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# Form **990-PF**

### **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

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

Depar	tment	of the Treasury		social security numbers on				7010
				m 990-PF and its separate			.gov/form990pf.	Open to Public Inspection
		dar year 2016 or tax year	Deginning		, and e		A Employer identification	number
wan	ne or	foundation					A Employer identification	i ilulisuei
N	OR	ron & barbar	RA PECK FAMI	LY FOUNDATIO	N		93-1247276	
_		nd street (or P O box number i			<del></del>	Room/suite	B Telephone number	
2	11(	ARTESIA BI	LVD #465				310-430-08	05
City	or to	wn, state or province, cou	ıntry, and ZIP or foreign p	ostal code			C If exemption application is p	pending, check here
_R	EDO	ONDO BEACH,	CA 90278	·				
G C	heck	all that apply:	Initial return	Initial return of a fo	ormer public o	charity	D 1. Foreign organization:	s, check here
		<u> </u>	Final return	Amended return			2 Foreign organizations me check here and attach co	eeting the 85% test,
	· 1 ·	<u> </u>	Address change	Name change			1	
H	_	type of organization. { ction 4947(a)(1) nonexem	Section 501(c)(3) ex	Other taxable private found	ation		E If private foundation sta under section 507(b)(1	
L Fa		rket value of all assets at		ng method: X Cash	Acci	nal	1	
		Part II, col (c), line 16)		ther (specify)		uui	F If the foundation is in a under section 507(b)(1	
	\$	1,005	5 , 989 . (Part I, colu	mn (d) must be on cash	basis )	<del></del>		/(= // ee
	irt l		id Expenses imns (b), (c), and (d) may not its in column (a))	(a) Revenue and expenses per books	(b) Net ir	ivestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
_	1	Contributions, gifts, gran		35,000.		· · · · · · · · · · · · · · · · · · ·	N/A	
	2	Check If the foundation	in is not required to attach Sch. B					
	3	Interest on savings and temporal cash investments	orary					
	4	Dividends and interest fro	om securities	21,229.	2	1,117.		STATEMENT 1
		Gross rents		<u></u>				
		Net rental income or (loss)		<8,247.	<del></del>			
Ë	oa b	Net gain or (loss) from sale of Gross sales price for all	527,561.	<0,24/.	<u> </u>			
Revenue	7	assets on line 6a  Capital gain net income (from				0.		
æ	8	Net short-term capital ga	•					
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold	L					
2	ļ ļ	Gross profit or (loss)					-	
3	1	Other income	. L. J.J.	47,982.		1 117	<del> </del>	
æ	12	Total. Add lines 1 throug		47,982.		1,117. 0.		0.
<b>~</b>	13	Other employee salaries			<del> </del>			0.
N S		Pension plans, employee	•					<u> </u>
æs Ses		Legal fees	STMT 2	152.		0.		0.
Ωë		Accounting fees	STMT 3	3,675.		1,838.		1,837.
	C	Other professional fees	STMT 4	8,308.	ļ	8,278.		0.
SCANNED Name and Administrative Expenses	17	Interest	( AL SERBLE AND LANGUE					
S <sub>a</sub>	18	Taxes	STMT 5	146.		0.		0.
W.E	19	Depreciation and depletion	)U o creation					ļ
β	20	Occupancy Travel, conferences, and	month of MAY 1 7 2	117 7,822.		3,911.		3,911.
ď	22	Printing and publications		7,022.		3,311.		3,311.
ğ		Other expenses	STMT 6	1,718.		0.		1,546.
atin	24	Total operating and adm	1 '			<u></u>		
Operating		expenses. Add lines 13 t	•	21,821.	1	4,027.		7,294.
0	25	Contributions, gifts, gran		32,500.	ļ			32,500.
	26	Total expenses and dish	ursements		_			
	-	Add lines 24 and 25	. 10:	54,321.	1	4,027.		39,794.
	1	Subtract line 26 from line		16 220	[			
	ı	Excess of revenue over exper Net investment income (		<6,339.	<u> </u>	7,090.		
	1	Adjusted net income (if n				1,030.	N/A	

623501 11-23-18 LHA For Paperwork Reduction Act Notice, see instructions

rm 990-PF (2016) NORTON & BARBARA PECK FAI	Beginning of year	End of	L <b>247276</b> Pag year
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing		45 400	45 400
2 Savings and temporary cash investments	51,581.	15,400.	15,400
3 Accounts receivable ►			
Less: allowance for doubtful accounts ▶			
4 Pledges receivable ►			
Less: allowance for doubtful accounts			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and loans receivable			
Less: allowance for doubtful accounts			
8 Inventories for sale or use			
9 Prepaid expenses and deferred charges			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock STMT 7	850,447.	880,289.	990,589
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis			
Less accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other			
14 Land, buildings, and equipment: basis ►			
Less accumulated depreciation			
15 Other assets (describe ►)			
16 Total assets (to be completed by all filers - see the			
instructions. Also, see page 1, item I)	902,028.	895,689.	1,005,98
17 Accounts payable and accrued expenses			
18 Grants payable			
19 Deferred revenue	··		
20 Loans from officers, directors, trustees, and other disqualified persons			
21 Mortgages and other notes payable			
22 Other liabilities (describe >)			
20 T 1 H 1 H 1 H 1 (Add have 47 through 99)		0	
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31			
24 Unrestricted			
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	902,028.	895,689.	
30 Total net assets or fund balances	902,028.	895,689.	
31 Total liabilities and net assets/fund balances	902,028.	895,689.	
art III Analysis of Changes in Net Assets or Fund Bal		053,005.	
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)	•	,	902,02
Enter amount from Part I, line 27a		1	
Other increases not included in line 2 (itemize)		2	<6,33
Add lines 1, 2, and 3	<del></del>	3	
Decreases not included in line 2 (itemize)		4	895,68
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	mn (h) line 30	5 6	895,689
- 222 about or rains salations at one or your time 4 times line of 1 att 11, cold	1111 (0), mic 00	101	Form <b>990-PF</b> (20

	ON & BARBARA PEC			IDAT	ION		<u> 33-1247</u>	276	Page 3
<u> </u>	be the kind(s) of property sold (e.g.,		i iiicoiiie	(b) H	w acquired	(c) Date	acquired	(d) Dat	e sold
2-story brick war	ehouse; or common stock, 200 shs.	MLC Co.)		Р- D-	ow acquired Purchase Donation	(mo ,	day, yr.)	(mo., d	
1a SALE OF SECURIT	'IES				P				
b CAPITAL GAINS D	DIVIDENDS			<u> </u>					
<u>c</u>				-					
				-					
<u>e</u>	(f) Depreciation allowed	(a) Cos	et or other basis	<del></del>		(b) (	Caup or (loca)		
(e) Gross sales price	(or allowable)		st or other basis expense of sale				Gain or (loss) us (f) minus (g	1)	
a 525,948.			535,80	8.				<9	,860.
ь 1,613.								1	,613.
С									
d									
e			40/04/00					<del></del>	
Complete only for assets snowing	g gain in column (h) and owned by the						Col. (h) gain r t not less than		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col. (j), if any				s (from col. (h		
a			· · · · · ·	-	····-			<9	.860.
b							-	1	,860. ,613.
C									
d									
<u>e</u>					<del></del>				
	∫ If gain, also enter	ın Part I, line	7	}					0.45
<ol><li>Capital gain net income or (net cap</li></ol>			7.	<i>J</i>  -	2			<8	,247.
3 Net short-term capital gain or (loss		d (6) <sup>-</sup>		٦					
If gain, also enter in Part I, line 8, o If (loss), enter -0- in Part I, line 8	column (c)			<b>}</b>	3		N/A		
Part V Qualification Ur	nder Section 4940(e) for	Reduced	Tax on Net	t Inve	stment In	come			
If section 4940(d)(2) applies, leave the Was the foundation liable for the secting if "Yes," the foundation does not qualified.  The enter the appropriate amount in each	on 4942 tax on the distributable amo fy under section 4940(e). Do not cor	nplete this pa	art				;	Yes	X No
(a) Base period years	(b)	50 000000	Toro Making any c	(c)			5 !	(d) ition ratio	
Base period years Calendar year (or tax ye <u>ar begin</u> nin		ributions	Net value of no		able-use asset	s	Distribu (col. (b) divid	ition ratio ded by col	(c))
2015		1,060.			726,37	1.			42761
2014	2:	2,726.			452,30				50245
2013		7,425.			454,75				<u>60307</u>
2012		<u>3,500.</u>			463,81				50666
2011		<u>4,000.</u>	L		490,24	<u> </u>	<del></del>	0	<u>48956</u>
2 Total of line 1, column (d)						2		າ	52935
3 Average distribution ratio for the 5	-vear base period - divide the total o	ก line 2 by 5.	or by the number	r of vea	rs		+		<u> </u>
the foundation has been in existen			or by the name.	. o, jou		3		. 0	50587
	•								
4 Enter the net value of noncharitable	e-use assets for 2016 from Part X, I	ne 5				4		971	,461.
5 Multiply line 4 by line 3						5_	ļ	49	<u>,143.</u>
6 Enter 19/ of pet investment	o /19/ of Dort L line 27h)								71
6 Enter 1% of net investment incom	e (1% 01 Part I, IIIIe 270)					6	-		71.
7 Add lines 5 and 6						7		49	,214.
which the second of the second of						<b>-</b>	<del>                                     </del>	<u> </u>	<u>,</u>
8 Enter qualifying distributions from	Part XII, line 4					8		39	,794.
	line 7, check the box in Part VI, line	1b, and comp	olete that part usir	ng a 1%	tax rate.				
See the Part VI instructions.			·						-
623521 11-23-16							Fr	orm <b>990</b> -	<b>PF</b> (2016)

	990-PF (2016) NORTON & BARBARA PECK FAMILY FOUNDATION 93- rt VI. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	-124' - see			Page 4 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)				
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			1	<u>42.</u>
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
3	Add lines 1 and 2			1	<u>42.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				<u>0.</u>
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			1	<u>42.</u>
6	Credits/Payments:				
a	2016 estimated tax payments and 2015 overpayment credited to 2016  6a				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)	}			
	Backup withholding erroneously withheld 6d				_
	Total credits and payments. Add lines 6a through 6d	<del></del>			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	<del></del>			<del></del> -
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			1	42.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	-1			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax				
	rt VII-A Statements Regarding Activities			Vaa	Nia
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		-	Yes	
	any political campaign?		1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published of	ir			
	distributed by the foundation in connection with the activities		4.		77
	Did the foundation file Form 1120-POL for this year?		1c		X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
_	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 . Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
е	managers. > \$ 0.				
0	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
2	If "Yes," attach a detailed description of the activities				
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
Ü	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		х
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
	· · · · · · · · · · · · · · · · · · ·	N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		X
-	If "Yes," attach the statement required by General Instruction T				T
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		İ		
	remain in the governing instrument?		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	Х	
				· · · · · ·	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	OR				
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	X	
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
		Fo	orm <b>990</b>	-PF	(2016)

X

3b

4a

Yes X No

N/A

during the year?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C.

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

orm 990-PF (2016) NORTON & BARBARA PECK FA	MILY FOUNDATI		<u>93-12472</u>	1 <u>76 Pa</u>	ige <b>6</b>
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s 🗓 No	1 1	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,			
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio			)		
4945(d)(4)(A)? (see instructions)		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or	Ì		
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i	n Regulations			
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 h	•		▶		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined			
expenditure responsibility for the grant?			s No		
If "Yes," attach the statement required by Regulations section 53 494		.,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •				
a personal benefit contract?	pay promiums on	□ v.	s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	paraonal honofit contract?	L 10	ווו נאן פּי	6Ь	Х
If "Yes" to 6b, file Form 8870	Jersonai Denem Comiaci.		<b> </b>	OD	Δ_
7a At any time during the tax year, was the foundation a party to a prohibited tax s	haltar transaction?		s X No		
b if "Yes," did the foundation receive any proceeds or have any net income attrib		L TE		7b	
Part VIII Information About Officers, Directors, Trust		nagara Highli		70	
Paid Employees, and Contractors	ees, Foundation Ma	mayers, riigini	<b>y</b>		
List all officers, directors, trustees, foundation managers and their	compensation.	<del></del>	<del></del>		
2 2 3 4 3 11 20 3 4 11 20 3 3 4 1 20 3 3 5 4 1 20 3 3 5 4 1 20 3 3 5 4 1 20 3 3 5 4 1 20 3 3 5 4 1 20 3 3 5 4 1 20 3 3 5 4 1 20 3 3 5 4 1 20 3 5 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Exper	nse
(a) Name and address	hours per week devoted	(If not paid,	and deferred	(e) Exper	other
	to position	enter -0-)	compensation	allowand	es
ODE CHARRYENE O					^
SEE STATEMENT 8		0.	0.	<del> </del> -	0.
	+				
		<u> </u>		<u> </u>	
	-			:	
	<u> </u>			i	
	<b></b>				
				1	
	<u> </u>				
2 Compensation of five highest-paid employees (other than those in		enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exper	nse other
(a) name and address of each employee paid more than 400,000	devoted to position	(c) Compensation	and deferred compensation	allowand	ces
NONE				}	
	]			İ	
	<u></u>				
		1	<del></del>		
	1		ı.		
		†		<del> </del>	
	†				
	<del></del>	<del>                                     </del>	<del> </del>	<del> </del>	
	†			1	
Total number of other employees paid over \$50,000	l	<u> </u>		<u> </u>	
Total number of other employees paid over \$50,000				000 DE	0
			Form	990-PF (2	.016)

Part VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)		-1247276 Page 7
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(47,375	<del></del>
NOND	<del></del>	
	7	
,		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
ı N/A		
		1
2		<del> </del>
		1
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	n lines 1 and 2.	Amount
N/AN/A		
)		
All other program-related investments. See instructions.		
3		_
		_
		4
		4
		4
		<del> </del>
Total, Add lines 1 through 3	•	1 0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	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	954,072.
b	Average of monthly cash balances	1b	954,072. 32,183.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	986,255.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	986,255.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14,794.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	971,461.
6	Minimum investment return Enter 5% of line 5	6	48,573.
Р	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	48,573.
2a	- 1.0		
b	Income tax for 2016. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	142.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	48,431.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	48,431.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	48,431.
P	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	39 <u>,79</u> 4.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
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	39,794.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	39,794.
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	nualifies for t	he section

4940(e) reduction of tax in those years.

Pai

rt XIII	Undistributed	Income	(see instructions)	)
---------	---------------	--------	--------------------	---

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				48,431.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2015 only			23,661.	
<b>b</b> Total for prior years:		_		
		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
<b>b</b> From 2012				
<b>c</b> From 2013				
d From 2014				
e From 2015	0.			
f Total of lines 3a through e	<u>U•</u>			
4 Qualifying distributions for 2016 from				
Part XII, line 4 <sup>.</sup> ► \$ 39,794.			23,661.	
a Applied to 2015, but not more than line 2a			23,001.	
<b>b</b> Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<u> </u>		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				16,133.
d Applied to 2016 distributable amount	0.		<u> </u>	10,133.
e Remaining amount distributed out of corpus	0.			0.
Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			<u> </u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	<u> </u>			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		<u> </u>
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.	<u> </u>	
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must			}	22 200
be distributed in 2017 7 Amounts treated as distributions out of	<del></del>			32,298.
•				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011		<del></del>		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017		<del></del>	<del> </del>	
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:	<u></u>		<del> </del>	
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				
		·	<del></del>	

623581 11-23-16

	& BARBARA P			93-12	47276 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling o			_		
foundation, and the ruling is effective fo			<b>▶</b>	4042(1)(2) or 140	42(j)(5)
b Check box to indicate whether the found	Tax year	g routidation described i	Prior 3 years	4942(j)(3) or 49-	12())(3)
2 a Enter the lesser of the adjusted net	(a) 2016	( <b>b</b> ) 2015	(c) 2014	(d) 2013	(e) Total
income from Part I or the minimum investment return from Part X for	(4) 23 13	(4)	(0)	(4)	(-/
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					- <del></del>
line 4 for each year listed				}	
d Amounts included in line 2c not		<del></del>			
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:  a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)	Ì			Ì	
(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	<u> </u>		<u>L</u>	<u> </u>	
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	ore in assets
at any time during t	the year-see insti	ructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh			tributions received by the	e foundation before the clos	se of any tax
year (but only if they have contributed r	note man \$5,000). (See S	ection 507(u)(2).)			
NONE				·	
b List any managers of the foundation whether entity) of which the foundation has			(or an equally large porti	on of the ownership of a pa	artnership or
NONE		<del></del>			
		Cabalarabia ata D			
	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	
the foundation makes gifts, grants, etc.				<del></del>	d.
a The name, address, and telephone num	iber or e-mail address of t	he person to whom appl	ications should be addre	ssed:	
SEE STATEMENT 9					
<b>b</b> The form in which applications should t	oe submitted and informa	tion and materials they si	hould include:		
c Any submission deadlines:					<del></del>
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields.	kinds of institutions, or	other factors:	
,			,		
822801 11.22 18	<del></del>				5 000 DE

NORTON & BARBARA PECK FAMILY FOUNDATION

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the You		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
JEREMIAHS RANCH	NONE	501(C)(3)	TO PROVIDE FUNDS TO	
855 S MAIN AVENUE #345			ACCOMPLISH ITS	
FALLBROOK, CA 92028		<u> </u>	FUNCTION	3,000.
MATURANGO MUSEUM	NONE	501(C)(3)	TO PROVIDE FUNDS TO	
100 E LAS FLORES AVE RIDGECREST CA 93555			ACCOMPLISH ITS FUNCTION	3,000.
KIDGECKEST, CA 75555			TONCTION	
MUDD NICK FOUNDATION	NONE	501(C)(3)	TO PROVIDE FUNDS TO	
PO BOX 1078	HOME	501(0)(3)	ACCOMPLISH ITS	
MANZANITA, OR 97130			FUNCTION	1,000.
ST LUKES EPISCOPAL CHURCH	NONE	501(C)(3)	TO PROVIDE FUNDS TO	
426 E 4TH PLAIN BLVD			ACCOMPLISH ITS	
VANCOUVER, WA 98663			FUNCTION	3,000.
ST LUKES MCCALL FOUNDATION INC	NONE	501(C)(3)	TO PROVIDE FUNDS TO	
1000 STATE STREET MCCALL ID 83638			ACCOMPLISH ITS FUNCTION	1.000.
	NTINUATION SHE	ET(S)	▶ 3a	32 500
<b>b</b> Approved for future payment				
NONE				
		-		<del></del>
Total	<u> </u>	1	<b>▶</b> 3b	0.
				rm <b>990-PF</b> (2016)

Part XVI-A Analysis of Income-Producing Activit
---

er gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
Program service revenue:	code	Amount	code	Amount	function income
a					
·					
d					···
e					
f					
Fees and contracts from government agencies					
Membership dues and assessments	ļ				
Interest on savings and temporary cash					
investments		···			
Dividends and interest from securities			14	21,229.	<del></del>
Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other				2 245	
than inventory			18_	<8,247.>	·
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b	· <del> </del>	<del></del>			
C	· <del>  -</del>				
d	-				
e			_   _	12 002	
Subtotal Add columns (b), (d), and (e)	<u> </u>		0.	12,982.	
Total Add line 12, columns (b), (d), and (e)				13	12,9
ee worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accon	nplishment of	Exempt P	urposes	
Explain below how each activity for which ma	omo lo ropostad := :	valuma (a) of Dart Va	// A contribute	d importantly to the east-	Johnnant of
ne No Explain below how each activity for which inc the foundation's exempt purposes (other than				a importantly to the accomp	onsoment of

▼	the foundation's exempt purposes (other than by providing funds for such purposes).
<del></del>	

623621 11-23-16

NORTON & BARBARA PECK FAMILY FOUNDATION

Part	VA1I	Exempt Organi		ansters to a	ina ira	ansactions a	inu neiations	snips with Noi	ICHAHRADR	,	
1 D	the oro	janization directly or indire		ny of the following	o with an	v other organization	on described in sec	tion 501(c) of		Yes	No
		other than section 501(c)						(-, -			
	-	rom the reporting founda									ĺ
	) Cash	rom the reporting rounds	tion to a nonona	indulo oxompt or g	gumzanor				1a(1)	ľ	х
•	) Other	acceto							1a(2)		X
•		assets sactions:							10(2)		
		of assets to a noncharitat	nla avamnt oroan	uzation					1b(1)		Х
•	•	ases of assets from a nor							1b(1)		X
•	•	ases of assets from a nor I of facilities, equipment, (		prorganization					1b(2)		X
•	•	oursement arrangements	JI Other assets						1b(4)		X
	•	or loan guarantees							1b(5)	<u> </u>	X
•	•	mance of services or mei	mharchin or fund	draicina colicitatio	ne				1b(5)		X
•	,	facilities, equipment, mai	•	-					1c		X
	-	ver to any of the above is '	•			umn (h) chould al	wave chow the fair	market value of the o	<u> </u>	eate	
		s given by the reporting fo								, ,	
		) the value of the goods, (				an ian market var	oc in any transactio	in or snaring arrange	1110111, 311011 111		
(a) Line		(b) Amount involved		e of noncharitable		organization	(d) Description	on of transfers, transactio	ns, and sharing ar	rangeme	ents.
(4) 20		(b) Fill Control	(0)	N/A	o onomp.	or garnization	(5) 5000 (500	ar or transfer, transaction	no, una ona mg a		
				11/11							
	<del></del>	-					-				
	$\dashv$										
	-		<del> </del> -								
	-										
								-			
	-			<del></del>							
				·····							
		- 1-1 1 1	1								
		ndation directly or indirect		•			izations described			77	л
		501(c) of the Code (other		1(c)(3)) or in sect	tion 5277	•			Yes	ĻĀ	No
<u>b 11</u>	"Yes," co	omplete the following scho			(b) Tyr	o of organization	<u> </u>	(c) Description of re	Jationehin		
		(a) Name of org	anization		(D) 1 yr	e of organization		(c) Description of re	nationship		
		N/A			1						
					<del> </del>						
					1						
	Linder	penalties of perjury, I declare	that I have examine	d this return, included	ng accomp	anving schedules and	statements and to the	e best of my knowledge			
Sigr	1	elief, it is true correct, and con							May the IRS return with the	discuss le prepai	this
Here					1	5/13/13	- mpraz c	tin en	shown below	(see ins	str )?
	<b> </b>	nature of officer or trustee			L	ato.	Title	UKEK	_ LX Yes	· L	_l No
	Joigi	Print/Type preparer's na		Preparer's s		ate	Date	Check   If	PTIN		
		Transcrypt preparer 5 Ha	nng	Topalet 5 5	ngnature		Jaio	self- employed			
Paic	1	DOV ADDAMO	wat miz	חג עסם	D 3 340	MAT MY	05/04/17	2011 Omployed	D01220	0.40	ı
	arer	ROY ABRAMO		ROY AB		MITA	05/04/17	Firm's EIN ▶ 9	P01329		
-	Only	Firm's name ► PER	.VTM2 & (	COMPANY,	PC			Firm's EIN > 9	3-09289	24	

623622 11-23-16

Firm's address ► 1211 SW FIFTH AVE., SUITE 1000 PORTLAND, OR 97204-3710

Phone no. 503-221-0336

Form **990-PF** (2016)

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

NORTON & BARBARA PECK FAMILY FOUNDATION

OMB No 1545-0047

Name of the organization

Employer identification number

93-1247276

Organiz	ation type (check o	ne)						
Filers of	<b>:</b>	Section:						
Form 99	0 or 990-EZ	501(c)( ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 99	0-PF	X 501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	nly a section 501(c)	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions						
X	For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
	sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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, line 1 Complete Parts I and II						
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III						
	year, contributions is checked, enter h purpose Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the sexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.						
but it m	<b>ust</b> answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 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) (2016)

Name of organization

Employer identification number

NORTON 8	&	BARBARA	PECK	FAMILY	FOUNDATION
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93-1247276

Part I	Contributors (See instructions) Use duplicate copies of Part I	ıf addıtıonal space ıs needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF BARBARA PECK  13720 SW BUTNER ROAD  BEAVERTON, OR 97005	\$32,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b></b> \$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

## NORTON & BARBARA PECK FAMILY FOUNDATION

93-1247276

art II	Noncash Property (See instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			-
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from 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
ļ			

Employer identification number

<u>RTON</u> 8 art III	& BARBARA PECK FAMILY Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	ributions to organizations described columns (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year (Enter this info once)			
No.						
rom lart I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gift	t  Relationship of transferor to transferee			
_	Transieree's traine, address, a	110 217 + 4	nerationship of transfer of to transfer ee			
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gif	t  Relationship of transferor to transferee			
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gif	t  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, a	nd ZIP + 4	Relationship of transferor to transferee			

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or show any relationship to Foundation Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient NONE 501(C)(3) TO PROVIDE FUNDS TO YOUNG WOMEN EMPOWERED 2524 16TH AVENUE S., SUITE #301 ACCOMPLISH ITS FUNCTION 4,000. SEATTLE WA 98144 WITH LOVE CHARITY INC. NONE 501(C)(3) TO PROVIDE FUNDS TO ACCOMPLISH ITS PO BOX 550811 FUNCTION 4,000. JACKSONVILLE, FL 32255 NONE 501(C)(3) TO PROVIDE FUNDS TO TYME TO EMPOWER ACCOMPLISH ITS 10731 STAGGERING CRK FUNCTION 4,000. SAN ANTONIO TX 78254 TO PROVIDE FUNDS TO **PUENTES** NONE 501(C)(3) ACCOMPLISH ITS 209 EL RANCHO WAY SAN ANTONIO, TX 78209 FUNCTION 4.000. NONE VILLAGE AT ORCHARD RIDGE 501(C)(3) TO PROVIDE FUNDS TO 2301 RESEARCH BLVD STE 310 ACCOMPLISH ITS ROCKVILLE MD 20850 FUNCTION 2,500. NONE 501(C)(3) CREOLE INC TO PROVIDE FUNDS TO 3708 CYPRESS LAKE DR ACCOMPLISH ITS LAKE WORTH, FL 33467 FUNCTION 2,500. ID THEATER NONE 501(C)(3) TO PROVIDE FUNDS TO 143 E. 8TH STREET ACCOMPLISH ITS FUNCTION BROOKLYN, NY 11218 500. Total from continuation sheets 21,500.

FORM 990-PF	DIVIDENDS	AND INTERE	EST FROM SECUR	ITIES ST	ATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB CHARLES SCHWAB -	22,730.	1,613	3. 21,117.	21,117.	
TAX EXEMPT	112.	(	0. 112.	0.	
TO PART I, LINE 4	22,842.	1,61	3. 21,229.	21,117.	
FORM 990-PF		LEGAL	FEES	ST	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
LEGAL FEES		152.	0.		0.
TO FM 990-PF, PG 1, L	N 16A	152.	0.		0.
FORM 990-PF		ACCOUNTI	NG FEES	Si	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		3,675.	1,838.		1,837.
TO FORM 990-PF, PG 1,	LN 16B	3,675.	1,838.		1,837.
FORM 990-PF	ΓΟ	HER PROFES	SIONAL FEES	Si	PATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS			
INVESTMENT MANAGEMENT	FEES	8,308.	8,278.		0.
TO FORM 990-PF, PG 1,	LN 16C	8,308.	8,278.		0.
	=			=	

FORM 990-PF	TAX	ES		STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM			
FEDERAL TAXES	146.		0.			0.	
TO FORM 990-PF, PG 1, LN 18 =	146.		0.			0.	
FORM 990-PF	OTHER E	XPENSES			STATEMENT	6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM			
OREGON DEPARTMENT OF JUSTICE FOUNDATION MEETING WEBSITE DESIGN POSTAGE	225. 1,321. 147. 25.		0. 0. 0.		1,3	25. 21. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	1,718.		0.		1,5	46.	
FORM 990-PF	CORPORAT	E STOCK	<del></del>		STATEMENT	7	
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	T	
DFA INTL LARGE CAP DFA US LARGE CO INST FIRST EAGLE GLOBAL FD CL A FIRST TRUST ISE WATER IDX G. BULLETSHRS HY CORP ISHARES AGGREGATE BOND ETF ISHARES CURRENCY HEDGED MSCI ISHARES MSCI EAFE ETF ISHARES MSCI EMERGING MKTS ISHARES RUSSELL 2000 INDEX SCHWAB US AGG BOND ETF SCHWAB US SMALL CAP ETF PIMCO UNCONSTRAINED TAX MANAG SPDR ENERGY SELECT ETF SPDR S&P MIDCAP 400 ETF VANGUARD DIVIDEND GROWTH FUND VANGUARD SHORT-TERM TAX VANGUARD SHORT-TERM FUND ADM	)			29,411. 185,558.  0. 0. 0. 74,821. 0. 70,964. 53,189. 10,790. 120,023. 11,595. 0. 0. 51,192. 0. 180,185.	32,7 247,3 74,0 68,6 49,0 27,8 118,3 14,2	97. 0. 0. 30. 30. 77. 550. 72. 05. 0. 83. 0.	

NORTON & BARBARA PECK FAMIL		9:	3-1247276		
VANGUARD TOTAL INTERNATIONAL VANGUARD TOTAL INTL BOND VIRTUS SENIOR FLOATING RATE	71,9 20,6		72,280. 21,794. 0.		
TOTAL TO FORM 990-PF, PART II	880,2	89.	990,589.		
	LIST OF OFFICERS, D AND FOUNDATION MANA		STAT	EMENT 8	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB		
MICHAEL HALL 1115 21ST AVE. SOUTH SEATTLE, WA 98144	DIRECTOR 1.00	0.	0.	0.	
CHARLES GRAVIS 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	TREASURER 1.00	0.	0.	0.	
SCONE BENDER PO BOX 245 NEWPORT, WA 99156	DIRECTOR 1.00	0.	0.	0.	
DEBI GILE 4425 SW GOLF VIEW DRIVE CORVALLIS, OR 97333	DIRECTOR 1.00	0.	0.	0.	
DONALD E. PECK 13720 SW BUTNER RD. BEAVERTON, OR 97005	DIRECTOR 1.00	0.	0.	0.	
ESTHER GRAVIS 2221 OAK STREET, #446 FOREST GROVE, OR 97116	DIRECTOR 1.00	0.	0.	0.	
JAMES A. PECK 3218 SHERIDAN WAY STOCKTON, CA 95219	DIRECTOR 1.00	0.	0.	0.	
JAY GILE 4425 SW GOLF VIEW DRIVE CORVALLIS, OR 97333	DIRECTOR 1.00	0.	0.	0.	

SECRETARY

1.00

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0.

JENNIFER THAMES

SEATTLE, WA 98144

1115 21ST AVE. SOUTH

NORTON & BARBARA PECK FAMII	LY FOUNDATION		93-12	247276
LAURA MEYERS 2221 OAK STREET, #446 FOREST GROVE, OR 97116	VICE PRESIDENT 1.00	0.	0.	0.
LINDA WELLS 13702 RIDGE FARM SAN ANTONIO, TX 76230	PRESIDENT 1.00	0.	0.	0.
LORI PECK 3218 SHERIDAN WAY STOCKTON, CA 95219	DIRECTOR 1.00	0.	0.	0.
LUKE FODER 2221 OAK STREET, #446 FOREST GROVE, OR 97116	DIRECTOR 1.00	0.	0.	0.
MARK BENDER PO BOX 245 NEWPORT, WA 99156	DIRECTOR 1.00	0.	0.	0.
RICHARD A. HALL 8226 82ND AVE, NE SEATTLE, WA 98115	DIRECTOR 1.00	0.	0.	0.
ROGER L. PECK 1100 MEADOWVIEW LANE RIDGECREST, CA 93555	DIRECTOR 1.00	0.	0.	0.
SHARYL PECK-WHIPPO 4766 SW AMANDA PLACE CORVALLIS, OR 97330	DIRECTOR 1.00	0.	0.	0.
STEVEN L. PECK 11727 SW BOONES ROAD BEAVERTON, OR 97008	CORRESPONDING SEC	CRETARY 0.	0.	0.
SUSAN B. HALL 8226 82ND AVE, NE SEATTLE, WA 98115	DIRECTOR 1.00	0.	0.	0.
WILLOW FODER 2221 OAK STREET, #446 FOREST GROVE, OR 97116	DIRECTOR 1.00	0.	0.	0.
ANNA PECK 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
CHEYENNE YOUNG 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.

NORTON & BARBARA PECK	FAMILY FOUNDATION	93-1247276		
DAVE HALL 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
EVAN PECK 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
FLEMMING GREENE 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
LINDSEY HALL 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
STACI GREENE 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
MOLLIE DOMINIC 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
ELICK COOPER 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
NATE PECK 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
RACHEL HALL 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
RANDY PECK 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
DEBBIE PECK 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
ROBIN HALL 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
SABRA BERRY 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.

NORTON & BARBARA PECK FAMILY FOUNDATION			93-1247276	
SYDNEY MYERS 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
TERRAN SMITH 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
ZACKARY COOPER 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
MICHAELA BAILEY 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
J.T. HALL 1115 21ST AVE. SOUTH SEATTLE, WA 98144	DIRECTOR 1.00	0.	0.	0.
TERRY PECK 1100 MEADOWVIEW LANE RIDGECREST, CA 93555	DIRECTOR 1.00	0.	0.	0.
CAT HALL 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
SUE PECK 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
MARY PECK 2110 ARTESIA BLVD REDONDO BEACH, CA 90278	DIRECTOR 1.00	0.	0.	0.
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TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CHARLES GRAVIS 2110 ARTESIA BLVD. STE 465 REDONDO BEACH, CA 90278

TELEPHONE NUMBER

310-430-0805

#### FORM AND CONTENT OF APPLICATIONS

REQUEST TO BE SUBMITTED ON FOUNDATION APPLICATION FORM, TOGETHER WITH 501(C) (3) DETERMINATION LETTER, CURRENT FINANCIAL STATEMENT, PROJECTED BUDGET AND LIST OF OFFICERS AND DIRECTORS.

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

CONTRIBUTIONS ONLY MADE TO QUALIFIED 501(C)(3) ORGANIZATIONS LOCATED IN STATES WHERE BOARD MEMBERS RESIDE