

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

**For calendar year 2024 or tax year beginning****and ending**

Name of foundation

PGE FOUNDATION

Number and street (or P.O. box number if mail is not delivered to street address)

Room/suite

121 SW SALMON STREET, 1 WTC0510

City or town, state or province, country, and ZIP or foreign postal code

PORTLAND, OR 97204

**G Check all that apply:**

Initial return	
Final return	
Address change	

Initial return of a former public charity	
Amended return	
Name change	

**H Check type of organization:**  **Section 501(c)(3) exempt private foundation** **Section 4947(a)(1) nonexempt charitable trust**  **Other taxable private foundation**

<b>I Fair market value of all assets at</b>	<b>J Accounting method:</b>	<input type="checkbox"/> <b>Cash</b>	<input checked="" type="checkbox"/> <b>Accrual</b>
end of year (from Part II, col. (c), line 16)		<input type="checkbox"/> <b>Other (specify)</b>	
(Part I, column (d), must be on cash basis.)			

**A Employer identification number**

93-1138806

**B Telephone number (see instructions)**

(503) 464-7966

**C** If exemption application is pending, check here . . . . . **D** 1. Foreign organizations, check here . . . . .   
2. Foreign organizations meeting the 85% test, check here and attach computation . . . . . **E** If private foundation status was terminated under section 507(b)(1)(A), check here . . . . . **F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . . **Part I 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 for charitable purposes (cash basis only)
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received (attach schedule)	131,879.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B. . . . .				
3 Interest on savings and temporary cash investments.	310.	310.		
4 Dividends and interest from securities . . . . .	19,634.	19,634.		
<b>5a Gross rents . . . . .</b>				
<b>b Net rental income or (loss)</b>				
<b>6a Net gain or (loss) from sale of assets not on line 10</b>	1,572,466.			
<b>b Gross sales price for all assets on line 6a</b> 3,530,260.				
<b>7 Capital gain net income (from Part IV, line 2)</b>		1,572,466.		
<b>8 Net short-term capital gain. . . . .</b>				
<b>9 Income modifications . . . . .</b>				
<b>10a Gross sales less returns and allowances . . . . .</b>				
<b>b Less: Cost of goods sold</b>				
<b>c Gross profit or (loss) (attach schedule)</b> . . . . .				
<b>11 Other income (attach schedule) . . . . .</b>				
<b>12 Total. Add lines 1 through 11 . . . . .</b>	1,724,289.	1,592,410.		
<b>Operating and Administrative Expenses</b>				
<b>13 Compensation of officers, directors, trustees, etc.</b>	NONE			
<b>14 Other employee salaries and wages . . . . .</b>				
<b>15 Pension plans, employee benefits . . . . .</b>				
<b>16a Legal fees (attach schedule) . . . . .</b>				
<b>b Accounting fees (attach schedule)</b> . . . . .				
<b>c Other professional fees (attach schedule)</b> . * .	54,075.	54,075.		
<b>17 Interest . . . . .</b>				
<b>18 Taxes (attach schedule) (see instructions). **.</b>	27,730.			
<b>19 Depreciation (attach schedule) and depletion.</b>				
<b>20 Occupancy . . . . .</b>				
<b>21 Travel, conferences, and meetings . . . . .</b>				
<b>22 Printing and publications . . . . .</b>				
<b>23 Other expenses (attach schedule) STMT 3 .</b>	147,849.			147,849.
<b>24 Total operating and administrative expenses.</b>				
Add lines 13 through 23. . . . .	229,654.	54,075.		147,849.
<b>25 Contributions, gifts, grants paid . . . . .</b>	1,373,607.			1,503,607.
<b>26 Total expenses and disbursements. Add lines 24 and 25</b>	1,603,261.	54,075.		1,651,456.
<b>27 Subtract line 26 from line 12:</b>				
<b>a Excess of revenue over expenses and disbursements</b>	121,028.			
<b>b Net investment income (if negative, enter -0-)</b>		1,538,335.		
<b>c Adjusted net income (if negative, enter -0-)</b>			-0-	

For Paperwork Reduction Act Notice, see instructions.

\* STMT 1

\*\* STMT 2

	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year
			(a) Book Value	(b) Book Value
	1 Cash - non-interest-bearing . . . . .		57,539.	35,935.
	2 Savings and temporary cash investments . . . . .			
	3 Accounts receivable . . . . .	2,425.		
	Less: allowance for doubtful accounts . . . . .		4,774.	2,425.
	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 . . . . .			
	8 Inventories for sale or use. . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments - U.S. and state government obligations (attach schedule). . . . .			
	b Investments - corporate stock (attach schedule) . . . . .			
	c 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) . . . . .	STMT 4.	25,857,350.	26,460,513.
	14 Land, buildings, and equipment: basis . . . . .			
	Less: accumulated depreciation (attach schedule) . . . . .			
	15 Other assets (describe . . . . .)			
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) . . . . .		25,919,663.	26,498,873.
	17 Accounts payable and accrued expenses . . . . .		35,683.	35,588.
	18 Grants payable . . . . .		250,500.	105,000.
	19 Deferred revenue. . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons. . . . .			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe . . . . .)	STMT 5	3,350.	9,383.
	23 Total liabilities (add lines 17 through 22) . . . . .		289,533.	149,971.
	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30 . . . . .	<input checked="" type="checkbox"/>		
	24 Net assets without donor restrictions . . . . .		25,630,130.	26,348,902.
	25 Net assets with donor restrictions . . . . .			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30 . . . . .	<input type="checkbox"/>		
	26 Capital stock, trust principal, or current funds . . . . .			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .			
	28 Retained earnings, accumulated income, endowment, or other funds . . . . .			
	29 Total net assets or fund balances (see instructions) . . . . .		25,630,130.	26,348,902.
	30 Total liabilities and net assets/fund balances (see instructions) . . . . .		25,919,663.	26,498,873.

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	25,630,130.
2 Enter amount from Part I, line 27a . . . . .	2	121,028.
3 Other increases not included in line 2 (itemize) SEE STATEMENT 6	3	597,744.
4 Add lines 1, 2, and 3 . . . . .	4	26,348,902.
5 Decreases not included in line 2 (itemize) . . . . .	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 . . . . .	6	26,348,902.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a SEE PART IV SCHEDULE</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>(e) Gross sales price</b>	<b>(f) Depreciation allowed (or allowable)</b>	<b>(g) Cost or other basis plus expense of sale</b>	<b>(h) Gain or (loss) ((e) plus (f) minus (g))</b>	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				
<b>(i) FMV as of 12/31/69</b>	<b>(j) Adjusted basis as of 12/31/69</b>	<b>(k) Excess of col. (i) over col. (j), if any</b>	<b>(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))</b>	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2 Capital gain net income or (net capital loss)</b>	<b>If gain, also enter in Part I, line 7</b> <b>If (loss), enter -0- in Part I, line 7</b>		<b>2</b>	<b>1,572,466.</b>
<b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):</b> If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 . . . . .			<b>3</b>	

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.		
Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	<b>1</b>	<b>21,383.</b>
<b>b</b> All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) . . . . .		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>2</b>	
<b>3</b> Add lines 1 and 2 . . . . .	<b>3</b>	<b>21,383.</b>
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>4</b>	<b>NONE</b>
<b>5 Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	<b>21,383.</b>
<b>6 Credits/Payments:</b>		
<b>a</b> 2024 estimated tax payments and 2023 overpayment credited to 2024 . . . . .	<b>6a</b>	<b>14,400.</b>
<b>b</b> Exempt foreign organizations - tax withheld at source . . . . .	<b>6b</b>	<b>NONE</b>
<b>c</b> Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	<b>6,983.</b>
<b>d</b> Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7 Total credits and payments. Add lines 6a through 6d . . . . .</b>	<b>7</b>	<b>21,383.</b>
<b>8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached . . . . .</b>	<b>8</b>	<b>363.</b>
<b>9 Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	<b>363.</b>
<b>10 Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	
<b>11 Enter the amount of line 10 to be: Credited to 2025 estimated tax</b>	<b>Refunded</b>	<b>11</b>

**Part VI-A Statements Regarding Activities**

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .

1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. . . . .

If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

c Did the foundation file **Form 1120-POL** for this year? . . . . .

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:

(1) On the foundation. \$ \_\_\_\_\_ (2) On foundation managers. \$ \_\_\_\_\_

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ \_\_\_\_\_

2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .

If "Yes," attach a detailed description of the activities.

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .

b If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .

If "Yes," attach the statement required by *General Instruction T*.

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

- By language in the governing instrument, or
- By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .

7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV

8a Enter the states to which the foundation reports or with which it is registered. See instructions.

OR,

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation . . . . .

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII . . . . .

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .

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 . . . . .

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. . . . .

13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.PGEFOUNDATION.ORG

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b		
5		X
6	X	
7	X	
8b	X	
9		X
10		X
11		X
12		X
13	X	

14 The books are in care of RYAN VAN OOSTRUM Telephone no. 503-464-8426  
Located at 121 SW SALMON STREET, 1WTC0510 PORTLAND, OR ZIP+4 97204-2901

15 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 . . . . . 15

16 At any time during calendar year 2024, 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? . . . . .

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

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	Yes	No
16		X

**Part VI-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.****1a** During the year, did the foundation (either directly or indirectly):

(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .

(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)? . . . . .

(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . .

**b** If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . .

**c** Organizations relying on a current notice regarding disaster assistance, check here.

**d** 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 2024? . . . . .

**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)):

**a** At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024? If "Yes," list the years . . . . .

**b** 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.) . . . . .

**c** If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here.

**3a** 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 2024 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2024.) . . . . .

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

**b** 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 2024? . . . . .

	Yes	No
1a(1)	X	
1a(2)	X	
1a(3)	X	
1a(4)	X	
1a(5)	X	
1a(6)	X	
1b		
1d	X	
2a	X	
2b		
3a	X	
3b		
4a	X	
4b	X	

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**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . . .	5a(1)	X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	5a(2)	X
(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . .	5a(3)	X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions . . . . .	5a(4)	X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	5a(5)	X
b If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .	5b	
c Organizations relying on a current notice regarding disaster assistance, check here . . . . . <input type="checkbox"/>	5d	
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	6a	X
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	6b	X
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7a	X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7b	
If "Yes" to 6b, file Form 8870.	8	X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .		

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(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	(e) Expense account, other allowances
SEE STATEMENT 7		NONE	NONE	NONE

**2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "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 account, other allowances
SEE STATEMENT 11		41,557.	11,934.	NONE
<b>Total number of other employees paid over \$50,000</b>				NONE

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**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total number of others receiving over \$50,000 for professional services . . . . .** NONE
**Part VIII-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
<b>1</b>	NONE	
<b>2</b>		
<b>3</b>		
<b>4</b>		

**Part VIII-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
<b>1</b>	NONE	
<b>2</b>		
All other program-related investments. See instructions.		
<b>3</b>	NONE	
<b>Total.</b> Add lines 1 through 3 . . . . .		

**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, 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	26,757,895.
b	Average of monthly cash balances . . . . .	1b	136,326.
c	Fair market value of all other assets (see instructions) . . . . .	1c	NONE
d	<b>Total</b> (add lines 1a, b, and c) . . . . .	1d	26,894,221.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	1e	
2	Acquisition indebtedness applicable to line 1 assets . . . . .	2	NONE
3	Subtract line 2 from line 1d . . . . .	3	26,894,221.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) . . . . .	4	403,413.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 . . . . .	5	26,490,808.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5. . . . .	6	1,324,540.

**Part X 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 part.)

1	Minimum investment return from Part IX, line 6. . . . .	1	1,324,540.
2a	Tax on investment income for 2024 from Part V, line 5. . . . .	2a	21,383.
b	Income tax for 2024. (This does not include the tax from Part V.) . . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	21,383.
3	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	3	1,303,157.
4	Recoveries of amounts treated as qualifying distributions . . . . .	4	
5	Add lines 3 and 4 . . . . .	5	1,303,157.
6	Deduction from distributable amount (see instructions) . . . . .	6	
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XII, line 1. . . . .	7	1,303,157.

**Part XI 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	1,651,456.
b	Program-related investments - total from Part VIII-B . . . . .	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) . . . . .	3a	NONE
b	Cash distribution test (attach the required schedule) . . . . .	3b	NONE
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 . . . . .	4	1,651,456.

Form 990-PF (2024)

**Part XII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				1,303,157.
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only. . . . .			NONE	
b Total for prior years: 20 22 ,20 21 ,20 20		NONE		
3 Excess distributions carryover, if any, to 2024:				
a From 2019 . . . . .	70,035.			
b From 2020 . . . . .	600,154.			
c From 2021 . . . . .	84,358.			
d From 2022 . . . . .	335,789.			
e From 2023 . . . . .	350,320.			
f Total of lines 3a through e . . . . .	1,440,656.			
4 Qualifying distributions for 2024 from Part XI, line 4: \$ 1,651,456.				
a Applied to 2023, but not more than line 2a . . .			NONE	
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 2024 distributable amount. . . . .				1,303,157.
e Remaining amount distributed out of corpus. . .	348,299.			
5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,788,955.			
b Prior years' undistributed income. Subtract line 4b from line 2b . . . . .		NONE		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
d Subtract line 6c from line 6b. Taxable amount - see instructions . . . . .		NONE		
e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .			NONE	
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025. . . . .				NONE
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 2019 not applied on line 5 or line 7 (see instructions) . . .	70,035.			
9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a . . . . .	1,718,920.			
10 Analysis of line 9:				
a Excess from 2020 . . . . .	600,154.			
b Excess from 2021 . . . . .	84,358.			
c Excess from 2022 . . . . .	335,789.			
d Excess from 2023 . . . . .	350,320.			
e Excess from 2024 . . . . .	348,299.			

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9) NOT APPLICABLE

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling . . . . .				
<b>b</b> Check box to indicate whether the foundation is a private operating foundation described in section	<input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed . . . . .				
<b>b</b> 85% (0.85) of line 2a . . .				
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed .				
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .				
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .				
<b>3</b> Complete 3a, b, or c for the alternative test relied upon: . . .				
<b>a</b> "Assets" alternative test - enter:				
<b>(1)</b> Value of all assets . . .				
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .				
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed . . . .				
<b>c</b> "Support" alternative test - enter:				
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .				
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .				
<b>(3)</b> Largest amount of support from an exempt organization . . . . .				
<b>(4)</b> Gross investment income .				

**Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)****1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 12

**b** The form in which applications should be submitted and information and materials they should include:

SEE STATEMENT 13

**c** Any submission deadlines:

SEE STATEMENT 14

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

SEE STATEMENT 15

**Part XIV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>Name and address (home or business)</b>				
<b>a Paid during the year</b>				
SEE STATEMENT 16				1,503,607.
<b>Total</b> .....			<b>3a</b>	<b>1,503,607.</b>
<b>b Approved for future payment</b>				
SEE STATEMENT 17				132,500.
<b>Total</b> .....			<b>3b</b>	<b>132,500.</b>

## Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue:						
a						
b						
c						
d						
e						
f						
<b>g</b> Fees and contracts from government agencies						
<b>2</b> Membership dues and assessments . . . . .						
<b>3</b> Interest on savings and temporary cash investments . . . . .				14	310.	
<b>4</b> Dividends and interest from securities . . . . .				14	19,634.	
<b>5</b> Net rental income or (loss) from real estate:						
a Debt-financed property . . . . .						
b Not debt-financed property . . . . .						
<b>6</b> Net rental income or (loss) from personal property						
<b>7</b> Other investment income . . . . .						
<b>8</b> Gain or (loss) from sales of assets other than inventory				18	1,572,466.	
<b>9</b> Net income or (loss) from special events . . . . .						
<b>10</b> Gross profit or (loss) from sales of inventory . . . . .						
<b>11</b> Other revenue: a						
b						
c						
d						
e						
<b>12</b> Subtotal. Add columns (b), (d), and (e) . . . . .					1,592,410.	
<b>13</b> Total. Add line 12, columns (b), (d), and (e) . . . . . (See worksheet in line 13 instructions to verify calculations.)				13		1,592,410.

(See worksheet in line 13 instructions to verify calculations.)

## **Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes**

**Part XVI** Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1)	Cash . . . . .	1a(1)	X
(2)	Other assets . . . . .	1a(2)	X
b	Other transactions:		
(1)	Sales of assets to a noncharitable exempt organization . . . . .	1b(1)	X
(2)	Purchases of assets from a noncharitable exempt organization . . . . .	1b(2)	X
(3)	Rental of facilities, equipment, or other assets . . . . .	1b(3)	X
(4)	Reimbursement arrangements . . . . .	1b(4)	X
(5)	Loans or loan guarantees . . . . .	1b(5)	X
(6)	Performance of services or membership or fundraising solicitations . . . . .	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .	1c	X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

(a) Name of organization	(b) Type of organization	(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  
Here**

Klegg Arntson (Nov 10, 2025 11:06:44 PST)

Nov 10, 2025

## EXECUTIVE DIRECT

May the IRS discuss this return with the preparer shown below?  
See instructions.  Yes  No

<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name		Firm's EIN		
	Firm's address		Phone no.		

**FORM 990-PF - PART IV**  
**CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
3,530,260.		PUBLICLY TRADED SECURITIES	1,957,794.			VAR	VAR	
TOTAL GAIN(LOSS) .....						-----	1,572,466.	=====

**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

PGE FOUNDATION**Organization type** (check one):**Filers of:**

Form 990 or 990-EZ

**Section:**

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

**Form 990-PF**

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

---

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

PGE FOUNDATION

Employer identification number

93-1138806

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PORLAND GENERAL ELECTRIC 121 SW SALMON STREET PORTLAND, OR 97204	\$ 103,879.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	KEN HARRISON 121 SW SALMON ST PORTLAND, OR 97204	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

---

Name of organization

**Employer identification number**

## PGE FOUNDATION

93-1138806

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____

Name of organization

**Employer identification number**

## PGE FOUNDATION

93-1138806

**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.

## FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
FUND MGMT CONSULTING FEES	32,930.	32,930.		
TRUSTEE FEES	21,145.		21,145.	
TOTALS	54,075.	54,075.		

## FORM 990PF, PART I - TAXES

=====

DESCRIPTION

-----  
INCOME TAXESREVENUE  
AND  
EXPENSES  
PER BOOKS-----  
27,730.

TOTALS

-----  
27,730.

=====

## FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	CHARITABLE PURPOSES
OTHER MISCELLANEOUS ADMIN	147,849.	147,849.
TOTALS	147,849.	147,849.

## FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	BOOK VALUE	ENDING FMV
PRINCIPAL	19,440,201.	19,440,201.
ACCRUED INTEREST	-1,128.	-1,128.
UNREALIZED GAIN/LOSS	6,796,440.	6,796,440.
PRINCIPAL - PHILANTHROPY RES	225,000.	225,000.
TOTALS	26,460,513.	26,460,513.

## FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION	ENDING BOOK VALUE
TAXES PAYABLE	9,383.
TOTALS	9,383.

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES  
=====

DESCRIPTION	AMOUNT
-----	-----
UNREALIZED CAPITAL GAINS	597,744.
TOTAL	597,744.
	=====

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES  
=====OFFICER NAME:  
VERLEA BRIGGSADDRESS:  
121 SW SALMON STREET, 1 WTC0510  
PORTLAND, OR 97204TITLE:  
VICE CHAIROFFICER NAME:  
ANGELICA ESPINOSAADDRESS:  
121 SW SALMON STREET, 1 WTC0510  
PORTLAND, OR 97204TITLE:  
CHAIROFFICER NAME:  
IAN PREDDYADDRESS:  
121 SW SALMON STREET, 1 WTC0510  
PORTLAND, OR 97204TITLE:  
TREASURER

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES  
=====

OFFICER NAME:  
RANDOLPH L. MILLER

ADDRESS:  
4100 ARTHUR WAY  
PORTLAND, OR 97221

TITLE:  
DIRECTOR

OFFICER NAME:  
KREGG ARNTSON

ADDRESS:  
121 SW SALMON STREET, 1 WTC0510  
PORTLAND, OR 97204

TITLE:  
EXECUTIVE DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 15.00

OFFICER NAME:  
JAMES LOBDELL

ADDRESS:  
121 SW SALMON STREET, 1 WTC0510  
PORTLAND, OR 97204

TITLE:  
DIRECTOR

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES  
=====OFFICER NAME:  
JULIE FRANZADDRESS:  
121 SW SALMON STREET, 1 WTC0510  
PORTLAND, OR 97204TITLE:  
SECRETARYOFFICER NAME:  
CHRISTOPHER LIDDLEADDRESS:  
121 SW SALMON STREET, 1 WTC0510  
PORTLAND, OR 97204TITLE:  
DIRECTOROFFICER NAME:  
MARIA OUELLETTEADDRESS:  
121 SW SALMON STREET, 1 WTC0510  
PORTLAND, OR 97204TITLE:  
DIRECTOR

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES  
=====OFFICER NAME:  
MARIA POPEADDRESS:  
121 SW SALMON STREET, 1 WTC0510  
PORTLAND, OR 97204TITLE:  
DIRECTORTOTAL COMPENSATION: NONE  
=====TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: NONE  
=====EXPENSE ACCOUNT AND OTHER ALLOWANCES: NONE  
=====

990PF, PART VII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES  
=====EMPLOYEE NAME:  
KREGG ARNTSONADDRESS:  
121 SW SALMON ST.  
PORTLAND, OR 97204TITLE:  
EXECUTIVE DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 15.00

COMPENSATION ..... 41,557.

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ..... 11,934.

TOTAL COMPENSATION: 41,557.  
=====TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: 11,934.  
=====

FORM 990PF, PART XIV - NAME, ADDRESS, PHONE AND E-MAIL FOR APPLICATIONS  
=====

KREGG ARNTSON  
121 SW SALMON ST. 1WTC0302  
PORTLAND, OR 97204-2901  
5034647695

990PF, PART XIV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

=====

WRITTEN DESCRIPTION OF FUNDING REQUEST AND PROOF OF SEC. 501(C)(3) OR  
OTHER TAX EXEMPT STATUS

990PF, PART XIV - SUBMISSION DEADLINES

=====

NONE

990PF, PART XIV - RESTRICTIONS OR LIMITATIONS ON AWARDS

=====

ORGANIZATION MUST BE QUALIFIED AS A SEC. 501(C) (3) PUBLIC EDUCATION  
ORGANIZATION OR UNIT OF GOVERNMENT

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID  
=====

RECIPIENT NAME:

VARIOUS

ADDRESS:

VARIOUS

VARIOUS, OR 97204

PURPOSE OF GRANT:

FULL LIST AVAILABLE UPON REQUEST

AMOUNT OF GRANT PAID.....

1,503,607.

TOTAL GRANTS PAID:

1,503,607.

=====

FORM 990PF, PART XIV, LINE 3B - CONTRIBUTIONS, GIFTS, GRANTS APPROVED  
=====

RECIPIENT NAME:

VARIOUS

ADDRESS:

VARIOUS

VARIOUS, OR 97204

PURPOSE OF GRANT:

FULL LIST AVAILABLE UPON REQUEST

AMOUNT APPROVED FOR FUTURE PAYMENT ..... 132,500.

AMOUNT OF ACCRUED GRANT ..... -130,000.

TOTAL GRANTS APPROVED: 132,500.  
=====

Attach to the corporation's tax return.  
Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name

PGE FOUNDATION

Employer identification number

93-1138806

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1	Total tax (see instructions) . . . . .	1	21,383.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method . . . . .	2b	
c	Credit for federal tax paid on fuels (see instructions) . . . . .	2c	
d	<b>Total.</b> Add lines 2a through 2c . . . . .	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty. . . . .	3	21,383.
4	Enter the tax shown on the corporation's 2023 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 . . . . .	4	9,339.
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 . . . . .	5	9,339.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6  The corporation is using the adjusted seasonal installment method.  
 7  The corporation is using the annualized income installment method.  
 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)		
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year . . . . .	9	05/15/2024	06/15/2024	09/15/2024	12/15/2024
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column. . . . .	10	2,335.	8,357.	5,346.	1,874.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions . . . . .	11	2,000.	1,500.	6,900.	4,000.
12	Complete lines 12 through 18 of one column before going to the next column.	12				
13	Enter amount, if any, from line 18 of the preceding column . . . . .	13		1,500.	6,900.	4,000.
14	Add lines 11 and 12 . . . . .	14		335.	7,192.	5,638.
15	Add amounts on lines 16 and 17 of the preceding column	15	2,000.	1,165.		
16	Subtract line 14 from line 13. If zero or less, enter -0- . . . . .	16			292.	
17	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- . . . . .	17	335.	7,192.	5,346.	1,874.
18	<b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 . . . . .	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2024)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. ( <b>C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions . . . . .	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19 . . . . .	20			
21 Number of days on line 20 after 4/15/2024 and before 7/1/2024	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366} \times 8\% (0.08)$	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2024 and before 10/1/2024	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366} \times 8\% (0.08)$	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2024 and before 1/1/2025	25 STATEMENT	1	SEE PENALTY COMPUTATION WHITE PAPER DETAIL	
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366} \times 8\% (0.08)$	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2024 and before 4/1/2025	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365} \times 7\% (0.07)$	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2025 and before 7/1/2025	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365} \times *%$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2025 and before 10/1/2025	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365} \times *%$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2025 and before 1/1/2026	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365} \times *%$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2025 and before 3/16/2026	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365} \times *%$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36 . . . . .	37 \$	\$	\$	\$
38 <b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns . . . . .	38 \$			363 .

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 800-829-4933 to get interest rate information.

**Part II Annualized Income Installment Method**

	(a) First <u>2</u> months	(b) First <u>3</u> months	(c) First <u>6</u> months	(d) First <u>9</u> months
				20
20 Annualization periods (see instructions) . . .				
21 Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items . . . . .	315,135.	472,702.	864,363.	966,493.
22 Annualization amounts (see instructions) . . .	6.00000	4.00000	2.00000	1.33333
23a Annualized taxable income. Multiply line 21 by line 22 . . . . .	1,890,810.	1,890,808.	1,728,726.	1,288,654.
b Extraordinary items (see instructions) . . . . .				
c Add lines 23a and 23b . . . . .	1,890,810.	1,890,808.	1,728,726.	1,288,654.
24 Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 1, or comparable line of corporation's return . . .	26,282.	26,282.	24,029.	17,912.
25 Enter any alternative minimum tax for each payment period. See instructions . . . . .				
26 Enter any other taxes for each payment period. See instructions. . . . .				
27 Total tax. Add lines 24 through 26 . . . . .	26,282.	26,282.	24,029.	17,912.
28 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions . . . . .				
29 Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	26,282.	26,282.	24,029.	17,912.
30 Applicable percentage . . . . .	25%	50%	75%	100%
31 Multiply line 29 by line 30 . . . . .	6,571.	13,141.	18,022.	17,912.

**Part III Required Installments**

	1st installment	2nd installment	3rd installment	4th installment
				32
32 If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the <b>smaller</b> of the amounts in each column from line 19 or line 31 . . .	6,571.	13,141.	18,022.	17,912.
33 Add the amounts in all preceding columns of line 38. See instructions . . . . .		2,335.	10,692.	16,038.
34 <b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0- . . . . .	6,571.	10,806.	7,330.	1,874.
35 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter. . . . .	2,335.	8,357.	5,346.	5,346.
36 Subtract line 38 of the preceding column from line 37 of the preceding column . . .				
37 Add lines 35 and 36 . . . . .	2,335.	8,357.	5,346.	5,346.
38 <b>Required installments.</b> Enter the <b>smaller</b> of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions . . .	2,335.	8,357.	5,346.	1,874.

Form **2220** (2024)

## PENALTY COMPUTATION DETAIL - FORM 2220

DATE	PD	UNDERPAYMENT	BEG. DATE	END DATE	DAYS	%	PENALTY
------	----	--------------	-----------	----------	------	---	---------

QUARTER 1, RATE PERIOD 1 (05/15/2024 - 12/31/2024)

06/15/2024		335.	05/15/2024	06/15/2024	31	8	2.
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TOTAL TO FORM 2220, LINE 22, COLUMN A 2.

QUARTER 2, RATE PERIOD 1 (06/15/2024 - 12/31/2024)

09/15/2024		6,900.	06/15/2024	09/15/2024	92	8	139.
12/15/2024		292.	06/15/2024	12/15/2024	183	8	12.

TOTAL TO FORM 2220, LINE 22, COLUMN B 151.

QUARTER 3, RATE PERIOD 1 (09/15/2024 - 12/31/2024)

12/15/2024		3,708.	09/15/2024	12/15/2024	91	8	74.
		1,638.	09/15/2024	12/31/2024	107	8	38.

TOTAL TO FORM 2220, LINE 22, COLUMN C 112.

QUARTER 3, RATE PERIOD 2 (12/31/2024 - 05/15/2025)

		1,638.	12/31/2024	05/15/2025	135	7	42.
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TOTAL TO FORM 2220, LINE 24, COLUMN C 42.

QUARTER 4, RATE PERIOD 1 (12/15/2024 - 12/31/2024)

		1,874.	12/15/2024	12/31/2024	16	8	7.
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TOTAL TO FORM 2220, LINE 22, COLUMN D 7.

QUARTER 4, RATE PERIOD 2 (12/31/2024 - 05/15/2025)

		1,874.	12/31/2024	05/15/2025	135	7	49.
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TOTAL TO FORM 2220, LINE 24, COLUMN D 49.

TOTAL UNDERPAYMENT PENALTY 363.

**SCHEDULE D**  
**(Form 1041)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**Attach to Form 1041, Form 5227, or Form 990-T.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.  
Go to [www.irs.gov/Form1041](http://www.irs.gov/Form1041) for instructions and the latest information.

OMB No. 1545-0092

**2024**

Name of estate or trust

PGE FOUNDATION

Employer identification number

93-1138806

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.Note: Form 5227 filers need to complete **only** Parts I and II.**Part I Short-Term Capital Gains and Losses - Generally Assets Held 1 Year or Less (see instructions)**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked. . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked. . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked. . . . .				
<b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2023 Capital Loss Carryover Worksheet . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3). . . . .				<b>7</b>

**Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than 1 Year (see instructions)**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked. . . . .	3,530,260.	1,957,794.		<b>1,572,466.</b>
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked. . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked. . . . .				
<b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. . . . .				<b>12</b>
<b>13</b> Capital gain distributions. . . . .				<b>13</b>
<b>14</b> Gain from Form 4797, Part I. . . . .				<b>14</b>
<b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2023 Capital Loss Carryover Worksheet . . . . .				<b>15</b> ( )
<b>16</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3). . . . .				<b>16</b> <b>1,572,466.</b>

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2024

<b>Part III Summary of Parts I and II</b>		<b>(1) Beneficiaries' (see instr.)</b>	<b>(2) Estate's or trust's</b>	<b>(3) Total</b>
<b>Caution:</b> Read the instructions before completing this part.				
17 Net short-term gain or (loss) . . . . .	17			
18 Net long-term gain or (loss):				
a Total for year . . . . .	18a			1,572,466.
b Unrecaptured section 1250 gain (see line 18 of the worksheet) . . . . .	18b			
c 28% rate gain . . . . .	18c			
19 Total net gain or (loss). Combine lines 17 and 18a, . . . . .	19			1,572,466.

**Note:** If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

#### Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the <b>smaller</b> of:	20	( )
a The loss on line 19, column (3); or b \$3,000 . . . . .		

**Note:** If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

#### Part V Tax Computation Using Maximum Capital Gains Rates

**Form 1041 filers.** Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

**Caution:** Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, column (2), or line 18c, column (2), is more than zero;
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero; or
- There are amounts on lines 4e and 4g of Form 4952.

**Form 990-T trusts.** Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, column (2), or line 18c, column (2), is more than zero.

21 Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21			
22 Enter the <b>smaller</b> of line 18a or 19 in column (2) but not less than zero . . . . .	22			
23 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	23			
24 Add lines 22 and 23 . . . . .	24			
25 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . .	25			
26 Subtract line 25 from line 24. If zero or less, enter -0- . . . . .	26			
27 Subtract line 26 from line 21. If zero or less, enter -0- . . . . .	27			
28 Enter the <b>smaller</b> of the amount on line 21 or \$3,150 . . . . .	28			
29 Enter the <b>smaller</b> of the amount on line 27 or line 28 . . . . .	29			
30 Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% . . . . .	30			
31 Enter the <b>smaller</b> of line 21 or line 26 . . . . .	31			
32 Subtract line 30 from line 26 . . . . .	32			
33 Enter the <b>smaller</b> of line 21 or \$15,450 . . . . .	33			
34 Add lines 27 and 30 . . . . .	34			
35 Subtract line 34 from line 33. If zero or less, enter -0- . . . . .	35			
36 Enter the <b>smaller</b> of line 32 or line 35 . . . . .	36			
37 Multiply line 36 by 15% (0.15) . . . . .	37			
38 Enter the amount from line 31 . . . . .	38			
39 Add lines 30 and 36 . . . . .	39			
40 Subtract line 39 from line 38. If zero or less, enter -0- . . . . .	40			
41 Multiply line 40 by 20% (0.20) . . . . .	41			
42 Figure the tax on the amount on line 27. Use the 2024 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041 . . . . .	42			
43 Add lines 37, 41, and 42 . . . . .	43			
44 Figure the tax on the amount on line 21. Use the 2024 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041 . . . . .	44			
45 <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2) . . . . .	45			

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

**Social security number or taxpayer identification number**

PGE FOUNDATION

93-1138806

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II** **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)  
 (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS  
 (F) Long-term transactions not reported to you on Form 1099-B

**2 Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked). . .

3,530,260

1,957,794.

1,572,466.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (a) to correct the basis. See *Column (a)* in the separate instructions for how to figure the amount of the adjustment.

# CT-12

For Oregon Charities

## Charitable Activities Section Oregon Department of Justice

100 SW Market Street  
Portland, OR 97201-5702  
Email: charitable@doj.oregon.gov  
Website: http://www.doj.state.or.us

VOICE (971) 673-1880  
TTY (800) 735-2900  
FAX (971) 673-1882

For Accounting Periods Beginning in:

# 2024

### Section I. General Information

1.

Cross Through Incorrect Items and Correct Here:  
(See instructions for change of name or accounting period.)

Registration #: 21116

Organization Name: PGE Foundation

Address: 121 SW Salmon Street, 1WTC0510

City, State, Zip: Portland, OR 97204

Phone: (503) 464-7966 Fax: (503) 464-2507

Amended Report?

Email: taxdept@pgn.com

Period Beginning: 1/1/2024 Period Ending: 12/31/2024



2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements.  Yes  No

3. Is the organization a party to a contract with a fundraising firm that relates to solicitations in Oregon? If yes, write the name of the fundraising firm(s) here:  Yes  No

4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions  Yes  No

5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter.  Yes  No

6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.)  Yes  No

7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
Kregg Arntson	Executive Director	(503) 701-5739	121 SW Salmon St. Portland, OR 97204 kregg.arntson@pgn.com

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors for nonprofit public benefit corporations.)

(A) Name, mailing address, daytime phone number, and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name:	See attached Schedule 1 & 2	Contact Person	\$0.00
Address:	121 SW Salmon St. Portland, OR 97204	0 hrs	
Phone:	503-464-8818		
Email:	pgefoundation@pgn.com		
Name:	Kregg Arntson	Executive Director	\$0.00
Address:	121 SW Salmon St. Portland, OR 97204	15 hrs	
Phone:	(503) 701-5739		
Email:	kregg.arntson@pgn.com		
Name:	Julie Franz	Secretary	\$0.00
Address:	121 SW Salmon St. Portland, OR 97204	1 hrs	
Phone:	(503) 464-8779		
Email:	julie.franz@pgn.com		

Name:	Ian Preddy	Treasurer	\$0.00
Address:	121 SW Salmon St. Portland, OR 97204		
Phone:	(503) 464-2229	1 hrs	
Email:	ian.preddy@pgn.com		

**Form Continued on Reverse Side**

## Section II. Fee Calculation

### 9. Total Revenue

(From Part I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; For 990-N filers or others, see the CT-12 instructions for how to calculate total revenue. Attach explanation if Total Revenue is \$0.)

9.	\$1,724,289.00	
----	----------------	--

### 10. Revenue Fee

(See chart below. Minimum fee is \$20, even if total revenue is a negative amount.) The revenue fee is determined by the amount on line 9.

10. \$400.00

#### Amount on Line 9      Revenue Fee

\$0	-	\$24,999	\$20
\$25,000	-	\$49,999	\$50
\$50,000	-	\$99,999	\$90
\$100,000	-	\$249,999	\$150
\$250,000	-	\$499,999	\$200
\$500,000	-	\$999,999	\$300
\$1,000,000 or more			\$400

### 11. Net Assets or Fund Balances at End of the Reporting Period

(From Part I, Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part III, Line 6 on Form 990-PF; For 990-N filers or others, see the CT-12 instructions to calculate. Attach explanation if amount is \$0 or a negative number.)

11.	\$26,348,902.00	
12.	\$0.00	

### 12. Net Fixed Assets Used to Conduct Charitable Activities

(Generally, from Part X, Line 10c on Form 990 (end of year); Line 23B and possibly 24B on Form 990-EZ; or Part II, Line 14b on Form 990-PF; For 990-N filers or others, see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.)

13.	\$26,348,902.00	
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### 13. Amount Subject to Net Assets or Fund Balances Fee

(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)

14.	\$2,000.00	
15.	\$0.00	
16.	\$2,400.00	

(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000. Round cents to the nearest whole dollar.)

### 15. Are you filing this report late?

Yes     No

(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)

### 16. Total Amount Due

(Add Lines 10, 14, and 15.)

Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions. Such organizations may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.

<b>Please Sign Here</b>	<p>Under penalties of perjury, I declare that I am an officer/director of the organization. I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.</p> <p> Kregg Arntson (Nov 10, 2025 11:06:44 PST)</p> <p>Signature of officer Kregg Arntson Officer's name (printed)</p>		
	<b>Nov 10, 2025</b>	<b>Executive Director</b>	
Paid Preparer's Use Only	Preparer's signature  Preparer's name (printed)	Date  Address (503) 701-5739  Phone	Phone  Address

# 2024 PGE Foundation Form 990-PF and CT-12 - for signature

Final Audit Report

2025-11-10

Created:	2025-11-10
By:	Taylor Gulley (taylor.gulley@pgn.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAADCmGSSPjKnal_YYhinrTk-6d2mLlaZ3c

## "2024 PGE Foundation Form 990-PF and CT-12 - for signature" History

 Document created by Taylor Gulley (taylor.gulley@pgn.com)

2025-11-10 - 6:51:58 PM GMT- IP address: 147.79.176.158

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 Kregg Arntson (kregg.arntson@pgn.com) has agreed to the terms of use and to do business electronically with PORTLAND GENERAL ELECTRIC CO

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