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

29491 5316100 OMB No 1545-0052

2017

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information

Open to Public Inspection

| | For o | cale | ndar year 2017 or tax year beginning 1 | .2/13 ,2017 | , and ending 12 | <u> 2/3:</u> | | |
|----------------|-------------|--------------|--|------------------------------------|--------------------------|--------------|---|----------------------------------|
| | тт | דיתי | EN FAMILY FOUNDATION | | | A | Employer identification num 82-3715560 | nber |
| - | | | IMSWICK MANOR LANE | | | В | Telephone number (see inst | ructions) |
| | BAI | LW | IN, MO 63011 | | | Ĺ | (312) 242-330 | |
| | | | | | | С | If exemption application is | pending, check here X |
| , . | G | her | k all that apply: X Initial return | Initial return of a form | ner public charity | 1 | | |
| v | G |) I I C (| Final return | Amended return | ner public criarity | D | 1 Foreign organizations, chec | k here |
| 1 | | | Address change | Name change | | { | 2 Foreign organizations meet | |
| | H (| Chec | | (c)(3) exempt private for | oundation all | 1, | here and attach computation | n ; ► 📋 |
| | | | Section 4947(a)(1) nonexempt charitable tr | ust Other taxable | private foundation | ľΕ | If private foundation status | |
| | | | * · · · · · · · · · · · · · · · · · · · | counting method X C | ash Accrual | 1 | under section 507(b)(1)(A) | , check here |
| | | | | Other (specify) | | F | If the foundation is in a 60- | |
| | | \$ | | column (d) must be on | | <u> </u> | under section 507(b)(1)(B) | , check here |
| 1 | Pai | <u> </u> | Analysis of Revenue and Expenses (The total of amounts in | (a) Revenue and expenses per books | (b) Net investmer income | nt | (c) Adjusted net income | (d) Disbursements for charitable |
| | | | columns (b), (c), and (d) may not neces- | expenses per books | income | | income | purposes |
| | | | sarily equal the amounts in column (a) (see instructions)) | | | | 1 | (cash basis only) |
| • | | T | 1 Contributions, gifts, grants, etc., received (attach schedule) | 3,235,899. | | | | |
| | | - 1 | 2 Check ► if the foundation is not required to attach Sch. B | | | | | |
| | | 1 | 3 Interest on savings and temporary cash investments | | | | N/A | |
| Ø | | 1 | 4 Dividends and interest from securities . | 1,123. | 1,12 | 23. | | |
| \mathfrak{D} | | | 5 a Gross rents. b Net rental income | | <u> </u> | | | |
| 1 | ь | - 1 | or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 | 4,161. | | | | |
| 2 | R E V | - 1 | b Gross sales price for all assets on line 6a 4,161. | 1/101. | | | | |
| | E | - { | 7 Capital gain net income (from Part IV, line 2). | | 4,16 | 51. | | |
| | N | | Net short-term capital gain Income modifications | | | | | |
| ع ل د | Ĕ | - | 10 a Gross sales less | | | | | |
| | | ł | allowances . | | | | | |
| 6 | | - | b Less Cost of goods sold | | | | | |
| | | - | C Gross profit or (loss) (attach schedule) | | | | | |
| 0107 | 2 | - [| 11 Other income (attach schedule) | | | | 1 | ł |
| • | | - | 12 Total. Add lines 1 through 11 | 3,241,183. | 5,28 | 34. | | |
| | | - 1 | 13 Compensation of officers, directors, trustees, etc. | 0. | | | | |
| | | 1 | 14 Other employee salaries and wages . | _ | | | | |
| | | | 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) | | | | | |
| | | â | b Accounting fees (attach sch) | F | | | | |
| | | Ĭ | C Other professional fees (attach sch) . | RECEN | /ED | | | |
| | O P E | S I | 17 Interest | | | | | |
| | E R | ř | Taxes (attach schedule)(see instrs) . | MAY 2 4 2 | 88-08 88-08 | | | |
| | R A T | ^ | 19 Depreciation (attach schedule) and depletion . |] M | | | | |
| | Ň | • | 20 Occupancy | OCDEN | 117 | | | |
| | | - 1 | 21 Travel, conferences, and meetings 22 Printing and publications | L CODEIV | 01 | | | |
| | A N D | ន្ត | 23 Other expenses (attach schedule) | | | | | |
| | - | EXPENSES | 1 | | | | | |
| | | S E | 24 Total operating and administrative | | | | | |
| | | | expenses. Add lines 13 through 23. 25 Contributions, grits, grants paid | | | | | |
| | | | 26 Total expenses and disbursements. | | | | | |
| | | 4 | Add lines 24 and 25 | 0. | | 0. | | 0. |
| | • | ` | 27 Subtract line 26 from line 12: a Excess of revenue over expenses | | 1 | | | |
| | | | and disbursements | 3,241,183. | | الب | | |
| | | - { | b Net investment income (if negative, enter -0-) | | 5,28 | 34. | | |
| | | | C Adjusted net income (if negative, enter -0-) | L | L | | | <u> </u> |

| Pai | 111 | Balance Sheets | Attached schedules and amounts in the description column should be for end-of-year amounts only. | Beginning of year | End o | |
|------------------|----------------|--|--|-----------------------------|---------------------------------------|--|
| | | | (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash – non-interest | - · · · · · · · · · · · · · · · · · · · | ļ | 2,072,795. | 2,072,795. |
| | 2 | | ary cash investments | | | |
| | 3 | Accounts receivable | ~ | | | |
| | 1 | Less allowance for | doubtful accounts | | · · · · · · · · · · · · · · · · · · · | ······································ |
| | 4 | Pledges receivable | · · · · · · · · · · · · · · · · · · · | | | |
| | 1 _ | Less: allowance for | doubtful accounts | | | |
| | 5 | Grants receivable | • | | | |
| | 6 | Receivables due from office | cers, directors, trustees, and other ch schedule) (see instructions) |]] | | |
| | 7 | Other notes and loans rece | • | | | _ |
| Α | 1 | Less: allowance for o | | | | |
| S | 8 | Inventories for sale of | | | | |
| A S E T | 9 | - · · · - | nd deferred charges | | | |
| T S | 1 | | and state government | | | |
| · |] | obligations (attach si | chedule) | | | |
| | į t | Investments — corporate s | stock (attach schedule) . Statement 1 | | 308,039. | 461,202. |
| | | : Investments — corporate i | bonds (attach schedule). | | | |
| | 111 | Investments – land, equipment: basis | buildings, and | | | |
| | | Less accumulated depreci (attach schedule) | ation • | | | |
| | 12 | Investments - morto | gage loans | | | |
| | 13 | Investments - other | (attach schedule) Statement 2 | | 860,349. | 957,260. |
| | 14 | Land, buildings, and | equipment basis > | | | |
| | | Less: accumulated depreci (attach schedule) | ation | | | ' |
| | | Other assets (describ | | | | |
| | 16 | Total assets (to be c | ompleted by all filers — Also, see page 1, item I) | 0. | 2 241 102 | 2 401 257 |
| T | 17 | | d accrued expenses | · | 3,241,183. | 3,491,257. |
| Ĭ | 18 | Grants payable | | | | |
| A B | 19 | Deferred revenue | | | | ! |
| 1 | 20 | Loans from officers, direct | ors, trustees, & other disqualified persons. | | | |
| <u>ī</u> | 21 | | payable (attach schedule) . | | | |
| Ţ | 22 | Other liabilities (desc | rribe ►) | | | |
| Ė | 23 | Total liabilities (add | lines 17 through 22) | 0. | ٥. | |
| <u> </u> | | | ow SFAS 117, check here | | | |
| | ì | and complete lines 2 | 4 through 26, and lines 30 and 31. | | ł | |
| NF | 24 | Unrestricted | | ŀ | | |
| E U | 25 | Temporarily restricted | d | | | 4 |
| D | 26 | Permanently restricted | ed | | | |
| A B S A L T A | | Foundations that do and complete lines 2 | not follow SFAS 117, check here. X 7 through 31. | | | • |
| ĒĻ | 27 | Capital stock, trust pi | rincipal, or current funds . | | 3,235,899. | |
| TASN | 28 | • | or land, bldg, and equipment fund | | | ٠ |
| O E | 29 | Retained earnings, accumu | lated income, endowment, or other funds | | 5,284. | |
| RS | 30 | Total net assets or fu | ind balances (see instructions) . | Ō, | 3,241,183. | |
| | 31 | Total liabilities and n (see instructions). | et assets/fund balances | 0. | 3,241,183. | |
| Par | 1111 | | ges in Net Assets or Fund Balanc | | 3,241,103.1 | |
| | Total | net assets or fund ba | lances at beginning of year — Part II, colur on prior year's return). | | ee with | ^ |
| 2 | | amount from Part I, I | | • | 1 2 | 0. 3,241,183. |
| 3 | | ncreases not included in lin | | | | 3,241,103. |
| _ | | ines 1, 2, and 3 | | | | 3,241,183. |
| 5 | | ses not included in line 2 (i | temize) . ► | , , | 5 | 3,211,103. |
| 6 | | • | lances at end of year (line 4 minus line 5) | - Part II, column (b), line | 1 - 1 | 3,241,183. |
| BAA | | | TEEA0302L 0 | | | Form 990-PF (2017) |

| Pai | (a) List and describe | Losses for I ax on Investment the kind(s) of property sold (for exacuse, or common stock, 200 shares | mple, real estate, | (b) How acquired P — Purchase D — Donation | (C) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|-------------|--|---|---|--|--|----------------------------------|
| 1 8 | Capital gain divide | ends | | D - Donation | | |
| | | | | | | |
| | ; | | | | | |
| | <u> </u> | | | | | |
| | | | | | <u> </u> | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other base plus expense of sal | | (h) Gain or ((e) plus (f) n | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | ing gain in column (h) and owned by | the foundation on 12/31/6 | 9 | (I) Gains (Col | (h) |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | gain minus col. (k), b lan -0-) o r Losses (fr | ut not less |
| | | | | | | 4,161. |
| |) | | | | | |
| |) | | | | | |
| | l | | | | | |
| | ! | <u> </u> | | | | |
| 2 | , , | I capital loss). | enter in Part I, line 7 er -0- in Part I, line 7 | 2 | | 4,161. |
| 3 | Net short-term capital gain or (| loss) as defined in sections 1222(5) | and (6): | 1 | 1 | |
| | ın Part I, line 8 | e 8, column (c). See instructions. If (| · | 3 | | 0. |
| Pai | | r Section 4940(e) for Reduce foundations subject to the section 4 | | | | |
| Was | | nis part blank. ition 4942 tax on the distributable am y under section 4940(e). Do not com | | se period? | N/A ☐Yes | No |
| 1 | Enter the appropriate amount i | n each column for each year; see th | e instructions before makir | ng any entries. | | |
| | (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use ass | sets | (d) Distribution (col. (b) divided | ratio by col. (c)) |
| | 2016 | | | | | |
| | 2015 | | | | | |
| | 2014 | | | | | |
| | 2013 | | | | | |
| | 2012 | <u> </u> | | | | |
| 2 | Total of line 1, column (d) | | | . 2 | | |
| 3 | Average distribution ratio for th number of years the foundation | ne 5-year base period — divide the to n has been in existence if less than 5 | tal on line 2 by 5 0, or by to years | he 3 | | |
| 4 | Enter the net value of nonchar | stable-use assets for 2017 from Part | X, line 5 | 4 | | |
| 5 | Multiply line 4 by line 3 | | | 5 | | |
| 6 | Enter 1% of net investment inc | ome (1% of Part I, line 27b). | | 6 | | |
| 7 | Add lines 5 and 6 . | | | 7 | ļ | |
| 8 | Enter qualifying distributions from | om Part XII, line 4 | | . 8 | <u> </u> | |
| | If line 8 is equal to or greater to Part VI instructions | han line 7, check the box in Part VI, | line 1b, and complete that | part using a 1 | % tax rate See t | :he |

| _ | | | 37 <u>1556</u> | | P | age 4 |
|------|--|--------|----------------|---------------|----------------|----------|
| Part | | see i | nstructio | ns) | | |
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1. | 7 | | | | |
| | 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, | [| 1 | | 1 | 06. |
| | check here. ▶ and enter 1% of Part I, line 27b | | | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | - [| | | | |
| | foundations only; others, enter -0-) | ·] | 2 | | | 0. |
| • | Add lines 1 and 2 | l | 3 | | 1 | 06. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | ۱ [| 4 | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | [| 5 | | 1 | 06. |
| 6 | Credits/Payments: | | | | | |
| а | 2017 estimated tax pmts and 2016 overpayment credited to 2017 |] | 1 | | | |
| b | Exempt foreign organizations – tax withheld at source | | | | | |
| С | Tax paid with application for extension of time to file (Form 8868) . 6 c | | | | | |
| d | Backup withholding erroneously withheld 6d | | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | 7 | | | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached | - 1 | 8 | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | - | 9 | | 1 | 06. |
| 0 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | . • | 10 | | | |
| | Enter the amount of line 10 to be Credited to 2018 estimated tax Refunded . | | 11 | · | | |
| _ | VII-A Statements Regarding Activities | | | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | | Yes | No |
| ıa | participate or intervene in any political campaign? | | | 1a | $\neg \neg$ | X |
| | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? | | | | $\neg \neg$ | |
| D | See the instructions for the definition | | | 16 | - 1 | Х |
| | If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials | : nuhl | shed | | | |
| | or distributed by the foundation in connection with the activities. | Publ | 31100 | 1 1 | ļ | Į. |
| С | Did the foundation file Form 1120-POL for this year? | | | 1 c | | X |
| ď | 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. >\$ | | | 니 ! | - 1 | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos | ea on | | | ı | - |
| | foundation managers . | | | 2 | | |
| | | • | | 1- | | <u>X</u> |
| | If 'Yes,' attach a detailed description of the activities | | | 1 1 | 1 | 1 |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, art of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | ıcles | | 3 | | i |
| | | ٠. | , , | _ | | <u>X</u> |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4 a | | <u>X</u> |
| | If 'Yes,' has it filed a tax return on Form 990-T for this year?. | | • | 4 b | N | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | • • | • | 5 | | <u>X</u> |
| | If 'Yes,' attach the statement required by General Instruction T | | | - | 1 | |
| | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | - | ŀ | ľ |
| | By language in the governing instrument, or | | | - { - { | - | ł |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | at con | flict | <u>-</u> - | | |
| | with the state law remain in the governing instrument? | • | • | 6 | | X |
| | 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 | <u> </u> | |
| 8 a | Enter the states to which the foundation reports or with which it is registered. See instructions. | _ | | | ļ | I |
| | MO | | | [| l | |
| 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 <i>General Instruction G</i> ² If 'No,' attach explanation | • | | 86 | <u> </u> | |
| 9 | is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If 'Yes,' comp | or 49 | 942()(5) | | | |
| | for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If 'Yes,' comp | ete P | art XIV | 9 | | <u> </u> |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing the | eir na | mes | 1 | | |
| | and addresses | ient | 3 | 10 | X | |

| | Total Continued) | | | |
|-----|---|---------|------|----------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule See instructions | 111 | Yes | No X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement. See instructions | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► N/A | L | | |
| 14 | The books are in care of ► Telephone no. ► (312 | 242 | -330 | 5 |
| 15 | Located at ► 965 KIMSWICK MANOR LANE BALLWIN MO ZIP + 4 ► 63011 | | | |
| 1.5 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here and enter the amount of tax-exempt interest received or accrued during the year | . N/A | • | |
| 10 | | | 1 1 | N/A |
| 10 | At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | Yes | No X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country ▶ | | | |
| Pai | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | T | Yes | No |
| 1 a | 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? | | ļ | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | į |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | 1 | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No | | | |
| | (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.) Yes X No | | | |
| t | olf any answer is 'Yes' to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1 b | N | |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | \neg |
| C | : Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? | 1 c | | 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)): | | | |
| 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? | | . | |
| | If 'Yes,' list the years ► 20 , 20 , 20 , 20 | | ı | |
| | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | 2 b | N/ | A |
| | ► 20 , 20 , 20 , 20 | } } | | |
| 3 a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | | | |
| b | If 'Yes,' did it have excess business holdings in 2017 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, Form 4720, to determine if the foundation had excess business holdings in 2017.) | 3 b | N/ | A |
| 4 a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | <u>х</u> |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? | 4b | | X |
| BAA | | orm 996 | OF (| 0170 |

| Form 990-PF (2017) TİETJEN FAMILY FOR Part VII-B Statements Regarding Activit | | n 4720 May Re Red | | 715560 | Pa | age 6 |
|---|---|---|--|---|---------------------|---------------|
| | | II TIEU May DE REC | Junea (Continued | "/ | V T | N- |
| 5 a During the year, did the foundation pay or incu(1) Carry on propaganda, or otherwise attempt | • | n (section 4945(e))?. | Yes [| X No | Yes | No |
| (2) Influence the outcome of any specific publion, directly or indirectly, any voter registra | lic election (see section ation drive? | 4955), or to carry | . Yes [| X No | | |
| (3) Provide a grant to an individual for travel, | study, or other similar p | ourposes? | · Yes | X No |] | |
| (4) Provide a grant to an organization other the in section 4945(d)(4)(A)? See instructions | nan a charitable, etc., or | rganization described | Yes | X No | | |
| (5) Provide for any purpose other than religious educational purposes, or for the prevention | us, charitable, scientific n of cruelty to children o | , literary, or or animals? | Yes [| X No | | |
| b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in See instructions. | the transactions fail to a current notice regard | | ions | 5 b | N | <u>'</u> |
| Organizations relying on a current notice regar | | | ▶ | | - '\ | A |
| c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response. | sibility for the grant?. | | N/A Yes [| No | | |
| If 'Yes,' attach the statement required by Regular 6 a Did the foundation, during the year, receive are on a personal benefit contract? | | • • | □v F | V No | | |
| b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870. | ums, directly or indirect | ly, on a personal benefi | | X No 6 b | | X |
| 7a At any time during the tax year, was the found | lation a party to a prohil | bited tax shelter transac | tion? Yes | X No | 1 | |
| b If 'Yes,' did the foundation receive any proceed | ds or have any net inco | me attributable to the tr | ansaction? | N/A 7b | | |
| Part VIII Information About Officers, Diractors | ectors, Trustees, Fo | oundation Managers | , Highly Paid Emp | oloyees, | | |
| 1 List all officers, directors, trustees, and found | ation managers and the | ir compansation. See in | estructions | | | |
| List all officers, directors, trustees, and found | | | | | | |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | | se acco illowant | |
| See Statement 4 | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | 0. | 0 | | | 0. |
| | | · | | ' | | - |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2 Compensation of five highest-paid employees | (other than those inclu | ided on line 1 — see ins | | ter 'NONE.' | | _ |
| (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) Expense other a | se acco Illowano | unt, ces |
| None | | | | | | |
| | | | | | | |
| | | <u> </u> | | | | |
| | | | | | | |
| | | | | | _ | |
| | | | | | | |
| | | | ı | | | |
| Total number of other employees paid over \$50,000 | | L | L | - | | <u></u> |
| DAA | | | | Form 90 | 0 DE /2 | 017 |

| 3 Five highest-paid independent contractors for professional services. See instruct | ions. If none, enter NONE. | |
|--|------------------------------|------------------|
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| None | | |
| | | |
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| | | |
| Total number of others vecessary as over \$50,000 for any feed on any | | |
| Total number of others receiving over \$50,000 for professional services | · · | 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infori organizations and other beneficiaries served, conferences convened, research papers produced, etc. | mation such as the number of | Expenses |
| 1 N/A | | |
| . 11/1 | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see instruction | | |
| Describe the two largest program-related investments made by the foundation during the | e tax year on lines 1 and 2. | Amount |
| 1 <u>N/A</u> | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments See instructions. | ` | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | | 0. |

| see instructions.) | | |
|---|---------------|--------------------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a Average monthly fair market value of securities | . 1a | <u>59,507.</u> |
| b Average of monthly cash balances | 1 b | 86,331. |
| c Fair market value of all other assets (see instructions) | 1 c | |
| d Total (add lines 1a, b, and c) | . 1d | 145,838. |
| e Reduction claimed for blockage or other factors reported on lines 1a and | 1 1 | |
| 1c (attach detailed explanation) | 0. | |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 Subtract line 2 from line 1d | . 3 | 145,838. |
| 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 2,188. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | . 5 | 143,650. |
| 6 Minimum investment return. Enter 5% of line 5 Short Year Modified Percentage 0.26 | 1 2 1 | 374. |
| Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private | operating | foundations |
| and certain foreign organizations, check here ▶ ☐ and do not complete this pa | irt.) | |
| 1 Minimum investment return from Part X, line 6 | . 1 | 374. |
| 2 a Tax on investment income for 2017 from Part VI, line 5 | .06. | |
| b Income tax for 2017 (This does not include the tax from Part VI) . 2b | | |
| c Add lines 2a and 2b | 2 c | 106. |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1 | . 3 | 268. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 Add lines 3 and 4 | 5 | 268. |
| 6 Deduction from distributable amount (see instructions) | 6 | |
| 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 268. |
| Part XII Qualifying Distributions (see instructions) | | |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26 | 1a | |
| b Program-related investments — total from Part IX-B | 1 b | |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| | + | |
| 3 Amounts set aside for specific charitable projects that satisfy the. a Suitability test (prior IRS approval required) | 3 a | |
| b Cash distribution test (attach the required schedule) | 3 b | |
| 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 0. |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b See instructions | . 5 | |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | . 6 | 0. |
| Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating who qualifies for the section 4940(e) reduction of tax in those years. | ether the fou | ndation |
| BAA | | Form 990-PF (2017) |

Part XIII Undistributed Income (see instructions)

| 1 Distributable amount of and | (a) Corpus | (b) Years prior to 2016 | (c) 2016 | (d) 2017 |
|--|---------------|----------------------------|--------------|--------------------|
| Distributable amount for 2017 from Part XI, line 7 | | | 1 2010 | 2017 |
| 2 Undistributed income, if any, as of the end of 2017 | <u> </u> | | j | |
| a Enter amount for 2016 only | 1 | | | 268 |
| b Total for prior years. 20 20 20 | | | | |
| 3 Excess distributions carryover, if any, to 2017: | | 0. | 0. | |
| a From 2012 | | 9. | | |
| b From 2013 | 4 | | Í | |
| c From 2014 . | | | | |
| d From 2015, | | | | |
| e From 2016 | _ | | | |
| f Total of lines 3a through e | | | i | |
| 4 Qualifying distributions for 2017 from Part | 0. | | 1 | |
| XII, line 4: > \$ | | | | |
| a Applied to 2016, but not more than line 2a | | 1 | | |
| b Applied to | | | | |
| b Applied to undistributed income of prior years | | † | 0. | |
| see instructions) | | | T | |
| c Treated as distributions out of corpus | | 0. | | 1 |
| Your Culture - See Instructions | 0. |] | | |
| d Applied to 2017 distributable amount | | | | |
| e Remaining amount distributed out of corpus | 0. | | | 0. |
| Of an amount appears | 0. | | | <u></u> |
| same amount must be shown in column (a).) | <u>U.</u> | | | 0. |
| | ĺ | [| | <u>_</u> |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | 1 | |
| b Prior years' undistributed income, Subtract line 4b from line 2b | 0. | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable amount — see instructions | | 0. | | |
| | | 0. | | |
| e Undistributed income for 2016. Subtract line 4a from line 2a Taxable amount — see instructions | | <u>U·</u> - | | |
| see instructions | | | | |
| f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 | | | 0. | |
| 7 Amounts treated as distributions out of | | | J | |
| corpus to satisfy requirements imposed by | | | | 268. |
| section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see lection | j | | 7 | 200. |
| see instructions) | 0. | | | |
| Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) | | | | |
| Excess distributions | 0. | | 1 | 1 |
| | | | | |
| Analysis of line 9: | 0. | | _ | |
| a Excess from 2013 | | | | |
| b Excess from 2014 | | | | |
| c Excess from 2015 | 1 | | ` | |
| d Excess from 2016 | 1 | | | { |
| e Excess from 2017 | 1 | | j | 1 |

| Form 990-PF (2017) TIETJEN FAMILY F | | | | <u>82-371556</u> | |
|--|---|--|---|--|-------------------------------|
| Part XIV Private Operating Founda | | | | | N/A / |
| 1 a If the foundation has received a ruling or one is effective for 2017, enter the date of the | ruling | | | ▶ | |
| b Check box to indicate whether the foundat | | ating foundation de | | 4942(j)(3) or | 4942(j)(5) |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | | Prior 3 years | | (e) Total |
| investment return from Part X for each year listed | (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities . | | | | | |
| 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 '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 royalities) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) | | | | | |
| (3) Largest amount of support from an exempt organization . | | | | | |
| (4) Gross investment income . | | | | | |
| Part XV Supplementary Information | (Complete this | part only if the | e foundation ha | id \$5,000 or moi | re in |
| assets at any time during the state of the s | | istructions.) | | | |
| List any managers of the foundation who have close of any tax year (but only if they have | nave contributed mo | re than 2% of the t | otal contributions re- section 507(d)(2)) | ceived by the founda | ation before the |
| None | | (000) | 300(1311 307 (4)(2),) | | |
| | | | | | |
| b List any managers of the foundation who ca partnership or other entity) of which the None | own 10% or more of foundation has a 10 | the stock of a corp % or greater intere | oration (or an equal st. | ly large portion of th | e ownership of |
| 2 Information Regarding Contribution, Gran | t Gift Loon Schola | wchin eta Duamin | | | |
| Check here ► X if the foundation only n requests for funds. If the foundation make | nakes contributions | to preselected chai | ritable organizations | and does not accep her conditions, comp | ot unsolicited plete items |
| 2a, b, c, and d. See instructions. a The name, address, and telephone number | or or omed address | of the name to wh | om applications also | uld be addressed | |
| a me name, address, and telephone number | er or email address o | or the person to wil | iom applications sno | ould be addressed. | |
| | | | | | |
| | | - | | | · |
| b The form in which applications should be s | submitted and inforn | nation and material | s they should includ | e: | |
| c Any submission deadlines: | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| d Any restrictions or limitations on awards, s | such as by geograph | nical areas, charitat | ole fields, kinds of in | stitutions, or other f | actors. |
| | | | | | |

| 3 Grants and Contributions Paid During the Yea | r or Approved for Futur | re Payment | | N/A |
|--|--|----------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | _ |
| a Paid during the year Total | or substantial contributor | | ▶ 3a | |
| b Approved for future payment | | | | |
| | | | ▶ 3b | |
| Total | · | | | l |

| Part XVI | A Analysis of Income-Producing A | Activities | | | | |
|--|--|-------------------------|------------------------|--|---|---|
| Enter gross | amounts unless otherwise indicated | Unrelate | d business income | Excluded | by section 512, 513, or 514 | (e) |
| 4 Duama | | (a) Business code | (b) Amount | (c) Exclu- sion | (d) Amount | Related or exempt function income (See instructions.) |
| • | am service revenue: | | | code | | |
| | | | | - | | |
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| e | | | | | | |
| 1 | | | | | | |
| - | and contracts from government agencies | | | . | | |
| _ | pership dues and assessments | ļ | | _ | | |
| | on savings and temporary cash investments | | | | | <u> </u> |
| 4 Divide | ends and interest from securities | | | 14 | 1,123. | |
| | ental income or (loss) from real estate: | ll | | | | |
| a Debt- | financed property . | | | | | |
| b Not d | ebt-financed property . | | | | | |
| 6 Net ren | tal income or (loss) from personal property . | | | | | |
| 7 Other | investment income . | | | | | |
| 8 Gain or | (loss) from sales of assets other than inventory . | | | | 4,161. | |
| 9 Net in | come or (loss) from special events . | | | | | |
| 10 Gross | profit or (loss) from sales of inventory | | | 1 | | |
| 11 Other | revenue: | | | | , , , , , , , , , , , , , , , , , , , | |
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| | | | | | | |
| e Subto | tal Add columns (b) (d) and (e) | | | | 5 294 | |
| | tal. Add columns (b), (d), and (e) | | | | 5,284. | 5 294 |
| 13 Total | Add line 12, columns (b), (d), and (e) | | | | 5,284. | 5,284. |
| 13 Total (See works | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation | s.) | shment of Evemn | | 13 | 5,284. |
| 13 Total (See works Part XVI | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the | s.) Accompli | | t Purpo | oses 13 | |
| 13 Total (See works | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | 5,284. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to the Explain below how each activity for which inc | s.) Accompli | ed in column (e) of Pa | ot Purpo | DSes | o the |

Form 990-PF (2017) TIETJEN FAMILY FOUNDATION 82-3715560 RankXVIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

| 1 0 | oid the organization | n directly | or indirectly e | engage in any of | the following with | any oth | er orga | nization | 1 | | | Yes एउउस | No |
|-----------------|--|-------------------------------------|---|--|---|--|------------------------------|---------------------------|---|-----------------------------------|---|-------------|----------------|
| d | escribed in section | າ 501(ຕ) (| of the Code (a | ther than section | 1 501(c)(3) organi | zations) | or in se | ection 52 | 27, | | 100 | | |
| | ransfers from the | - | | a noncharitable | exempt organiza | tion of: | | | | | | 1,329 | |
| (| 1) Cash | | | | | | | | | | 1a(1) | المستدا | X |
| (| 2) Other assets | | | | | | | | · • • • • • • • • • • • • • • • • • • • | | 1 a (2) | | X |
| bC | Other transactions: | | | | | | | | | | (4) (3) (3) | 1227 | South 1 |
| (| Sales of assets | to a non | charitable exe | empt organizatio | n | | | | | | | | X |
| Q | 2) Purchases of a | ssets fro | m a noncharit | able exempt orga | anization | | | | · • • • • • • • • • • • • • • • • • • • | | 1 b (2) | | X |
| (| Rental of faciliti | es, equip | oment, or othe | er assets | • | | | | | | 1 b (3) | | X |
| (| 9 Reimbursemen | t arrange | ments | | • | | | | | | 16(4) | | X |
| (| 5) Loans or loan g | uarantee | s | | | | | | | | 1b(5) | | X |
| (| 6) Performance of | services | or membersh | nip or fundraising | solicitations | | | | | | 1 b (6) | | X |
| c S | haring of facilities | , equipm | ent, mailing lis | sts, other assets, | or paid employe | es | | | | | 1 c | | X |
| | | | | | | | | | | | | | |
| d II ti a | the answer to any ne goods, other as ny transaction or s | of the a sets, or s sharing a | bove is 'Yes,' services given rrangement, s | complete the foll by the reporting that in column (| llowing schedule. foundation, If the the value of the | Column e founda e goods | (b) sho tion red other | uld alwa eived le | ays show thess than fai or services | ie fair m r market received | arket value value in I | of | |
| (a) Line | | | | of noncharitable exer | | | | | nsfers, transac | | | aements | |
| N/A | (3) | | (3) | | | - \-' | | | | | · · · · · · · · · · · · · · · · · · · | | |
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| d | the foundation direction escribed in section 'Yes,' complete the | 501(c) o | of the Code (of | ated with, or rela ther than section | ted to, one or mo 501(c)(3)) or in s | ore tax-e section 5 | xempt (27? | organiza | ations | | Yes | χı | 40 |
| <u> </u> | (a) Name of o | | _ | (b) Type | e of organization | | | |) Description | n of rela | ationship | | |
| N/A | (4) (10.11.0 | | | (3) . 35 | or organization | | | | , | | 21101101110 | | |
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| Sign | Under penalties of penus correct, and complete, | y, declare (Declaration | hat I have examine of preparer (other | d this return, including a rthan taxpayer) is bas | accompanying schedule and on all information | and staten | ents, and eparer has | to the best s any knov | of my knowled wledge. | ge and belie | | | |
| Here | 78 (1 | 1100 | 1/ /1/2 | A-5 | 12/01/ | 10 | | | | | May the li this return preparer s | with the | e |
| | Signature of officer of | r Inusted | 7 V - | / | Date 19/ | ין עצי | resi | gent | | | _ See opsig | rctions_ | - I |
| | Print/Type pr | | | Preparer's | | | Date | | | 71. | I XI | Yes | No |
| | | • | | | ر رک | | 1 | ه ام | Check | # | l . | ^^^ | |
| Paid | John R | | | 75 | ~ Y / | | 121 | মাক্ | self-emp | | P01508 | <u>083</u> | |
| Prepa | - 1 | | ORWOOD M | | RK CHTD. | | | | Firm's EIN | <u> 36-3</u> | <u>302504</u> | | |
| Use O | nly Firm's addres | | | ISON ST ST | | | | | | /24.0 | · coc : | | |
| BAA | | <u>C</u> | HICAGO, 1 | IL 60661-45 |) 7 1 | | | | Phone no. | (312 |) 606-3 | | |
| DAA | | | | | | | | | | | Form 99/ | LDE M | #11 7 7 |

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

| Name of the organization | | Emproyer identification number |
|--|---|---------------------------------|
| TIETJEN FAMILY FOUNDATION | | 82-3715560 |
| Organization type (check one) | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| • | 4947(a)(1) nonexempt charitable trust not treated as a p | rivate foundation |
| | 527 political organization | |
| | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private | te foundation |
| | 501(c)(3) taxable private foundation | |
| | | |
| Check if your organization is covered by the Ge | neral Rule or a Special Rule. | |
| Note. Only a section 501(c)(7), (8), or (10) organ | nization can check boxes for both the General Rule and a Spe | ecial Rule. See instructions |
| General Rule | | |
| X For an organization filing Form 990, 990-EZ | or 990-PF that received, during the year, contributions totalii | ng \$5,000 or more (in money or |
| property) from any one contributor. Complet | e Parts I and II. See instructions for determining a contributo | r's total contributions. |
| | | |
| Special Rules | | |
| For an organization described in section 501 | (c)(3) filing Form 990 or 990-EZ that met the 33-1/3% suppor), that checked Schedule A (Form 990 or 990-EZ), Part II, line | t test of the regulations |
| received from any one contributor, during the | e year, total contributions of the greater of (1) \$5,000 or (2) 2 EZ, line 1 Complete Parts I and II. | 2% of the amount on (i) |
| Form 990, Part VIII, line 1h; or (ii) Form 990 | -EZ, line 1 Complete Parts I and II. | |
| For an organization described in section 501 | (c)(7), (8), or (10) filing Form 990 or 990-F7 that received fro | m any one contributor |
| during the year, total contributions of more | (c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro han \$1,000 exclusively for religious, charitable, scientific, liter | rary, or educational |
| purposes, or for the prevention of crueity to | children or animals Complete Parts I, II, and III. | |
| | (A) (C) (C) (10) (1 E 000 000 ET 11) | |
| | (c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro religious, charitable, etc., purposes, but no such contribution | |
| \$1,000 If this box is checked, enter here the | e total contributions that were received during the year for an | exclusively religious, |
| | y of the parts unless the General Rule applies to this organiza | |
| it received <i>nonexclusively</i> religious, charitab | le, etc., contributions totaling \$5,000 or more during the year | |
| | | |
| | | |
| Caution An organization that ign't covered by the | ne General Rule and/or the Special Rules doesn't file Schedul | a R (Form 900, 900 F7, or |
| 990-PF), but it must answer 'No' on Part IV, line | 2, of its Form 990; or check the box on line H of its Form 99 | 0-EZ or on its Form 990-PF. |
| Part I, line 2, to certify that it doesn't meet the f | iling requirements of Schedule B (Form 990, 990-EZ, or 990-F | ' F). |

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

| TIETJE | EN FAMILY FOUNDATION | | 2-3715560 |
|---------------|---|-------------------------------|---|
| Part I | Contributors (see instructions) Use duplicate copies of Part I if additional sp | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | LAURENCE J. TIETJEN | | Person X Payroll |
| ; | 965 KIMSWICK MANOR LANE | \$1 <u>,750</u> _0 | 056. Noncash X |
| | BALLWIN, MO 63011 | _ | (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | CHRISTIE J. TIETJEN | | Person X |
| | 965 KIMSWICK MANOR LANE | \$1,750,0 | Payroll [|
| | BALLWIN, MO 63011 | | (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| | | | (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for |
| BAA | TEFA0702L 08/09/17 | Schedule R (F) | noncash contributions) |

1 of Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

1 to 1 of Par Employer identification number 1 of Part II

TIETJEN FAMILY FOUNDATION

82-3715560

| Part II | Noncash Property (see instructions) Use duplicate copies of Part II if additional sp | pace is needed | |
|---------------------------|--|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 1 | 1,488.465 shs. FEUPX; 1,385 shs. GRMN; 1,176.92 shs. VLEOX; 517.925 shs. FNWFX; 5,462.46 shs. FMACX; 661.1 shs. SBLYX; 575 shs. EMR; 634.1 shs. VTI; 799.075 shs. IWIRX; 228.5 shs. PG; and 2,787.725 shs. FIFAX | \$714,086. | 12/22/17 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 2 | 1,488.465 shs. FEUPX; 1,385 shs. GRMN; 1,176.92 shs. VLEOX; 517.925 shs. FNWFX; 5,462.46 shs. FMACX; 661.1 shs. SBLYX; 575 shs. EMR; 634.1 shs. VTI; 799.075 shs. IWIRX; 228.5 shs. PG; and 2,787.725 shs. FIFAX | \$714,086. | 12/22/17 |
| (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 |
| | | \$ | |
| BAA | L CALL | hadula B (Farm 900, 900-F | 7 av 000 DE (2017) |

1 to

of Part III

Name of organization Employer identification number TIETJEN FAMILY FOUNDATION 82-3715560 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions) Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (c) Use of gift (a) No. from (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (a) No. from (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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Federal Statements

Page 1

TIETJEN FAMILY FOUNDATION

82-3715560

Statement 1 Form 990-PF, Part II, Line 10b Investments - Corporate Stocks

| Corporate Stocks | Valuation | Book | Fair Market | | |
|---|---------------------------------------|---|-------------|--|--|
| | <u>Method</u> | Value | Value | | |
| 2,770 shs. GRMN 1,150 shs. EMR 1,268.20 shs. VTI 457 shs. PG | Cost Cost Cost Cost Total | \$ 72,297. 69,115. 152,209. 14,418. \$ 308,039. | 80,144. | | |

Statement 2 Form 990-PF, Part II, Line 13 Investments - Other

| | Valuation <u>Method</u> | Book Value | Fair Market Value | |
|--|--|--|---|--|
| Other Publicly Traded Securities | | | | |
| 2,976.93 shs. FEUPX 2,439.028 shs. VLEOX 1,035.85 shs. FNWFX 10,564.92 shs. FMACX 1,322.2 shs. SBLYX 1,598.15 shs. IWIRX 5,575.45 shs. FIFAX | Cost Cost Cost Cost Cost Cost Cost | \$ 142,922. 116,732. 58,909. 313,982. 52,862. 59,196. 115,746. | 126,268. 69,309. 332,795. 59,486. 71,885. | |
| | Total | \$ 860,349. | \$ 957,260. | |

Statement 3 Form 990-PF, Part VII-A, Line 10 Substantial Contributors During the Tax Year

| Name of Substantial Contributor | Address of Substantial Contributor |
|---------------------------------|--|
| LAURENCE J. TIETJEN | 965 KIMSWICK MANOR LANE BALLWIN, MO 63011 |
| CHRISTIE J. TIETJEN | 965 KIMSWICK MANOR LANE BALLWIN, MO 63011 |

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|----|---|---|
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Federal Statements

Page 2

TIETJEN FAMILY FOUNDATION

82-3715560

Statement 4
Form 990-PF, Part VIII, Line 1
List of Officers, Directors, Trustees, and Key Employees

| Name and Address | Title and Average Hours Per Week Devoted | | Compen- sation | Contri- bution to EBP & DC | Expense Account/ Other |
|---|--|-----------|-------------------|----------------------------------|------------------------------|
| LAURENCE J. TIETJEN 965 KIMSWICK MANOR LANE BALLWIN, MO 63011 | President 1.00 | \$ | 0. | \$ 0. | \$ 0. |
| CHRISTIE J. TIETJEN 965 KIMSWICK MANOR LANE BALLWIN, MO 63011 | Treasurer 1.00 | | 0. | 0. | 0. |
| JESSICA TIETJEN 965 KIMSWICK MANOR LANE BALLWIN, MO 63011 | Secretary 1.00 | | 0. | 0. | 0. |
| JENNIFER TIETJEN 965 KIMSWICK MANOR LANE BALLWIN, MO 63011 | Director 1.00 | | . 0. | 0. | 0. |
| CARRIE TIETJEN 965 KIMSWICK MANOR LANE BALLWIN, MO 63011 | Director 1.00 | | 0. | 0. | 0. |
| | Total | <u>\$</u> | 0. | \$0. | \$ 0. |