6	<u>8022-4</u>	722		Phone no. (402)	330-	<u> 266</u>	0
							Form 990		

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

Employer identification number

EDSON III AND TRACY BRIDGES FAMILY FOUNDATION 82-3544224 Organization type (check one): Filers of: Section: 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 X 501(c)(3) exempt private foundation Form 990-PF 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 contributors 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, chantable, 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. Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization
EDSON III AND TRACY BRIDGES
FAMILY FOUNDATION

Employer identification number

82-3544224

Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EDSON L. III AND TRACY BRIDGES 760 FAIRACRES ROAD OMAHA, NE 68132	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part It 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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)

Name of organization

EDSON III AND TRACY BRIDGES

FAMILY FOUNDATION

Employer identification number

82-3544224

Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
220 SHARES OF INTERNATIONAL BUSINESS		
- International Stock	\$33,543.	12/21/17
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1,050 SHARES OF BERKSHIRE HATHAWAY		
CLASS B STOCK	\$8	12/21/17
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		
	Description of noncash property given (b) Description of noncash property given 1,050 SHARES OF BERKSHIRE HATHAWAY CLASS B STOCK (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given 220 SHARES OF INTERNATIONAL BUSINESS MACHINES STOCK (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Description of noncash property given (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (h) Description of noncash property given (h) Description of noncash property given (h) Description of noncash property given (c) FMV (or estimate) (See instructions.)

Name of organization Employer identification number EDSON III AND TRACY BRIDGES FAMILY FOUNDATION 82-3544224 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 Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose 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 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 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 Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES	STATEMENT 1	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST MENT INCOM		
DIVIDENDS- BRIDGES TRUST COMPANY	145.	0.	145.	145	. 145.	
TO PART I, LINE 4	145.	0.	145.	145	. 145.	
FORM 990-PF		CORPORATE S	TOCK		STATEMENT 2	
DESCRIPTION			BOO	K VALUE	FAIR MARKET VALUE	
BRIDGES TRUST COMPAI	NY ACCOUNT			440,749.	440,749.	
TOTAL TO FORM 990-PI	F, PART II,	LINE 10B		440,749.	440,749.	
FORM 990-PF		SUBSTANTIAL C	-		STATEMENT 3	
NAME OF CONTRIBUTOR		ADDRESS				
EDSON L. III AND TRA	ACY T. BRIDG	GES 760 FAT	RACRES ROAD			

OMAHA, NE 68132

	LIST OF OFFICE	-		RS	STATI	EMENT 4
NAME AND ADDRESS	TITLE A				EMPLOYEE BEN PLAN CONTRIB	EXPENSE
EDSON L. BRIDGES III 760 FAIRACRES ROAD OMAHA, NE 68132	DIRECTOR, 2.00	PRESI	IDENT A	AND T		0.
TRACY T. BRIDGES 760 FAIRACRES ROAD OMAHA, NE 68132	DIRECTOR, 2.00	VICE	PRESI	ENT 0.		PARY
EDSON L. BRIDGES IV 760 FAIRACRES ROAD OMAHA, NE 68132	DIRECTOR 1.00			0.	0.	0.
TAYLOR K. BRIDGES 760 FAIRACRES ROAD OMAHA, NE 68132	DIRECTOR 1.00			0.	0.	0.
MARY E. BRIDGES 760 FAIRACRES ROAD OMAHA, NE 68132	DIRECTOR 1.00			. 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAG	GE 6, PART VIII	=		0.	0.	0.
	PART XV - LINE OF FOUNDATION MA		RS		STATE	EMENT 5

NAME OF MANAGER

EDSON L. BRIDGES III TRACY T. BRIDGES