5/2/2018 9 14:43-AM XXXX4E52 - JXC - FLP - JOHN A JOAN M DIETZE CHARITABLE TR 294 91 14615711 **Return of Private Foundation** OMB No 1545-0052 _{`Form} 990-PF or Section 4947(a)(1) Trust Treated as Private Foundation 201**7** Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990PF for instructions and the latest information. Open to Public Inspection Internal Revenue Service and ending For calendar year 2017 or tax year beginning A Employer identification number Name of foundation JOHN A JOAN M DIETZE CHARITABLE TR Number and street (or P O box number if mail is not delivered to street address) Room/suite 51-6523322 B Telephone number (see instructions) P O BOX 1501, NJ2-130-03-31 City or town, state or province, country, and ZIP or foreign postal code 08534-1501 609-274-6834 **PENNINGTON** Foreign postal code Foreign province/state/county C If exemption application is pending, check here Foreign country name G Check all that apply Initial return D 1. Foreign organizations, check here Initial return of a former public charity Amended return Tinal return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change ☐ Name change E If private foundation status was terminated under Check type of organization X Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust
Other taxable private foundation J Accounting method X Cash Accrual Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col (c), Other (specify) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis) line 16) ▶ \$ 6.908.768 (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and for ch aritable (b) Net investment (c) Adjusted net amounts in columns (b), (c), and (d) may not necessarily expenses per purposes income ıncome equal the amounts in column (a) (see instructions)) books (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 2 Check ►X if the foundation is **not** required to attach Sch B 3 Interest on savings and temporary cash investments 164.319 164,319 4 Dividends and interest from securities 5a Gross rents Net rental income or (loss) b Net gain or (loss) from sale of assets not on line 10 196,557 6a Gross sales price for all assets on line 6a 2,120,288 196,557 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 360,876 Total. Add lines 1 through 11 360,876 12 58,865 22,577 13 Compensation of officers, directors, trustees, etc 81,442 Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach_schedule) SCANNED JUL 1 2 2018 Accounting fees (attach schedule) Other professional fees (attach schedule)) 17 Interest Taxes (attach schedule) (see instructions) 3,552 4.782 18 Depreciation (attach schedule) and depletion 19 20 Occupancy Travel, conferences, and meetings 21 and 22 Printing and publications 23 Other expenses (attach schedule) Operating 24 Total operating and administrative expenses. 58,865 26 129 86,224 Add lines 13 through 23

257,096

343,320

17,556

26,129

334,747

For Paperwork Reduction Act Notice, see instructions.

Contributions, gifts, grants paid

Subtract line 26 from line 12

Total expenses and disbursements. Add lines 24 and 25

Excess of revenue over expenses and disbursements

Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

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257,096

315,961

25

26

27

Page 2

P:	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End_o	f-year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	3	-5,566	-5,566
	2	Savings and temporary cash investments	306,858	217,528	217,528
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons (attach schedule) (see instructions)			
ŀ	7	Other notes and loans receivable (attach schedule)	1 ; 1		
	_	Less allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
⋖		Investments—U S and state government obligations (attach schedule)			
J	b	Investments—corporate stock (attach schedule)			
		Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis		- April-Acquirers as as as the sign of the particular to	antino so south a
ĺ		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
İ	13	Investments—other (attach schedule)	5,882,291	6,013,457	6,696,806
		Land, buildings, and equipment basis	***************************************		
İ		Less accumulated depreciation (attach schedule)			
		Other assets (describe)			
		Total assets (to be completed by all filers—see the			
-+		instructions Also, see page 1, item I)	6,189,152	6,225,419	6,908,768
		Accounts payable and accrued expenses			Q
Sal		Grants payable			\$
.= ι		Deferred revenue			\$ *
<u>.</u>		Loans from officers, directors, trustees, and other disqualified persons			3
'' T		Mortgages and other notes payable (attach schedule)			*
- 1		Other liabilities (describe >			*
+		Total liabilities (add lines 17 through 22)	0	0	*
es		Foundations that follow SFAS 117, check here			į
ĕl		and complete lines 24 through 26, and lines 30 and 31. Unrestricted			}
<u>10</u>		Temporarily restricted .	 -		
m		Permanently restricted			
		<u>, , , , , , , , , , , , , , , , , , , </u>			Laugh of the Control
Net Assets or Func		Foundations that do not follow SFAS 117, check here ▶ 🔯 and complete lines 27 through 31.			**
๖		Capital stock, trust principal, or current funds	0.400.450	0.005.440	*
2		Paid-in or capital surplus, or land, bldg , and equipment fund	6,189,152	6,225,419	\$
Se		Retained earnings, accumulated income, endowment, or other funds			**
AS		Total net assets or fund balances (see instructions)	6 190 150	0.005.440	no de
ਰ <u>;</u>		Total liabilities and net assets/fund balances (see	6,189,152	6,225,419	****
Z		instructions)	6 190 153	0.005.440	
Par	t III	Analysis of Changes in Net Assets or Fund Balances	6,189,152	6,225,419	
		net assets or fund balances at beginning of year—Part II, column (a	\ line 30 (must agre	O vuitb	
	end-of	year figure reported on prior year's return)	, inte 50 (must agre	1 . 1	6 190 152
2	Enter a	amount from Part I, line 27a		$\frac{1}{2}$	6, 189, 152
		increases not included in line 2 (itemize) See Attached Staten	nent	2	17,556 18,711
4	Add lin	les 1, 2, and 3	iiont	3	6, 225,419
		ases not included in line 2 (itemize)		5	0, 220,419
6	Total n	et assets or fund balances at end of year (line 4 minus line 5)—Par	rt II. column (b) line	30 6	6, 225,419
		7 - 7 - 1 miles miles of 1 di	, (b), mic		6, 225,419 Form 990-PF (2017)

_		AN M DIETZE CHARITABLE T				51-6	5523322	Page 3
Part	IV Capital Gains and L	osses for Tax on Investme	ent Income					
) of property sold (for example, real estat or common stock, 200 shs MLC Co)	e,	(b) How acquired PPurchase DDonation	(c) Date a (mo , da	, ,	(d) Date (mo , day	
1a	See Attached Statement							
b								
с								
d								
e								
	(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		other basis nse of sale			or (loss)) minus (g))	
а								
b								
С								
d								
е								
	Complete only for assets show	ing gain in column (h) and owned b	ov the foundation	on 12/31/69		0 (0-1	/b)	-
	(i) F M ∨ as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (ı) (j), ıf any		(k), but not	(h) gain minus less than -0-) om col (h))	
а								
b								
d								
e								
2	Capital gain net income or (n	er canital insstit	iso enter in Pa enter -0- in Pai	, ,	2	<u> </u>		196,557
3		(loss) as defined in sections 1	222(5) and (6)		-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	If gain, also enter in Part I, lin Part I, line 8	e 8, column (c) See instruction	ns If (loss), en	ter -0- in }	3			0
Part		Section 4940(e) for Reduc	ed Tax on N	et Investment	Income			
		e foundations subject to the se				ne)	-	
(provide use by democrac private		o	ax 511 1150 1111 551.		,		
If sect	tion 4940(d)(2) applies, leave t	his part blank						
		ction 4942 tax on the distributal			ase period	?	☐ Yes	X No
If "Ye:	s," the foundation doesn't qual	ify under section 4940(e) Do n	ot complete the	s part				
1		t in each column for each year,	see the instru	ctions before ma	king any ei	ntries		
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) of noncharitable-use a	ssets		(d) ribution ratio livided by col	(c))
	2016	301,	832	6.25	1,476			048282
	2015	295,		6,408				046124
	2014	313,			1,136			048225
	2013	293,		6,134				047887
	2012	281,			0,328			049384
	2012	201,		0,700	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			01000.
2	Total of line 1, column (d)				2		0	239902
3	, ,	the E year base period divide	the total on lin	a 2 by 5 0 or by		 		200002
3		the 5-year base period—divide			3	}	0	047980
	the number of years the found	dation has been in existence if	less man 5 yea	ars	- -	 		047300
	Enton the most color of const.		- 5 -4 V 1 - 4	_	١,	ł	6	CO4 EO9
4	Enter the net value of noncha	aritable-use assets for 2017 fro	m Part X, line 5		4	+	6,	601,698
_	Market has divine				_	l		046 740
5	Multiply line 4 by line 3				5	 		316,749
_					İ			001-
6	Enter 1% of net investment in	ncome (1% of Part I, line 27b)			6	 		3,347
						1		
7	Add lines 5 and 6				7			320,096
						1		
8	Enter qualifying distributions	from Part XII, line 4			8			315,961

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

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Form 9	990-PF (2017) JOHN A JOAN M DIETZE CHARITABLE TR 51-69	23322	F	Page 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11	L	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		X
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 ► MLTC, A DIVISION OF BANK OF AMERICA, N.A. Telephone no ► 609-27			.
	Located at ► 1300 MERRILL LYNCH DRIVE PENNINGTON NJ ZIP+4 ► 08534-	1501	·	<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			▶ _
16	and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority			T
	over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the	16		Х
	name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			1
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		\$	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			ĺ
	disqualified person?		*** ***	}
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		,	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		andre ,	
	the benefit or use of a disqualified person)?		ř	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			
b	<u> </u>			
	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	46		
	Organizations relying on a current notice regarding disaster assistance, check here	1b	₹	Х
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		87.	
	were not corrected before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	"		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			1
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?		ŀ	
_	If "Yes," list the years 20, 20, 20, 20		\$	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		.	1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		<u> </u>	
•	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		1	
3a	▶ 20, 20, 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		0 · ///	
	at any time during the year? Yes X No		,	ŧ
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			1
	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			ı
	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)	3b	Ñ/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could leopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		_X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year, did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes	10 10		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes X	10 10		_
directly or indirectly, any voter registration drive?	40		í
(3) Provide a grant to an individual for travel, study, or other similar purposes?			
The state of the s	10	1 1	į
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	i i		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	10		:
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions	ր	N/A	
Organizations relying on a current notice regarding disaster assistance, check here	7	7	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A Yes	lo	,	ļ
If "Yes," attach the statement required by Regulations section 53 4945–5(d)		4	į
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ ☐ ☐ Yes ☐ ☐ ☐ Yes ☐ ☐ ☐ Yes ☐ ☐ ☐ Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	ا ما		,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b	-	 X
If "Yes" to 6b, file Form 8870	100		<u> </u>
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	lo		. !
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid F	7b	N/A	
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors	mploye	es,	
1 List all officers, directors, trustees, and foundation managers and their compensation. See instruction	9		—
(b) Title, and average (c) Compensation (d) Contributions to		ense accou	unt.
(a) Name and address hours per week devoted to position enter -0-) and deferred compensation	-46	allowances	
See Attached Statement 00 0			
00 0			
00 0			_
00 0	 		—
00	l		
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). "NONE."	If none,	enter	
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation.	(e) Exp	ense accou allowances	
NONE			
		<u> </u>	_
	-		_
			—
Total number of other employees paid over \$50,000			0
	Form 99	0-PF (20	_

Forr	n 990-PF (2017)	JOHN A JOAN M DIETZE CHARITABLE TR	51-6523	3322 Page 7
Р	art VIII In	formation About Officers, Directors, Trustees, Foundation Managers, High	hly Paid Emr	oloyees,
		d Contractors (continued)		
3		st-paid independent contractors for professional services. See instructions. If no	ne, enter "NO	
		a) Name and address of each person paid more than \$50,000 (b) Type of serv	/ice	(c) Compensation
NO	NE			
Tot	tal number of o	others receiving over \$50,000 for professional services	•	
P	art IX-A	Summary of Direct Charitable Activities		
		four largest direct chantable activities during the tax year include relevant statistical information such as the nur ther beneficiaries served, conferences convened, research papers produced, etc	mber of	Expenses
1	NONE			
2				
		*		
_				
3		•		
		••••••		
4				
7				

P	art IX-B	Summary of Program-Related Investments (see instructions)		
D	escribe the two lar	gest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1	NONE			
_				
2		•		
—_A	Il other program-re	lated investments. See instructions		
	NONE			
Tot	al. Add lines 1	through 3		0

Form **990-PF** (2017)

Form 9	90-PF (2017) JOHN A JOAN M DIETZE CHARITABLE TR	51-652	3322 Page 8
Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundat	tions,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	<u>6,5</u> 15,657
ь	Average of monthly cash balances	1b	186,574
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	6,702,231
е	Reduction claimed for blockage or other factors reported on lines 1a and		31102,201
	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	6,702,231
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		0,102,201
-	instructions)	4	100,533
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	6,601,698
6	Minimum investment return. Enter 5% of line 5	6	330,085
Part			330,003
· are	and certain foreign organizations, check here T and do not complete this part	7115	
1	Minimum investment return from Part X, line 6	1	330,085
2a	Tax on investment income for 2017 from Part VI, line 5 2a 6,695	 	330,003
b	Income tax for 2017 (This does not include the tax from Part VI)	{	
•	Additions One of the control of the		0.005
•			
1			
=			
	1		1
- <u>-</u>			
1	Enter the concentrate amount in each column for each veer-sec the instructions before making any entry	<u> </u>	
		• •	

Subtract lines 7 and 8 from line 6a

Analysis of line 9
a Excess from 2013
b Excess from 2014
c Excess from 2015
d Excess from 2016
e Excess from 2017

10

Form 990-PF (2017) JOHN A JOAN M DIETZE CHARITABLE TR 51-6523322 Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Corpus Years prior to 2016 2016 2017 Distributable amount for 2017 from Part XI, 323.390 2 Undistributed income, if any, as of the end of 2017 Enter amount for 2016 only 129,253 **b** Total for prior years 20 , 20 3 Excess distributions carryover, if any, to 2017 a From 2012 **b** From 2013 c From 2014 **d** From 2015 e From 2016 f Total of lines 3a through e Qualifying distributions for 2017 from Part XII. line 4 ▶ 315,961 \$ a Applied to 2016, but not more than line 2a 129,253 **b** Applied to undistributed income of prior years (Election required—see instructions) c Treated as distributions out of corpus (Election required—see instructions) d Applied to 2017 distributable amount 186,708 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount-see instructions e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 136,682 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2018.

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Part	XIV Private Operating Foundation	ons (see instruc	tions and Part V	II-A, question 9)		N/A
_	If the foundation has received a ruling					
	foundation, and the ruling is effective for		•	▶		
b				cribed in section	4942(J)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	T	Prior 3 years		
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for	(4) 2011	(5) 2010	(0) 2010	(4) 2011	/ 0
_	each year listed					
	85% of line 2a	·	 			0
С	Qualifying distributions from Part XII,					_
	line 4 for each year listed			<u> </u>		0
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					<u>′0</u>
е	Qualifying distributions made directly				/	
	for active conduct of exempt activities]			
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the				/	
	alternative test relied upon				d.	
а	"Assets" alternative test—enter		İ		/	
	(1) Value of all assets					0
	(2) Value of assets qualifying under			/ /		
	section 4942(j)(3)(B)(i)		1			0
b	"Endowment" alternative test—enter 2/3			 		
	of minimum investment return shown in					0
	Part X, line 6 for each year listed					0
C	"Support" alternative test—enter			√ I		
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)		/			0
	(2) Support from general public and 5 or more exempt					
	organizations as provided in	,				
	section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from					
	an exempt organization					0
	(4) Gross investment income					0
Part		(Complete this	s part only if the	e foundation had	\$5,000 or more	
	any time during the year—s			c roundation nad	Ψο,σοσ σι πιστ	, III 4330tb 4t
1	Information Regarding Foundation N		21/			
a	List any managers of the foundation wh		d more than 2% o	of the total contributi	ons received by th	e foundation
_	before the close of any tax year (but on					e lourigation
NONE		iy ii tiley have coi	icibated inole tria	11 \$5,000) (000 360		
NONE		400/				
IJ	List any managers of the foundation wh					tion of the
NONE	ownership of a partnership or other enti	ity) of which the ic	oundation has a To	or greater intere	St	
NONE					_	
2	Information Regarding Contribution,					
	Check here ► 🗓 if the foundation on	ly makes contribu	tions to preselecte	ed charitable organi	zations and does	not accept
	unsolicited requests for funds If the four	indation makes gi	fts, grants, etc , to	individuals or orga	nizations under otl	ner
	conditions, complete items 2a, b, c, and	d See instructio	ns			
а	The name, address, and telephone nun	nber or email add	ress of the person	to whom applicatio	ns should be addr	essed
			,	-		
b	The form in which applications should b	e submitted and i	nformation and m	aterials they should	ınclude	
С	Any submission deadlines					
d	Any restrictions or limitations on awards	s, such as by geog	graphical areas, cl	haritable fields, kind	s of institutions, o	rother
	factors					

Form 990-PF (2017)

JOHN A JOAN M DIETZE CHARITABLE TR

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Page **11**

Part XV Supplementary Information (continu	ued)	-1 C - C - 4	B	
3 Grants and Contributions Paid During t	If recipient is an individual,		ure Payment	
Recipient	show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
See Attached Statement				
			•	
		!		
				1
				}
				İ
				1
Total h Approved for future payment			<u>▶ 3a</u>	257,096
b Approved for future payment NONE				
,				
				1
				1
Total			▶ 3k	0

Form 990-PF (2017) JOHN A JOAN M DIETZE CHARITABLE TR

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Enter gro		tivities	 -			
	oss amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	(e)
1 Pro	gram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
а						
b			·			
C						
ď						
e						
Т,						
	Fees and contracts from government agencies	-				
	mbership dues and assessments					
	rest on savings and temporary cash investments idends and interest from securities				104.040	
	rental income or (loss) from real estate			14	164,319	
	Debt-financed property					
	Not debt-financed property					
	rental income or (loss) from personal property					
	er investment income	-				
	n or (loss) from sales of assets other than inventory			18	196,557	
	income or (loss) from special events	·	·	10	190,557	
	ss profit or (loss) from sales of inventory	·				
	er revenue a					
b						
c						
d						
e						
12 Sub	total Add columns (b), (d), and (e)	- 1	0	x 52- 7	360,876	0
I3 Tota	al. Add line 12, columns (b), (d), and (e)				13	360,876
See wor	ksheet in line 13 instructions to verify calculation					
Part XV						
Line No. ▼	accomplishment of the foundation's exempt purp	e is reported in co oses (other than	olumn (e) of Part X by providing funds	(VI-A contributed s for such purpos	importantly to the es) (See instruction	ons)
	Not Applicable		·			<u> </u>
						<u> </u>
	 "					
<u> </u>						

Signature of officer or trustee

Paid

Preparer

Use Only

Print/Type preparer's name

LAWRENCE F MCGUIRE

Date

Date

5/2/2018

Preparer's signature

▶ PRICEWATERHOUSECOOPERS, LLP

Firm's address • 600 GRANT STREET, PITTSBURGH PA 15219

Form 990-PF (2017)

PTIN

self-employed P01233953

13-4008324

412-355-6000

Check X if

Firm's EIN

Phone no

Recipient(s) paid during t	he year					
Name	•					
Williamstown Rural Land Fo	nundation Inc					
Street	zanadan me					
671 Cold Spring Rd						
City		State	Zip Code	Foreign C	ountry	
Williamstown			01267-2725	3.3.3.		
Relationship	Foundation St		19 1-91			
NONE	PC					
Purpose of grant/contribu	tion				Amount	
GENERAL OPERATING				<u></u>		10
Name						
Williamstown Theatre Foun	dation Inc					
Street	adion me			-		
Po Box 517						
City		State	Zip Code	Foreign C	ountry	
Williamstown		MA	01267-0517	L		
Relationship	Foundation St					
NONE	PC					
Purpose of grant/contribu	tion				Amount	
GENERAL OPERATING						
Name The Parasol Jahoe Commu						
Part VI Excise Tax Base	d on Investment Income (S	ection 4940	P(a), 4940(b), 494	D(e), or 4948—	see instructions)	
	ns described in section 4940(d)(2),	check here	▶ ☐ and enter	"N/A" on line 1	see instructions)	
	ns described in section 4940(d)(2),	check here	▶ ☐ and enter	"N/A" on line 1	see instructions)	
1a Exempt operating foundation Date of ruling or determination	ns described in section 4940(d)(2), of	check here tach copy of le	▶ ☐ and enter etter if necessary—s	"N/A" on line 1 ee instructions)	see instructions)	6,6
Exempt operating foundation Date of ruling or determination Domestic foundations to	ns described in section 4940(d)(2), on letter. (att. hat meet the section 4940(e)	check here lach copy of le requiremen	▶ ☐ and enter etter if necessary—s	"N/A" on line 1 ee instructions)		6,6
1a Exempt operating foundation Date of ruling or determination	ns described in section 4940(d)(2), on letter. (att. hat meet the section 4940(e)	check here lach copy of le requiremen	▶ ☐ and enter etter if necessary—s	"N/A" on line 1 ee instructions)		6,6
Exempt operating foundation Date of ruling or determination Domestic foundations to	ns described in section 4940(d)(2), on letter. (att. hat meet the section 4940(e)	check here lach copy of le requiremen	▶ ☐ and enter etter if necessary—s	"N/A" on line 1 ee instructions)		6,6
Exempt operating foundation Date of ruling or determination Domestic foundations to	ns described in section 4940(d)(2), on letter. (att. hat meet the section 4940(e)	check here lach copy of le requiremen	▶ ☐ and enter etter if necessary—s	"N/A" on line 1 ee instructions)		6,6
 Exempt operating foundation Date of ruling or determinate Domestic foundations there	ns described in section 4940(d)(2), on letter. (att. hat meet the section 4940(e)	check here lach copy of le requiremen	▶ ☐ and enter etter if necessary—s	"N/A" on line 1 ee instructions)		6,6
Ta Exempt operating foundation Date of ruling or determinate Domestic foundations t here ▶ ☐ and enter 1	ns described in section 4940(d)(2), on letter. (att. hat meet the section 4940(e)	check here lach copy of le requiremen	▶ ☐ and enter etter if necessary—s	"N/A" on line 1 ee instructions)		6,6
1a Exempt operating foundation Date of ruling or determinate b Domestic foundations t here ▶ ☐ and enter 1 Street 948 Incline Way	ns described in section 4940(d)(2), on letter. (att. hat meet the section 4940(e)	check here lach copy of le requiremen	▶ ☐ and enter etter if necessary—s ts ın Part V, check	"N/A" on line 1 ee instructions) (1	6,6
1a Exempt operating foundation Date of ruling or determinate b Domestic foundations t here ▶ ☐ and enter 1 Street 948 Incline Way City	ns described in section 4940(d)(2), on letter. (att. hat meet the section 4940(e)	check here lach copy of le requiremen	■ □ and enter etter if necessary—s ts ın Part V, check	"N/A" on line 1 ee instructions)	1	6,6
1a Exempt operating foundation Date of ruling or determinate b Domestic foundations t here ▶ ☐ and enter 1 Street 948 Incline Way City Incline Vig	ns described in section 4940(d)(2), on letter. (att hat meet the section 4940(e) 1% of Part I, line 27b	check here lach copy of le requiremen	▶ ☐ and enter etter if necessary—s ts ın Part V, check	"N/A" on line 1 ee instructions)	1	6,6
Ta Exempt operating foundation Date of ruling or determinate Domestic foundations to here ▶ ☐ and enter 1 Street 948 Incline Way City Incline Vig Relationship	ns described in section 4940(d)(2), on letter. (att hat meet the section 4940(e) 1% of Part I, line 27b	check here lach copy of le requiremen	■ □ and enter etter if necessary—s ts ın Part V, check	"N/A" on line 1 ee instructions)	1	6,6
Ta Exempt operating foundation Date of ruling or determinate Domestic foundations to here ▶ □ and enter 1 Street 948 Incline Way City Incline Vig Relationship NONE	rs described in section 4940(d)(2), on letter. (att hat meet the section 4940(e) 1% of Part I, line 27b	check here lach copy of le requiremen	■ □ and enter etter if necessary—s ts ın Part V, check	"N/A" on line 1 ee instructions)	ountry	6,6
Ta Exempt operating foundation Date of ruling or determinate b Domestic foundations to here ▶ ☐ and enter 1 Street 948 Incline Way City Incline Vig Relationship NONE Purpose of grant/contribut	rs described in section 4940(d)(2), on letter. (att hat meet the section 4940(e) 1% of Part I, line 27b	check here lach copy of le requiremen	■ □ and enter etter if necessary—s ts ın Part V, check	"N/A" on line 1 ee instructions)	1	
Ta Exempt operating foundation Date of ruling or determinate b Domestic foundations t here ▶ □ and enter 1 Street 948 Incline Way City Incline Vig Relationship NONE Purpose of grant/contribut GENERAL OPERATING	rs described in section 4940(d)(2), on letter. (att hat meet the section 4940(e) 1% of Part I, line 27b	check here lach copy of le requiremen	■ □ and enter etter if necessary—s ts ın Part V, check	"N/A" on line 1 ee instructions)	ountry	6,6
Ta Exempt operating foundation Date of ruling or determinate b Domestic foundations to here ▶ □ and enter 1 Street 948 Incline Way City Incline Vig Relationship NONE Purpose of grant/contribut GENERAL OPERATING Name	rs described in section 4940(d)(2), on letter. (att. hat meet the section 4940(e) 1% of Part I, line 27b	check here lach copy of le requiremen	■ □ and enter etter if necessary—s ts ın Part V, check	"N/A" on line 1 ee instructions)	ountry	
Ta Exempt operating foundation Date of ruling or determinate b Domestic foundations to there ▶ □ and enter 1 Street 948 Incline Way City Incline Vig Relationship NONE Purpose of grant/contribut GENERAL OPERATING Name Wounded Warrior Project Incline Nounded Warrior Project Incline Name	rs described in section 4940(d)(2), on letter. (att. hat meet the section 4940(e) 1% of Part I, line 27b	check here lach copy of le requiremen	■ □ and enter etter if necessary—s ts ın Part V, check	"N/A" on line 1 ee instructions)	ountry	
Ta Exempt operating foundation Date of ruling or determinate b Domestic foundations to there ▶ □ and enter 1 Street 948 Incline Way City Incline Vig Relationship NONE Purpose of grant/contribut GENERAL OPERATING Name Wounded Warrior Project In Street	rs described in section 4940(d)(2), on letter. (att. hat meet the section 4940(e) 1% of Part I, line 27b	check here lach copy of le requiremen	■ □ and enter etter if necessary—s ts ın Part V, check	"N/A" on line 1 ee instructions)	ountry	
Tale Exempt operating foundation Date of ruling or determinate b Domestic foundations to here ▶ ☐ and enter 1 Street 948 Incline Way City Incline Vig Relationship NONE Purpose of grant/contribut GENERAL OPERATING Name Wounded Warrior Project In Street 4899 Belfort Rd Ste 300	rs described in section 4940(d)(2), on letter. (att. hat meet the section 4940(e) 1% of Part I, line 27b	State NV	■ □ and enter etter if necessary—s ts in Part V, check Zip Code 89451-9527	"N/A" on line 1 ee instructions) (Foreign C	ountry	
Date of ruling or determinate b Domestic foundations to here ▶ ☐ and enter 1 Street 948 Incline Way City Incline Vig Relationship NONE Purpose of grant/contribut GENERAL OPERATING Name Wounded Warrior Project In Street 4899 Belfort Rd Ste 300 City	rs described in section 4940(d)(2), on letter. (att. hat meet the section 4940(e) 1% of Part I, line 27b	State NV	■ □ and enter etter if necessary—s ts in Part V, check Zip Code 89451-9527	"N/A" on line 1 ee instructions)	ountry	
Tale Exempt operating foundation Date of ruling or determinate b Domestic foundations to here ▶ ☐ and enter 1 Street 948 Incline Way City Incline Vig Relationship NONE Purpose of grant/contribut GENERAL OPERATING Name Wounded Warrior Project In Street 4899 Belfort Rd Ste 300 City Jacksonville	Foundation St.	State NV State FL	■ □ and enter etter if necessary—s ts in Part V, check Zip Code 89451-9527	"N/A" on line 1 ee instructions) (Foreign C	ountry	
Tale Exempt operating foundation Date of ruling or determinate Domestic foundations to there ▶ □ and enter 1 Street 948 Incline Way City Incline Vig Relationship NONE Purpose of grant/contribut GENERAL OPERATING Name Wounded Warrior Project In Street 4899 Belfort Rd Ste 300 City Jacksonville Relationship	Foundation St.	State NV State FL	■ □ and enter etter if necessary—s ts in Part V, check Zip Code 89451-9527	"N/A" on line 1 ee instructions) (Foreign C	ountry	
Tale Exempt operating foundation Date of ruling or determinate b Domestic foundations to here ▶ ☐ and enter 1 Street 948 Incline Way City Incline Vig Relationship NONE Purpose of grant/contribut GENERAL OPERATING Name Wounded Warrior Project In Street 4899 Belfort Rd Ste 300 City Jacksonville Relationship NONE	Foundation St. PC	State NV State FL	■ □ and enter etter if necessary—s ts in Part V, check Zip Code 89451-9527	"N/A" on line 1 ee instructions) (Foreign C	ountry	
Tale Exempt operating foundation Date of ruling or determinate Domestic foundations to there ▶ □ and enter 1 Street 948 Incline Way City Incline Vig Relationship NONE Purpose of grant/contribut GENERAL OPERATING Name Wounded Warrior Project In Street 4899 Belfort Rd Ste 300 City Jacksonville Relationship	Foundation St. PC	State NV State FL	■ □ and enter etter if necessary—s ts in Part V, check Zip Code 89451-9527	"N/A" on line 1 ee instructions) (Foreign C	ountry	

225 South Street

JOHN A JOAN M DIETZE CHAR						2 of 5
Continuation of Part XV, L	<u>ine 3a (990-PF) -</u>	Gran	its and Cont	<u>ributions Pai</u>	d During th	e Year
Recipient(s) paid during the year					_	
Name						
Blue Ridge Humane Society Inc						
Street			-			
1214 Greenville Hwy						
City		State	Zip Code	Foreign Cou	ntry	
Hendersonvile		NC	28792-6206		·	
Relationship	Foundation Status	;				
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING						9,569
Name						
Port Townsend Education Foundation	1					
Street	<u></u>	-				
Po Box 1867						
City	-	State	Zip Code	Foreign Cour	ntrv	
Port Townsend		WA	98368-0058	1. 0.0.9 000.		
Relationship	Foundation Status		100000-0000			
NONE	PC	•				
Purpose of grant/contribution					Amount	
GENERAL OPERATING					Amount	5,000
						0,000
Name						
United Good Neighbor Fund of Jeffer	son County					
Street						
219 W Patison St Ste A			·			
City			Zip Code	Foreign Cou	ntry	
Port Hadlock		WA	98339-9711			
Relationship	Foundation Status	3				
NONE	PC				I & III	
Purpose of grant/contribution					Amount	2 500
GENERAL OPERATING						2,500
Name						
Port Townsend Marine Science Socie	ty Fort Worden State P	ark				
Street						
532 Battery Way						
City		State	Zip Code	Foreign Cour	ntry	
Port Townsend		L WA	98368-3636	_		
Relationship	Foundation Status	;				
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING						2,569
Name						
North Kitsap Fishline						
Street					· · · · · · · · · · · · · · · · · · ·	
Po Box 1517						
City		State	Zip Code	Foreign Cour	ntry	
Poulsbo		WA	98370-0168	i oreign doe.		
Relationship	Foundation Status		130370-0100			
NONE	PC					
Purpose of grant/contribution				·	Amount	
GENERAL OPERATING					,	_2,500
					 	-5,000
Name						
Ingleside Homes Inc						
Street						
1005 North Franklin Street						
City			Zip Code	Foreign Cou	ntry	
Wilmington	- 	DE	19806-4553			
Relationship	Foundation Status	;				
NONE	PC		·- ·- · · · · · · · · · · · · · · · · ·			
Purpose of grant/contribution GENERAL OPERATING					Amount	16,1 <u>56</u>
						16 166

JOHN A JOAN M DIETZE CHAP				51-652		
Continuation of Part XV, I	<u>-ine 3a (990-PF) -</u>	<u>- Grar</u>	nts and Cont	ributions Paid	d During th	ne Year
Recipient(s) paid during the year						
Name						
Westminster Presbyterian Church						
Street						
1502 W 13th St		100				
City			Zip Code	Foreign Cour	itry	
Wilmington Relationship	Foundation Status	DE	19806-4223			
NONE	PC	•				
Purpose of grant/contribution				<u>. </u>	Amount	
GENERAL OPERATING						16,156
Name						
United Way Of Delaware Inc						
Street						
625 N Orange St FI 3						
City		State	Zip Code	Foreign Coun	itry	
Wilmington		DE	19801-2250	i orongir odan	,	
Relationship	Foundation Status		1.000.			
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING						16,156
Name						
Wilmington Friends School Inc						
Street						
101 School Rd						
City		State	Zip Code	Foreign Coun	trv	
Wilmington		DE	19803-4522	i orongir obtain	,	
Relationship	Foundation Status	3		··· •		
NONE	PC					
Purpose of grant/contribution				•	Amount	
GENERAL OPERATING						16,1 <u>56</u>
Name						
Pilot School Inc						
Street	· · · · · · · · · · · · · · · · · · ·			•• • • • • • • • • • • • • • • • • • • •		
100 Garden Of Eden Rd						
City		State	Zip Code	Foreign Coun	try	
Wilmington		DE	19803-1504		•	_
Relationship	Foundation Status	;	·			
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING						1 <u>6,157</u>
Name						
Ministry Of Caring Inc						
Street					•	
115 E 14Th St			· · · · · · · · · · · · · · · · · · ·			
City			Zip Code	Foreign Coun	try	_
Wilmington		DE	19801-3209			
Relationship	Foundation Status					
NONE Purpose of grant/contribution	PC	_		 		
GENERAL OPERATING					Amount	
GENERAL OPERATING	_ · ·				<u>_L</u>	1 <u>6,157</u>
Name						
Delaware Hospice Inc						
Street						
16 Polly Drummond Center-2nd FI Po	ol					
City			Zip Code	Foreign Coun	try	
Newark Polationahin	I	DE	19711-0000			
Relationship	Foundation Status					
NONE Purpose of grant/contribution	PC				Ta :	
GENERAL OPERATING					Amount	16.157
VENERAL OF CIVILING					1	/כד.מד

JOHN A JOAN M DIETZE CHARI				51-652		
Continuation of Part XV, Li	ne 3a (990-PF) -	Gran	its and Cont	<u>ributions Paic</u>	I During th	e Year
Recipient(s) paid during the year						
Name						
Institute For Cancer Research						
Street						
333 Cottman Ave						
City			Zip Code	Foreign Coun	try	
Philadelphia		PA	19111-2434			
Relationship	Foundation Status	}				
NONE	IPC				Amount	
Purpose of grant/contribution GENERAL OPERATING					Amount	16,157
<u></u>						10,137
Name						
The Berkshire Taconic Community Fo	undation Inc	=				
Street						
800 North Main Street, PO Box 400	·····	Casas	Zin Onda	Faraian Carra	4	
City Sheffield		State		Foreign Coun	try	
Relationship	Foundation Status	MA_	01257-0400			
NONE	PC	,				
Purpose of grant/contribution				<u> </u>	Amount	
GENERAL OPERATING					Amount	1,000
					_1	.,,000
Name						
Berkshire Food Project Inc						
Street						
Po Box 651 City		Ctoto	7:n Codo	Faraian Caun		
North Adams		MA	Zip Code	Foreign Coun	ıry	
Relationship	Foundation Status		01247-0651	·		
NONE	PC	•				
Purpose of grant/contribution	11 0		····		Amount	
GENERAL OPERATING					Amount	1,000
					<u> </u>	
Name		_				
Massachusetts Museum of Contempo Street	rary Art Foundation, in	<u>c</u>		···		
1040 MASS MoCA Way						
City		State	Zip Code	Foreign Coun	tn/	
North Adams		MA	01247	i orongir odun	y	
Relationship	Foundation Status		10.00.0			
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING						2,500
Name			<u> </u>			
Berkshire Humane Society Inc						
Street						
214 Barker Rd						
City		State	Zip Code	Foreign Coun	trv	
Pittsfield		MA	01201-8036		,	
Relationship	Foundation Status	_				
NONE	PC					
Purpose of grant/contribution	.				Amount	
GENERAL OPERATING				_ 	<u> </u>	1,000
Name						
Wamc						
Street						
318 Central Ave						
City		State	Zip Code	Foreign Coun	try	
Albany		NY	12206-2522		_	
Relationship	Foundation Status					
NONE	PC					
Purpose of grant/contribution GENERAL OPERATING					Amount	
OFFICE ALL OPERATION					1	1,000

JOHN A JOAN M DIETZE CHAR				51-652		
Continuation of Part XV, L	.ine 3a (990-PF) -	- Gran	its and Cont	ributions Paid	d During th	e Year
Recipient(s) paid during the year						
, , , , ,						
Name						
Williamstown Community Chest						
Street						
Po Box 204			· · · · · · · · · · · · · · · · · · ·			
City		State	Zip Code	Foreign Cour	itry	
Williamstown		MA	01267-0204			
Relationship	Foundation Status	3				
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING					Į.	1,000

Name						
Village Ambulance Services Inc				·		
Street						
30 Water St						
City		State	Zip Code	Foreign Cour	itry	
Williamstown		MA	01267			
Relationship	Foundation Status	;				_
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING					,	569
OEMERO E OF ERVITIO						
Name						
BRAC USA						
Street						
110 William St 18th Floor						
City		State	Zip Code	Foreign Coun	itry	
New York		NY	10038	i orongii oouii	y	
Relationship	Foundation Status		110030			
NONE	PC	•				
Purpose of grant/contribution					TAmount	
					Amount	0.000
GENERAL OPERATING					<u></u>	6,000
Name						
Center Valley Animal Rescue Grant A	ward					
Street	ward					
11900 Center Rd						
City		State	Zip Code	Foreign Coun		
Quilcene			1 '	Foreign Coun	ıtry	
	Farradation Otation	<u> WA</u>]98376			
Relationship	Foundation Status	i				
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING					<u> </u>	1,500
Name						
Hawaii Academy of Arts and Sciences Street	-					
15-1397 Homestead Rd		T =				
City			Zip Code	Foreign Coun	itry	
Pahoa		HI	96778			
Relationship	Foundation Status	,				
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL OPERATING						2,500
Name						
Bainbridge Schools Foundation						
Street		_				
8489 Madison Ave NE						
City		State	Zip Code	Foreign Coun	try	
Bainbridge Island		WA	98110		•	
Relationship	Foundation Status		122			
NONE	PC					
Purpose of grant/contribution	<u>,, </u>				Amount	
GENERAL OPERATING					,	3,000

5/2/2018 9.14 43 AM - XXXX4E52 - JXC - FLP - JOHN A JOAN M DIETZE CHARITABLE TR

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

Net Gain	or Loss	 i	 i	į		Net	5													
Net	orL						Adjustments	0	0	0	0	0	0	0	0	0	0	0	0	0
asis Expenses	d Adjustments	1,923,731	0				Depreciation													
Cost or Other Basis Expenses	Depreciation and Adjustments				Expense of Sale	and Cost of	Improvements													
-	5	2,120,288	0			Valuation	Method													
Gross	Sales				-	Cost or	Other Basis	74,450	4.296	50,739	260,421	668,741	93,645	151,602	171,272	46,662	59,903	82,122	84,067	175,811
Totals		Capital Gains/Losses	Other sales			Gross Sales	Pince	82.820	2,500	58,035	283,412	760.897	128.126	152,118	171,304	54,963	71,081	92,501	84,155	175,330
		Š				Date	PioS	1/26/2017	5/23/2017	5/23/2017	1/26/2017	1/26/2017	11/17/2017	9/13/2017	9/13/2017	11/17/2017	11/17/2017	1/26/2017	9/13/2017	9/13/2017
						Date	Acquired	1/13/2015	2/4/2016	1/13/2015	1/8/2015	1/8/2015	1/8/2015	1/26/2017	1/13/2015	1/8/2015	1/8/2015	1/8/2015	1/26/2017	1/13/2015
						Acquisition	Method													
				Check X".f	Purchaser	is a	Business													
							Purchaser													
					Check X.	to include	in Part IV	×	×	×	×	×	×	×	×	×	×	×	×	×
	Amount	46	0				CUSIP #	464287499	464287499	464287499	464287598	464287614	464287614	464288646	464288646	46432F842	46434G103	464287168	464287457	464287457
	•	Long Term CG Distributions	Short Term CG Distributions		_		Description	1 ISHARES RUSSELL MIDCAP	2 ISHARES RUSSELL MIDCAP	3 ISHARES RUSSELL MIDCAP	4 ISHARES RUSSELL 1000	5 ISHARES RUSSELL 1000	6 ISHARES RUSSELL 1000	7 ISHARES 1-3 YEAR	8 ISHARES 1-3 YEAR	9 ISHARES TR CORE MSCI EAR	10 ISHARES INC CORE MSCI	11 ISHARES SELECT	12 ISHARES 1-3 YEAR	13 ISHARES 1-3 YEAR

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Part I, Line 18 (990-PF) - Taxes

	4,782	3,552	(0
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1 FOREIGN TAXES PAID	3,552	3,552	Not modific	1 diposes
2 ESTIMATED EXCISE PAYMENTS	1,230			

ř

	0	6,013,457	6,696,806
	Book Value	Book Value	FMV
aluation	Beg of Year	End of Year	End of Year
		0	
	0	337,336	339,882
	0	710,157	860,060
	0	596,087	837,575
	0	117,190	138,325
	0	123,467	153,094
	0	128,876	135,953
	0	406,710	429,775
	0	261,439	258,028
	0	730,566	713,513
	0	272,656	267,897
	0	406,689	485,695
	0	273,280	344,188
	0	409,173	505,810
	0	1,239,831	1,227,011

Part III (990-PF) - Changes in Net Assets or Fund Balances

Line 3 - Other increases not included in Part III, Line 2

1 FEDERAL EXCISE TAX REFUND	1	18,618
2 COST BASIS ADJUSTMENT	2	93
3 Total	3	18,711

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Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

Deprecation Adjustments O O O O	1,923,731 196, Cost or Other Bass Plus Expense of Sale 74,450 8, 50,739 7, 260,471 22,	196,511 FMV 8 of 123,169 8 370 0 1,204 0 7,296 0	Adjusted Basis as of 12/31/69	Excess of FMV Over Adjusted Basis	196,511 Gans Minus Excess FMV Over Adj Basis or Losses 8,370 1,204 7,296
Adustments		3370	Adjusted Basis as of 12/31/69		196,511 Gans Mnus Excess FMV Over Adj Basis of Losses 8,370 1,204 7,296
Adjustments 0		204 204 204	Adjusted basis as of 12/31/69	00	Gains Minus Excess FMV Over Adj Basis or Losses 8,370 1,204
Adjustments 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		204	12/31/69 0 0	00	Adj Basis or Losses 8,370 1,204
0		370	0 0	00	Adj Basis of Losses 8,370 1,204 7,296
	4,296 50,739 260,421	1,204 0 7,296 0		00	1,204 7,296
0	50,739 260,421	7,296	0	0	7,296
0	260,421	0 057,			7.296
	124,002			0	
	SS9 7.44	00 156	0	0	22,991
	000,141	92,130		5	92,156
	93,040	0,400		0	34,481
	121,002	0 000		0	516
	76.667	9 304		5 0	32
	59,025	11 178		5 6	105 B
	82,303	10,170	5 6		8/1/1
	84 067	88		5 0	10,378
	175,811	481		5 0	8 3
		2			07
	668,741 93,645 151,602 171,272 46,662 59,903 82,122 84,067 175,811		22,991 0 0 2 2 2 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22,991 92,156 92,156 93,481 516 63,21 63,31 63,31 64,31	22,991 0 0 92,156 0 0 0 516 0 0 0 516 0 0 0 11,178 0 0 0 10,379 0 0 0 481 0 0 0

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	Expense						
0	Benefits						
81,442	Compensation		9,000	9,000	5,000	000'9	9,000
	Avg Hrs Per Week	200	00 6	8	90 6	00 6	00 6
	Title	TRUSTEE	ADVISOR	ADVISOR	ADVISOR	ADVISOR	ADVISOR
	Foreign Country						
İ	Zip Code	08534-1501	85750	33737	89511	96749	01267
	State	Z	7	3	≩	호	Ψ
	City	Pennington	TUCSON	CLEARWATER	RENO	KEAAU	WILLIAMSTOWN
	Street	P O Box 1501, NJ2-130-03-31	5902 N GOLDEN	779 ISLAND WAY	1395 VIEW CREST	PO BOX 492395	1712 OBLONG RD
	Check "X"		47	2		<u>a.</u>	-
	Мате	UST-MLT	PAMELA HALBROOK	ANNA D NELSON	DAVID L DIETZE	VALERIE TWEITEN	JOHN DIETZE
		-	~		4	ro.	؈

Part VI, Line 6a (990-PF) - Estimated Tax Payments

		Date		_Amount
1	Credit from prior year return		1	0
2	First quarter estimated tax payment	5/12/2017	2 _	308
	Second quarter estimated tax payment	6/14/2017	з —	307
4	Third quarter estimated tax payment	9/14/2017	4 —	308
5	Fourth quarter estimated tax payment	12/14/2017	5 —	307
6	Other payments		6 —	
_7	Total		<u>7</u> –	1,230

Part XIII, Line 2a, Column C (990-PF) - Prior Year Undistributed Income		
1 Distributable amounts for 2016 that remained undistributed at the beginning of the 2017 tax year	1	129,253
2	2	
3	3	
4	4	·
5	5	
6	6	
7	7	
8	8	
9	⁹	
10 Total	10	129,253