efile GRAPHIC print - DO NOT PROCESS

Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491323005038

2017

OMB No 1545-0052

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

**Return of Private Foundation** 

Open to Public Inspection

|                                       |          | ndar year 2017, or tax year beginning 01-01-20   | )17 , aı                           | nd ending 12-31-                      | -2017<br>entification numbe                    |  |  |  |  |
|---------------------------------------|----------|--|------------------------------------|---------------------------------------|--|--|--|--|--|
|                                       |          | T THIELE PETTI FOUNDATION  |                                    | 93-1161002                            | entineation numbe                              | •  |  |  |  |
| Num                                   | ber and  | d street (or P O box number if mail is not delivered to street address)  | Room/suite                         | P Tolonhono ni                        | umbor (soo instruction                         | 25)  |  |  |  |
| P                                     | O BOX 2  | 23999  |                                    | (503) 639-2200                        | B Telephone number (see instructions)          |  |  |  |  |
|                                       |          | n, state or province, country, and ZIP or foreign postal code  |                                    | ` '                                   | application is pending                         | g shock hara   |  |  |  |
| HGF                                   | KRD, OR  | 97281  |                                    | C II exemption                        | application is penum                           | y, check here ►  |  |  |  |
| G Ch                                  | neck al  |  | former public charity              | _                                     | ganızatıons, check he                          | ▶ ⊔  |  |  |  |
|                                       |          | Final return Amended return  |                                    |                                       | rganizations meeting<br>:k here and attach coi |  |  |  |  |
|                                       | ock tv   | Address change Name change  The of organization Section 501(c)(3) exempt private   | foundation                         |                                       | undation status was t                          |  |  |  |  |
| _                                     |          |  | e private foundation               | under section                         | on 507(b)(1)(A), chec                          | k here   |  |  |  |
|                                       |          |  | ☑ Cash ☐ Accru                     | ral F If the found                    | ation is in a 60-month                         | n termination .  |  |  |  |
|                                       |          | from Part II, col (c),  \$ 1,649,048   | be on cash basis )                 | under sectio                          | n 507(b)(1)(B), chec                           | k here ► □   |  |  |  |
| D-2                                   | rt I     |  | I                                  | <u> </u>                              | T  | (4) Dishimson  |  |  |  |
| Pα                                    | rt 1.    | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) | (a) Revenue and expenses per books | (b) Net investment income             | (c) Adjusted net income                        | (d) Disbursements<br>for charitable<br>purposes<br>(cash basis only) |  |  |  |
|                                       | 1        | Contributions, gifts, grants, etc , received (attach   |                                    |                                       |  |  |  |  |  |
|                                       | _        | schedule)  Check ▶ ☑ if the foundation is <b>not</b> required to attach  |                                    |                                       |  |  |  |  |  |
|                                       | 2        | Sch B  |                                    |                                       |  |  |  |  |  |
|                                       | 3        | Interest on savings and temporary cash investments   |                                    |                                       |  |  |  |  |  |
|                                       | 4<br>5a  | Dividends and interest from securities   | 43,695                             | 43,695                                | 43,695   |  |  |  |  |
|                                       | Ба<br>b  | Net rental income or (loss)  |                                    |                                       |  |  |  |  |  |
| E E                                   | 6a       | Net gain or (loss) from sale of assets not on line 10  | 72,224                             |                                       |  |  |  |  |  |
| Revenue                               | ь<br>7   | Gross sales price for all assets on line 6a 280,470 Capital gain net income (from Part IV, line 2)   |                                    | 72,224                                |  |  |  |  |  |
| ~                                     | 8        | Net short-term capital gain  |                                    | 72,224                                |  |  |  |  |  |
|                                       | 9        | Income modifications   |                                    |                                       |  |  |  |  |  |
|                                       | 10a      | Gross sales less returns and allowances  |                                    |                                       |  |  |  |  |  |
|                                       | ь        | Less Cost of goods sold  |                                    |                                       |  |  |  |  |  |
|                                       | С        | Gross profit or (loss) (attach schedule)   |                                    |                                       |  |  |  |  |  |
|                                       | 11       | Other income (attach schedule)   | 115.010                            | 115.010                               | 42.605   |  |  |  |  |
|                                       | 12<br>13 | Total. Add lines 1 through 11  | 115,919<br>35,000                  | · · · · · · · · · · · · · · · · · · · | 43,695<br>35,000                               |  |  |  |  |
|                                       | 14       | Other employee salaries and wages  | 33,000                             |                                       | 33,000   | 33,000   |  |  |  |
| Ş                                     | 15       | Pension plans, employee benefits   |                                    |                                       |  |  |  |  |  |
| nse                                   | 16a      | Legal fees (attach schedule)   |                                    |                                       |  |  |  |  |  |
| ×<br>E                                | ь        | Accounting fees (attach schedule)  | 8,770                              |                                       | 8,770  | 8,770  |  |  |  |
| Operating and Administrative Expenses | С        | Other professional fees (attach schedule)  |                                    |                                       |  |  |  |  |  |
| <b>≘</b>                              | 17       | Interest   | _                                  |                                       |  |  |  |  |  |
| <u>.</u>                              | 18       | Taxes (attach schedule) (see instructions)   | 14,878                             | 1,285                                 | 13,032   | 14,878   |  |  |  |
| =                                     | 19       | Depreciation (attach schedule) and depletion   |                                    |                                       |  |  |  |  |  |
| ΑG                                    | 20<br>21 | Occupancy  Travel, conferences, and meetings   |                                    |                                       |  |  |  |  |  |
| Ē                                     | 22       | Printing and publications  |                                    |                                       |  |  |  |  |  |
| Ď.                                    | 23       | Other expenses (attach schedule)   | 13,090                             | 10,709                                | 2,381  | 13,090   |  |  |  |
| at II                                 | 24       | Total operating and administrative expenses.   |                                    |                                       |  |  |  |  |  |
| <u>e</u>                              |          | Add lines 13 through 23  | 71,738                             | 11,994                                | 59,183   |  |  |  |  |
| ت                                     | 25       | Contributions, gifts, grants paid  | 118,800                            |                                       |  | 118,800  |  |  |  |
|                                       | 26       | <b>Total expenses and disbursements.</b> Add lines 24 and 25   | 190,538                            | 11,994                                | 59,183   | 190,538  |  |  |  |
|                                       | 27       | Subtract line 26 from line 12  |                                    |                                       |  |  |  |  |  |
|                                       | a        | Excess of revenue over expenses and disbursements  | -74,619                            |                                       |  |  |  |  |  |
|                                       | ь        | Net investment income (If negative, enter -0-)   |                                    | 103,925                               |  |  |  |  |  |
|                                       | С        | Adjusted net income(If negative, enter -0-)  |                                    |                                       |  |  |  |  |  |
| or                                    | Paner    | work Reduction Act Notice, see instructions.   |                                    | Cat No. 11280                         | / Ear  | m QQ0-DF (2017)  |  |  |  |

|        | 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)          |           |     |                 |
|        | 7   | Other notes and loans receivable (attach schedule) ▶               |           |     |                 |
|        |     | Less allowance for doubtful accounts ▶                             |           |     |                 |
| S.     | 8   | Inventories for sale or use  |           |     |                 |
| Assets | 9   | Prepaid expenses and deferred charges                              |           |     |                 |
| As     | 10a | Investments—U S and state government obligations (attach schedule) |           |     |                 |
|        | ь   | Investments—corporate stock (attach schedule)                      | 1,055,404 | 998 | 3,455 1,582,526 |
|        | С   | Investments—corporate bonds (attach schedule)                      |           |     |                 |
|        | 11  | Investments—land, buildings, and equipment basis ▶                 |           |     |                 |
|        |     | Less accumulated depreciation (attach schedule) ▶                  |           |     |                 |
|        | 12  | Investments—mortgage loans   |           |     |                 |
|        | 13  | Investments—other (attach schedule)                                |           |     |                 |
|        | 14  | Land buildings and equipment basis                                 |           |     |                 |

1,116,826

1,116,826

1,116,826

1,116,826

1,042,207

1,042,207

1,042,207

1,042,207

2

3

4

5

6

1,116,826

1,042,207

1.042.207 Form **990-PF** (2017)

-74,619

1,649,048

## Less accumulated depreciation (attach schedule) 15 Other assets (describe > \_ Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 17 Accounts payable and accrued expenses . . . .

18

19

20

21

22

23

24

25

26

28

29 Net 30

31

Part III

2

Deferred revenue .

Unrestricted

Temporarily restricted Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Add lines 1, 2, and 3 . . . . . . .

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Other liabilities (describe -\_

Liabilities

**Fund Balances** 

ŏ

Assets 27 Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Capital stock, trust principal, or current funds . . . .

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

|   | <b>(a)</b><br>the kınd(s) of property sold (e g , re<br>ehouse, or common stock, 200 shs |                            | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr )                | (d)<br>Date sold<br>(mo , day, yr ) |
|---|--|----------------------------|--|--|-------------------------------------|
| 1 a 5800 SH FIRST REPUBLI                                     | C SECURITIES CO  |                            | Р                                      | 2000-01-01                                       | 2017-01-01                          |
| b   |  |                            |  |  |                                     |
| c   |  |                            |  |  |                                     |
| d   |  |                            |  |  |                                     |
| e   |  |                            |  |  |                                     |
| (e)   | (f)  | (                          | g)                                     | (  | h)                                  |
| Gross sales price   | Depreciation allowed   |                            | ther basis                             |  | r (loss)                            |
| - 20  | (or allowable)   | pius expe                  | nse of sale                            | <del>                                     </del> | ) minus (g)<br>72,22                |
|   | 0,470  |                            | 208,246                                | '  | 12,22                               |
| b   |  |                            |  |  |                                     |
| d   |  |                            |  |  |                                     |
|   |  |                            |  |  |                                     |
| e   |  |                            | 12/21/60                               |  |                                     |
| Complete only for assets                                      | s showing gain in column (h) and ow  | <u> </u>                   |  |  | <b>l)</b><br>h) gain minus          |
| (i)   | <b>(j)</b><br>Adjusted basis   |                            | <b>k)</b><br>of col (ı)                |  | less than -0-) <b>or</b>            |
| FMV as of 12/31/69  | as of 12/31/69   |                            | (j), if any                            |  | om col (h))                         |
| a   |  |                            |  |  | 72,22                               |
| b   |  |                            |  |  |                                     |
| С   |  |                            |  |  |                                     |
| d   |  |                            |  |  |                                     |
| e   |  |                            |  |  |                                     |
|   | 1  | If gain, also enter in Pa  | rt I, line 7                           |  |                                     |
| 2 Capital gain net income                                     | or (net capital loss)  | If (loss), enter -0- in Pa | art Í, line 7                          |  |                                     |
|   |  |                            | ı                                      | 2  | 72,224                              |
| ·   | gain or (loss) as defined in sections :  |                            |  |  |                                     |
| If gain, also enter in Pa<br>in Part I, line 8                | rt I, line 8, column (c) (see instructi  | ons) If (loss), enter -0-  | }                                      | 3  |                                     |
| Part V Qualification U  | Jnder Section 4940(e) for Re   | educed Tax on Net          | Investment In                          | come   |                                     |
|   | rivate foundations subject to the sec  |                            |  |  |                                     |
| To optional use by domestic p                                 | invace roundations subject to the sec  | ction 4940(a) tax on het   | . IIIVestillellt illcoll               | ie )   |                                     |
| (f section 4940(d)(2) applies, le                             | eave this part blank   |                            |  |  |                                     |
| Was the foundation liable for th                              | e section 4942 tax on the distributa   | ble amount of any year     | in the base period                     | 7 🔲 Y  | es 🔽 No                             |
|   | ot qualify under section 4940(e) Do  |                            |  |  |                                     |
| 1 Enter the appropriate an                                    | nount in each column for each year,  | see instructions before    | making any entrie                      | S  |                                     |
| (a)   | (b)  | (c)                        |  | (d)  |                                     |
| Base period years Calendar<br>year (or tax year beginning in) | Adjusted qualifying distributions  | Net value of noncharitable | e-use assets                           | Distribution rat (col (b) divided by c           |                                     |
| 2016  | 161.604  |                            | 1,551,471                              | (cor (b) divided by c                            | 0 10416                             |
| 2015  | 190,378  |                            | 1,649,920                              |  | 0 11539                             |
| 2014  | 171,448  |                            | 1,851,971                              |  | 0 09258                             |
| 2013  | 199,705  |                            | 1,791,962                              |  | 0 11145                             |
| 2012  | 56,500   |                            | 1,633,581                              |  | 0 03459                             |
| 2 Total of line 1, column (                                   | ,  |                            | 2                                      |  | 0 458156                            |
|   | o for the 5-year base period—divide  | the total on line 2 by 5.  |  |  |                                     |
|   | ndation has been in existence if less  |                            | 3 <u>3</u>                             |  | 0 091631                            |
| <b>4</b> Enter the net value of no                            | ncharitable-use assets for 2017 fron   | n Part X, line 5           | 4                                      |  |                                     |
| <b>5</b> Multiply line 4 by line 3                            |  |                            | 5                                      |  |                                     |
| <b>6</b> Enter 1% of net investme                             | ent income (1% of Part I, line 27b)  |                            | 6                                      |  | 1,039                               |
| <b>7</b> Add lines 5 and 6                                    |  |                            | 7                                      |  | 1,039                               |
|   | ons from Part XII, line 4 ,  |                            |  |  | 190,538                             |
| If line 8 is equal to or gre                                  | eater than line 7, check the box in Pa   |                            |  | ng a 1% tax rate Se                              | e the Part VI                       |
| instructions  |  |                            |  |  | 000 == :=                           |
|   |  |                            |  | Fo   | orm <b>990-PF</b> (2017             |

tax because it maintained expenditure responsibility for the grant?. . . . . . . . . . . . . . . . . Yes ✓ No If "Yes," attach the statement required by Regulations section 53 4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?............. ☐ Yes 🗹 No Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b No If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

|            | Information About Officers, D | Directors Trustees   | Foundation Managers     | Highly Paid Employees   |
|------------|-------------------------------|----------------------|-------------------------|-------------------------|
| Death MITT | Initination About Officers, L | Directors, Trustees, | i outiliation managers, | ringing raid Employees, |
| balt ATTT  | and Contractors               |                      |                         |                         |
|            |                               |                      |                         |                         |

| 1 List all officers, directors, trustee                     | es foundation managers a  | nd their compensation                     | (see instructions)   |                                       |
|---|---|---|--|---------------------------------------|
| List an officers, anectors, trustee                         |   |   | (d)  |                                       |
| (a) Name and address  | Title, and average<br>hours per week<br>(b) devoted to position | (c) Compensation (If not paid, enter -0-) | Contributions to employee benefit plans and deferred compensation      | Expense account, (e) other allowances |
| KELLY BAKER   | PRESIDENT   | 0   | •  | 1                                     |
| 7568 SW 90TH PLACE  | 20 00   |   | 2,233  |                                       |
| PORTLAND, OR 97223  |   |   |  |                                       |
| NINA HINTON   | VICE-PRESIDENT  | 35,000                                    |  |                                       |
| 7568 SW 90TH PLACE  | 20 00   |   |  |                                       |
| PORTLAND, OR 97223  |   |   |  |                                       |
| 2 Compensation of five highest-pa                           | id employees (other than t                                      | hose included on line 1                   |  | ne, enter "NONE."                     |
| (a) Name and address of each employee pa more than \$50,000 | Title, and average hours per week  (b) devoted to position      | (c) Compensation                          | Contributions to employee benefit plans and deferred  (d) compensation | Expense account, (e) other allowances |
| NONE  |   |   |  |                                       |
|   |   |   |  |                                       |
|   |   |   |  |                                       |
|   |   |   |  |                                       |
|   |   |   |  |                                       |
|   | <del> </del>  |   |  |                                       |
|   |   |   |  |                                       |
|   |   |   |  |                                       |
|   |   |   |  |                                       |
|   |   |   |  |                                       |
|   |   |   |  |                                       |
| <b>Total</b> number of other employees paid ov              | er \$50,000   |   |  |                                       |
| 3 Five highest-paid independent of                          |   |   |  | ίΕ".                                  |
| (a) Name and address of each person                         | n paid more than \$50,000                                       | <b>(b)</b> Typ                            | e of service   | (c) Compensation                      |
| NONE  |   |   |  |                                       |
|   |   |   |  |                                       |
|   |   |   |  |                                       |
|   |   | =   |  |                                       |
|   |   |   |  |                                       |
|   |   | -   |  |                                       |
|   |   |   |  |                                       |
|   |   | 4   |  |                                       |
|   |   |   |  |                                       |
|   |   |   |  |                                       |
|   |   |   |  |                                       |
| Total number of others receiving over \$50                  | 0,000 for professional services                                 |   |  |                                       |
| Part IX-A Summary of Direct 0                               | Charitable Activities   |   |  |                                       |
| List the foundation's four largest direct charitable        |   | ude relevant statistical inform           | nation such as the number of   |                                       |
| organizations and other beneficiaries served, con           |   |   |  | Expenses                              |
| 1   |   |   |  |                                       |
|   |   |   |  |                                       |
|   |   |   |  |                                       |
| 2   |   |   |  |                                       |
|   |   |   |  |                                       |
|   |   |   |  |                                       |
|   |   |   |  |                                       |
| 3   |   |   |  |                                       |
|   |   |   |  |                                       |
|   |   |   |  |                                       |
| 4   |   |   |  |                                       |
| <del>_</del>  |   |   |  |                                       |
|   |   |   |  |                                       |
| Part IX-B Summary of Program                                | m-Related Investments   | (see instructions)                        |  |                                       |
| Describe the two largest program-related inve               |   | ·   | and 2  | Amount                                |
|   | estinents made by the roundation t                              | iuring the tax year on lines 1            | allu Z   | Amount                                |
| 1   |   |   |  |                                       |
|   |   |   |  |                                       |
|   |   |   |  |                                       |
| 2   |   |   |  |                                       |
|   |   |   |  |                                       |
|   |   |   |  |                                       |
| All other program-related investments                       | See instructions  |   |  |                                       |
| 3   |   |   |  |                                       |
| -   |   |   |  |                                       |
| -   |   |   |  |                                       |
| Total. Add lines 1 through 3 .                              |   |   |  |                                       |
|   |   |   |  | 5 000 BE (2017)                       |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3b

4

5

190.538

1.039

189.499

Form 990-PF (2017)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

3

4

5

0

Page 9

| _ | • | _ | • | _ | _ | _ | _ |   | • | <u>.                                    </u> | ١, | _ | _ | _ | _ |  |
|---|---|---|---|---|---|---|---|---|---|--|----|---|---|---|---|--|
|   |   |   | ľ |   | ī | ì | Σ | 4 | į | Ī  | 1  |   | ı |   | Į |  |

**b** Total for prior years

a From 2012. . . . .

d From 2015. . . . .

e From 2016. . . . .

**b** From 2013. . . . c From 2014. . .

1 Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . . .

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . . .

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **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. . . . . e Remaining amount distributed out of corpus

**5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

**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 e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . . 7 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) . . . . . . . . 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

**b** Excess from 2014. .

Subtract lines 7 and 8 from line 6a . . . .

indicated below:

same amount must be shown in column (a) )

| (20 | <b>)17</b> )                            |  |
|-----|---|--|
|     | Undistributed Income (see instructions) |  |

112,451

80 987

109.452 162,149

112.451 80,987

109.452

162,149

190.538

- (a) Corpus

465.039

190.538

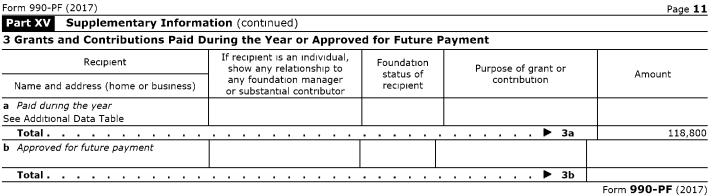
655,577

655,577

- (b) Years prior to 2016
- (c) 2016
- - 2017

Form **990-PF** (2017)

|    | Part XIV Private Operating Found   | <b>ations</b> (see ınstrı                    | ictions and Part V       | II-A, question 9)        |                     |            |
|----|--|--|--------------------------|--------------------------|---------------------|------------|
| 1a | If the foundation has received a ruling or det foundation, and the ruling is effective for 20  |  |                          | rating                   |                     |            |
| b  | Check box to indicate whether the organizati   | on is a private opera                        | ating foundation des     | cribed in section $\Box$ | 4942(j)(3) or       | 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net   | Tax year                                     |                          | Prior 3 years            |                     | (e) Total  |
|    | income from Part I or the minimum investment return from Part X for each   | (a) 2017                                     | <b>(b)</b> 2016          | (c) 2015                 | (d) 2014            | (e) rotar  |
|    | year listed  |  |                          |                          |                     |            |
|    | 85% of line 2a   |  |                          |                          |                     |            |
| С  | 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  |  |                          |                          |                     |            |
| е  | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c   |  |                          |                          |                     |            |
| 3  | Complete 3a, b, or c for the alternative test relied upon  |  |                          |                          |                     |            |
| а  | "Assets" alternative test—enter  |  |                          |                          |                     |            |
|    | (1) Value of all assets  |  |                          |                          |                     |            |
|    | (2) Value of assets qualifying under 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  |  |                          |                          |                     |            |
| С  | "Support" alternative test—enter (1) Total support other than gross  |  |                          |                          |                     |            |
|    | investment income (interest,<br>dividends, rents, payments   |  |                          |                          |                     |            |
|    | on securities loans (section 512(a)(5)), or royalties)   |  |                          |                          |                     |            |
|    | (2) Support from general public  |  |                          |                          |                     |            |
|    | and 5 or more exempt organizations as provided in  |  |                          |                          |                     |            |
|    | section 4942(j)(3)(B)(III)   |  |                          |                          |                     |            |
|    | (3) Largest amount of support from an exempt organization  |  |                          |                          |                     |            |
|    | (4) Gross investment income  |  |                          |                          |                     |            |
| Pa | Supplementary Information assets at any time during the  |  |                          | organization had         | l \$5,000 or more   | e in       |
| 1  | Information Regarding Foundation Mana  |  | iuctions.)               |                          |                     |            |
|    | List any managers of the foundation who hav<br>before the close of any tax year (but only if   | e contributed more t<br>they have contribute | ed more than \$5,000     | ) (See section 507)      | (d)(2) )            | ١          |
| b  | List any managers of the foundation who own ownership of a partnership or other entity) of   |  |                          |                          | rge portion of the  |            |
|    | ownership of a partnership of other entity) t  | willen the loundad                           | 1011 11a3 a 10 /0 01 g10 | eater interest           |                     |            |
|    |  |  |                          |                          |                     |            |
|    |  |  |                          |                          |                     |            |
| 2  | Information Regarding Contribution, Gra  | ant, Gift, Loan, Sch                         | nolarship, etc., Pro     | grams:                   |                     |            |
|    | Check here ▶ ☑ If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under |  |                          |                          |                     |            |
|    | other conditions, complete items 2a, b, c, ar  |  | ints, etc. (see instru   | ctions) to individuals   | or organizations un | der        |
| a  | The name, address, and telephone number of   | or e-mail address of                         | the person to whom       | applications should      | be addressed        |            |
|    | KELLY BAKER 7568 SW 90TH PLACE PORTLAND, OR 97223 (503) 768-3152   |  |                          |                          |                     |            |
| b  | The form in which applications should be sub<br>NONE REQUIRED FOR CONSIDERATION  | mitted and informat                          | tion and materials th    | ney should include       |                     |            |
| c  | Any submission deadlines   |  |                          |                          |                     |            |
|    | NONE   |  |                          |                          |                     |            |
| d  | <ul> <li>Any restrictions or limitations on awards, suc<br/>factors</li> <li>NONE</li> </ul>   | th as by geographica                         | ai areas, charitable f   | relds, kinds of institu  | itions, or other    |            |



| Enter gross amounts unless otherwise indicated  | Unrelated b          | usiness income       | Excluded by section   | on 512, 513, or 514 | (e)<br>Related or exempt               |
|---|----------------------|----------------------|-----------------------|---------------------|--|
| 1 Program service revenue   | (a)<br>Business code | <b>(b)</b><br>Amount | (c)<br>Exclusion code | (d)<br>Amount       | function income<br>(See instructions ) |
| a   |                      |                      |                       |                     |  |
| b   |                      |                      |                       |                     |  |
| c<br>d  |                      |                      |                       |                     |  |
| e   |                      |                      |                       |                     |  |
| f   |                      |                      |                       |                     |  |
| g Fees and contracts from government agencies   |                      |                      |                       |                     |  |
| 2 Membership dues and assessments   |                      |                      |                       |                     |  |
| 3 Interest on savings and temporary cash investments  |                      |                      |                       |                     |  |
| 4 Dividends and interest from securities  |                      |                      |                       |                     | 43,695                                 |
| 5 Net rental income or (loss) from real estate a Debt-financed property                             |                      |                      |                       |                     |  |
| b Not debt-financed property  |                      |                      |                       |                     |  |
| 6 Net rental income or (loss) from personal property  |                      |                      |                       |                     |  |
| 7 Other investment income   |                      |                      |                       |                     |  |
| 8 Gain or (loss) from sales of assets other than inventory  |                      |                      |                       |                     | 72,224                                 |
| 9 Net income or (loss) from special events  |                      |                      |                       |                     |  |
| .O Gross profit or (loss) from sales of inventory   |                      |                      |                       |                     |  |
| 1 Other revenue a   |                      |                      |                       |                     |  |
| b   |                      |                      |                       |                     |  |
| d   |                      |                      |                       |                     |  |
| e   |                      |                      |                       |                     |  |
| L2 Subtotal Add columns (b), (d), and (e)   |                      |                      |                       |                     | 115,919                                |
| .3 Total. Add line 12, columns (b), (d), and (e)  |                      |                      |                       | 13                  | 115,919                                |
| (See worksheet in line 13 instructions to verify calcul   |                      |                      |                       |                     |  |
| Part XVI-B Relationship of Activities to th   |                      |                      | <u> </u>              |                     |  |
| <b>Line No.</b> Explain below how each activity for which the accomplishment of the foundation's ex |                      |                      |                       |                     | )                                      |
|   | CITIDE DUI DOSES 1   |                      |                       |                     |  |
| ▼ instructions )  |                      |                      |                       |                     |  |
| instructions )  | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |
| instructions )  THE MARGARET THIELE PETTI FOUNDATION LITERACY, MEDICAL AND EDUCATIONAL PUF          | IS OPERATED E        | XCLUSIVELY FOR T     |                       |                     |  |

| or  | m 990-P          | F (2017)                        |   |   |           | Pa     | ge <b>13</b> |
|-----|------------------|---------------------------------|---|---|-----------|--------|--------------|
| L   | Part XV          | Information Re<br>Exempt Organi |   | ions and Relationships With Nonchari  | table     |        |              |
| 1   |                  |                                 | directly engage in any of the following with a<br>on 501(c)(3) organizations) or in section 527 | any other organization described in section 501<br>, relating to political organizations?   |           | Yes    | No           |
| а   | Transfe          | rs from the reporting foun      | idation to a noncharitable exempt organization  | on of   |           |        |              |
|     | <b>(1)</b> Ca    | sh                              |   |   | 1a(1)     |        | No           |
|     |                  |                                 |   |   | 1a(2)     |        | No           |
| b   | Other tr         | ansactions                      |   |   |           |        |              |
|     | <b>(1)</b> Sa    | les of assets to a nonchar      | itable exempt organization  |   | 1b(1)     |        | No           |
|     |                  |                                 |   |   | 1b(2)     |        | No           |
|     | ( <b>3</b> ) Re  | ntal of facilities, equipmen    | nt, or other assets   |   | 1b(3)     |        | No           |
|     |                  |                                 | nts   |   | 1b(4)     |        | No           |
|     | ( <b>5</b> ) Lo  | ans or loan guarantees.         |   |   | 1b(5)     |        | No           |
|     | ( <b>6</b> ) Per | formance of services or m       | embership or fundraising solicitations  |   | 1b(6)     |        | No           |
| С   | Sharing          | of facilities, equipment, r     | mailing lists, other assets, or paid employees  |   | 1c        |        | No           |
| d   | of the g         | oods, other assets, or ser      |   | column (b) should always show the fair market on<br>the foundation received less than fair market values<br>the goods, other assets, or services received |           |        |              |
| (a) | ) Line No        | (b) Amount involved             | (c) Name of noncharitable exempt organization   | (d) Description of transfers, transactions, and sha   | ring arra | ngemer | its          |
|     |                  |                                 |   |   |           |        |              |
|     |                  |                                 |   |   |           |        |              |
|     |                  |                                 |   |   |           |        |              |
|     |                  |                                 |   |   |           |        |              |
|     |                  |                                 |   |   |           |        |              |
|     |                  |                                 |   |   |           |        |              |
|     |                  |                                 |   |   |           |        |              |
|     |                  |                                 |   |   |           |        |              |
|     |                  |                                 |   |   |           |        |              |

|              |                            |                       |                              |            | n received less than fair market value<br>Ther assets, or services received |    |
|--------------|----------------------------|-----------------------|------------------------------|------------|---|----|
| (a) Line No  | (b) Amount involved        | (c) Name of noncha    | arıtable exempt organization | (d) Desc   | cription of transfers, transactions, and sharing arrangement                | 5  |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |
| 2a Is the fo | undation directly or indir | ectly affiliated with | , or related to, one or mor  | e tax-exem | pt organizations  |    |
| describe     | d in section 501(c) of the | Code (other than      | section 501(c)(3)) or in se  | ction 527? |   | lo |
|              | complete the following s   |                       |                              |            |   |    |
| ,<br>        | (a) Name of organization   | on                    | (b) Type of organiza         | tion       | (c) Description of relationship   |    |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |
|              |                            |                       |                              |            |   |    |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return with the preparer shown 2018-11-14 Here Signature of officer or trustee Title Date (see instr )? 🗹 Yes 🗆 No Print/Type preparer's name Preparer's Signature PTIN Date Check if self-P00049821 employed ▶ 🗹 KENNETH OSTERMAN EA Paid **Preparer** Firm's name ▶ Kenneth H Osterman EA #82246 LTC #1700 Firm's EIN ▶93-0864120 **Use Only** Firm's address ▶ 8810 SW Scoffins Street Phone no (503) 639-2200 Tigard, OR 97223

Form **990-PF** (2017)

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year                    |      |              |        |
|---|------|--------------|--------|
| OFOSA4240 SW 185TH<br>BEAVERTON, OR 97007 | NONE | GENERAL FUND | 11,800 |
| FOREVER HOME PET RESCUE                   | NONE | GENERAL FUND | 7,000  |

| DEAVERTON, OR 37007  |      |              |        |
|--|------|--------------|--------|
| FOREVER HOME PET RESCUE<br>27305-S W LIVE OAK ROAD 1305<br>CASTAIC, CA 91384 | NONE | GENERAL FUND | 7,000  |
| OREGON DOG RESCUE  | NONE | GENERAL FUND | 19,000 |

| CASTAIC, CA 91384                          |      |              |        |
|--|------|--------------|--------|
| OREGON DOG RESCUE<br>6700 SW NYBERG STREET | NONE | GENERAL FUND | 19,000 |

| OREGON DOG RESCUE<br>6700 SW NYBERG STREET<br>TUALATIN, OR 97062 | NONE | GENERAL FUND | 19,000 |
|--|------|--------------|--------|
|  |      | _            |        |

| Total                                       |       |                | 118,800 |
|---|-------|----------------|---------|
| 6700 SW NYBERG STREET<br>TUALATIN, OR 97062 | NONE  | GENERAL FOND   | 19,0    |
| OREGON DOG RESCUE                           | INONE | I GENERAL FUND | 19,0    |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year   |      |              |       |
|--|------|--------------|-------|
| FREEDOM SERVICE DOGS 7193 S DUKKUIB CIYRT ENGLEWOOD, CO. 80112 | NONE | GENERAL FUND | 6,000 |

20,000

| ENGLEWOOD, CO 80112                                      |      |              |  |
|--|------|--------------|--|
| VESTED INTEREST IN K9SPO BOX 9<br>EAST TAUNTON, MA 02718 | NONE | GENERAL FUND |  |

| VESTED INTEREST IN K9SPO BOX 9<br>EAST TAUNTON, MA 02718 | NONE | GENERAL FUND |  |
|--|------|--------------|--|
| PAWS FOR PURPLE HEARTS                                   | NONE | GENERAL FUND |  |

| NONE |      | GENERAL FUND | 6                 |
|------|------|--------------|-------------------|
|      |      |              |                   |
|      | NONE | NONE         | NONE GENERAL FUND |

|                            |      | • |              |       |
|----------------------------|------|---|--------------|-------|
| ROHNERT PARK, CA 94928     |      |   |              |       |
| 5860 LABATH AVENUE SUITE A |      |   |              | , i   |
| PAWS FOR PURPLE HEARTS     | NONE |   | GENERAL FUND | 6,000 |

| 5860 LABATH AVENUE SUITE A<br>ROHNERT PARK, CA 94928 |      |             |
|--|------|-------------|
| Total  | <br> | <br>118,800 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year                                       |      |              |       |
|--|------|--------------|-------|
| TIGER CREEK WILDLIFE REFUGE<br>17552 FM 14<br>TYLER,TX 75706 | NONE | GENERAL FUND | 7,000 |

| TYLER, TX 75706   |      |               |        |
|---|------|---------------|--------|
| HEALING HAVEN ANIMAL FOUNDATION<br>PO BOX 713<br>MT SINAI, NY 11766 | NONE | GENERAL FUND  | 7,000  |
| CDEAK LID FOR HORSES INCDO BOY 424                                  | NONE | CENERAL ELIND | 10.000 |

| PO BOX 713<br>MT SINAI, NY 11766                     |      |              |        |
|--|------|--------------|--------|
| SPEAK UP FOR HORSES INCPO BOX 434 FALMOUTH, KY 41040 | NONE | GENERAL FUND | 10,000 |
|  |      |              |        |

| MT SINAI, NY 11766                                   |      |              |         |
|--|------|--------------|---------|
| SPEAK UP FOR HORSES INCPO BOX 434 FALMOUTH, KY 41040 | NONE | GENERAL FUND | 10,     |
| Total  |      | <br>         | 118,800 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| LINN COUNTY ANIMAL RESCUE NONE GENERAL FUND 10,000 PO BOX 2669 LEBANON, OR 97355 | a Paid during the year |      |              |        |
|--|------------------------|------|--------------|--------|
|  | PO BOX 2669            | NONE | GENERAL FUND | 10,000 |

| LEBANON, OR 97355                                   |      |              |       |
|---|------|--------------|-------|
| GUARDIAN ANGELS9725 FM 1783<br>GATESVILLE, TX 76528 | NONE | GENERAL FUND | 5,000 |
| DREAM CHASER HORSE RESCUE                           | NONE | GENERAL FUND | 5 000 |

| GATESVILLE, TX 76528                              |      |   |              |       |
|---|------|---|--------------|-------|
| DREAM CHASER HORSE RESCUE<br>6340 KINCHELOE DRIVE | NONE |   | GENERAL FUND | 5,000 |
| ENICON MO 6E470                                   |      | l |              |       |

| DREAM CHASER HORSE RESCUE<br>6340 KINCHELOE DRIVE<br>FALCON, MO 65470 | NONE | GENERAL FUND | 5,000 |
|---|------|--------------|-------|
|   |      |              |       |

| 6340 KINCHELOE DRIVE<br>FALCON, MO 65470 | TO T | SEMERAL FORD | 3,000   |
|--|--|--------------|---------|
| Total                                    |  | <br>         | 118,800 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

5,000

| SMILING DOG FARMSPO BOX 946 | NONE | GENERAL FUND |  |
|-----------------------------|------|--------------|--|
| a Paid during the year      |      |              |  |
|                             |      |              |  |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

| 100510N, 1X 7/001 |      |             |
|-------------------|------|-------------|
| Total             | <br> | <br>118,800 |

| efile GRAPHIC print - DO NOT PROCI     | ESS As Filed D | ata -                    | DL   | N: 93491323005038                           |  |  |
|--|----------------|--------------------------|--|---|--|--|
| TY 2017 Accounting Fees                | Schedule       |                          |  |   |  |  |
|  |                |                          |  |   |  |  |
| Name: MARGARET THIELE PETTI FOUNDATION |                |                          |  |   |  |  |
| <b>EIN:</b> 93-1161002                 |                |                          |  |   |  |  |
| <b>Software ID:</b> 17005038           |                |                          |  |   |  |  |
| Software Vers                          | ion: 2017v2.2  | 2                        |  |   |  |  |
| Accounting Fees Schedule               |                |                          | <u>,                                      </u> |   |  |  |
| Category                               | Amount         | Net Investment<br>Income | Adjusted Net<br>Income                         | Disbursements<br>for Charitable<br>Purposes |  |  |
| ACCOUNTING/TAX PREPARATION             | 8,770          | 0                        | 8,770  | 8,770                                       |  |  |

## **TY 2017 Investments Corporate Stock Schedule**

Name: MARGARET THIELE PETTI FOUNDATION

**EIN:** 93-1161002

**Software ID:** 17005038

**Software Version:** 2017v2.2

| Name of Stock                   | End of Year Book<br>Value | End of Year Fair<br>Market Value |
|---------------------------------|---------------------------|----------------------------------|
| 1600SH BASF SE                  | 24,246                    | 43,952                           |
| 500SH BAYER AG                  | 30,593                    | 52,853                           |
| 350SH BOEING COMPANY            | 11,872                    | 58,982                           |
| 800SH BP PLC                    | 34,698                    | 33,624                           |
| 300SH CATERPILLAR INC           | 14,164                    | 47,274                           |
| 400SH EXXON MOBIL CORP          | 15,829                    | 33,456                           |
| 300SH FEDEX CORP DELAWARE       | 23,986                    | 62,385                           |
| 1500SH GENERAL ELECTRIC         | 17,739                    | 26,175                           |
| 500SH SAP AG                    | 19,090                    | 56,180                           |
| 300SH SIEMENS AG                | 33,350                    | 41,562                           |
| 800SH V F CORPORATION           | 15,259                    | 55,500                           |
| 225SH 3M COMPANY                | 17,766                    | 52,958                           |
| 1000SH ISHARES HIGH DIV EQ FUND | 57,948                    | 90,140                           |
| 300SH AMGEN                     | 25,569                    | 52,170                           |
| 1000SH FIRST REP BK             | 37,482                    | 86,640                           |
| 1250SH INTEL                    | 26,843                    | 57,700                           |
| 700SH JPMORGAN                  | 31,686                    | 74,858                           |
| 500SH ISHARES CORE MID CAP      | 52,608                    | 94,890                           |
| 3000SH ISHARES INTL SELECT      | 105,631                   | 101,370                          |
| 400SH ROYAL DUTCH SHELL         | 29,811                    | 26,684                           |
| 750SH TARGET CORP               | 46,544                    | 48,938                           |
| 500 SH KANSAS CITY SOUTH        | 48,492                    | 52,610                           |
| 500 SH PEPSICO INC              | 48,452                    | 59,960                           |
| 800 SH PFIZER INC               | 25,773                    | 28,976                           |
| 500 SH QUALCOMM                 | 35,044                    | 32,010                           |
| 200 SH IBM                      | 17,326                    | 30,684                           |
| 300SH APPLE INC                 | 29,174                    | 50,769                           |
| 1000SH GENERAL MOTORS           | 33,818                    | 40,990                           |
| 400SH GILEAD SCIENCES           | 26,679                    | 28,656                           |
| 1000SH AMERICAN INTL GROUP      | 60,983                    | 59,580                           |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -                      |                          | DLN:                   | 93491323005038                              |  |  |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2017 Other Expenses Sche          | dule                                 |                          |                        |   |  |  |
|                                      |                                      |                          |                        |   |  |  |
| Name:                                | MARGARET THI                         | ELE PETTI FOUND          | DATION                 |   |  |  |
| EIN:                                 | <b>N:</b> 93-1161002                 |                          |                        |   |  |  |
| <b>Software ID:</b> 17005038         |                                      |                          |                        |   |  |  |
| Software Version:                    | 2017v2.2                             |                          |                        |   |  |  |
| Other Expenses Schedule              |                                      |                          |                        |   |  |  |
| Description                          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |  |
| HEALTH INSURANCE BENEFITS            | 2,200                                |                          | 2,200                  | 2,200                                       |  |  |
| INVESTMENT MGMNT FEES - A/C #677     | 10,709                               | 10,709                   |                        | 10,709                                      |  |  |

PAYROLL PROCESSING FEES

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data                    |                          | DLI                    | N: 93491323005038                           |
|--------------------------------------|----------------------------------|--------------------------|------------------------|---|
| TY 2017 Taxes Schedule               |                                  |                          |                        |   |
|                                      |                                  |                          |                        |   |
| Name:                                | MARGARET THIELE PETTI FOUNDATION |                          |                        |   |
| EIN:                                 | 93-1161002                       |                          |                        |   |
| Software ID:                         | 17005038                         |                          |                        |   |
| Software Version:                    | <b>ersion:</b> 2017v2.2          |                          |                        |   |
| Category                             | Amount                           | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
| 2016 FEDERAL TAX                     | 561                              |                          |                        | 561   |
| FOREIGN INC TAX-1ST REPUBLIC #677    | 1,285                            | 1,285                    |                        | 1,285                                       |
| PAYROLL TAXES                        | 13,032                           |                          | 13,032                 | 13,032                                      |