

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning

, 2017, ending

, 20

See separate instructions.

Your first name and initial

LISA J.

Last name

BROWN

If a joint return, spouse's first name and initial

BRIAN P.

Last name

MCCLATCHEY

Home address (number and street). If you have a P.O. box, see instructions.

DO NOT MAIL!
This return has been
electronically filed

Apt. no.

Your social security number

Spouse's social security number

▲ Make sure the SSN(s) above
and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.

SPOKANE, WA

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse
if filing jointly, want \$3 to go to
this fund. Checking a box below
will not change your tax or refund.☒ You ☐ Spouse

Filing Status

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above

and full name here. ▶

4 ☐ Head of household (with qualifying person). If the qualifying
person is a child but not your dependent, enter this child's
name here. ▶5 ☐ Qualifying widow(er) (see instructions)Check only
one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6ab ☒ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social
security number(3) Dependent's
relationship to
you(4) ☒ If child
under age 17
qualifying for child
tax creditBoxes checked
on 6a and 6b

2

No. of children
on 6c who:● lived with you
● did not live with
you due to divorce
or separation
(see instructions)Dependents on 6c
not entered aboveAdd numbers
on lines
above ▶

2

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

STMT 4

7

319,401.

8a Taxable interest. Attach Schedule B if required

8a

397.

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends

9b

10 Taxable refunds, credits, or offsets of state and local income taxes

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

▶ ☐

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

b Taxable amount

15b

16a Pensions and annuities

16a

b Taxable amount

16b

232.

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

0.

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

21 Other income. List type and amount

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

22

320,030.

Adjusted
Gross
Income

23 Educator expenses

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 Deductible part of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Tuition and fees. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 35

36

37 Subtract line 36 from line 22. This is your adjusted gross income

37

320,030.

710001 02-22-18

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2017)

Tax and Credits

Standard Deduction for -
• People who check any box on line 39a or 39b of who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$0,350
Married filing jointly or Qualifying widow(er), \$12,700
Head of household, \$9,350

| | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 320,030. |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ... 39a <input type="checkbox"/> | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ... 39b <input type="checkbox"/> | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 30,664. |
| 41 | Subtract line 40 from line 38 | 41 | 289,366. |
| 42 | Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst. | 42 | 7,614. |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 281,752. |
| 44 | Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | 68,195. |
| 45 | Alternative minimum tax. Attach Form 6251 | 45 | |
| 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| 47 | Add lines 44, 45, and 46 | 47 | 68,195. |
| 48 | Foreign tax credit. Attach Form 1116 if required | 48 | |
| 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | |
| 50 | Education credits from Form 8863, line 19 | 50 | |
| 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | |
| 52 | Child tax credit. Attach Schedule 8812, if required | 52 | |
| 53 | Residential energy credits. Attach Form 5695 | 53 | |
| 54 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | |
| 55 | Add lines 48 through 54. These are your total credits | 55 | |
| 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | 68,195. |
| 57 | Self-employment tax. Attach Schedule SE | 57 | |
| 58 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60a | Household employment taxes from Schedule H | 60a | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | |
| 61 | Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> | 61 | |
| 62 | Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s) STATEMENT 6 | 62 | 1,292. |
| 63 | Add lines 56 through 62. This is your total tax | 63 | 69,487. |

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

| | | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|-------------|
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 77,226. | STATEMENT 5 |
| 65 | 2017 estimated tax payments and amount applied from 2016 return | 65 | | |
| 66a | Earned income credit (EIC) | 66a | | |
| b | Nontaxable combat pay election 66b | | | |
| 67 | Additional child tax credit. Attach Schedule 8812 | 67 | | |
| 68 | American opportunity credit from Form 8863, line 8 | 68 | | |
| 69 | Net premium tax credit. Attach Form 8962 | 69 | | |
| 70 | Amount paid with request for extension to file | 70 | | |
| 71 | Excess social security and tier 1 RRTA tax withheld | 71 | | |
| 72 | Credit for federal tax on fuels. Attach Form 4136 | 72 | | |
| 73 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 73 | | |
| 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 77,226. | |

Refund

Direct deposit? See instructions.

| | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|
| 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | 7,739. |
| 76a | Amount of line 75 you want refunded to you. If Form 8888 is attached, check here | 76a | 7,739. |
| b | Routing number <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account number <input type="checkbox"/> | | |
| 77 | Amount of line 75 you want applied to your 2018 estimated tax | 77 | |

Amount You Owe

| | | | |
|----|--------------------------------------------------------------------------------------------|----|--|
| 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 78 | |
| 79 | Estimated tax penalty (see instructions) | 79 | |

Third Party Designee

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------|
| Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No | | |
| Designee's name | Phone no | Personal identification number (PIN) |

Sign Here

Joint return? See instructions. Keep a copy for your records.

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------|----------------------|
| Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | |
| Your signature | Date | Your occupation | Daytime phone number |
| Spouse's signature. If a joint return, both must sign. | | Date | Spouse's occupation |
| | | POLICY ADVISOR | |

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|-------------------------------------------------|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|----------------------------|----------------------|------|-------------------------------------------------|------|

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.
► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017

Attachment
Sequence No. 07

Your social security number

LISA J. BROWN & BRIAN P. MCCLATCHY

| | | | | |
|----------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| Medical and Dental Expenses | Caution: Do not include expenses reimbursed or paid by others. | | | |
| | 1 | Medical and dental expenses (see instructions) SEE STATEMENT 8 | 1 | 3,782. |
| | 2 | Enter amount from Form 1040, line 38 320,030. | 2 | 320,030. |
| | 3 | Multiply line 2 by 7.5% (0.075) | 3 | 24,002. |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0. |
| Taxes You Paid | 5 | State and local (check only one box): a <input type="checkbox"/> Income taxes, or b <input checked="" type="checkbox"/> General sales taxes SEE STATEMENT 10 | 5 | 3,194. |
| | 6 | Real estate taxes (see instructions) | 6 | 1,233. |
| | 7 | Personal property taxes | 7 | |
| | 8 | Other taxes. List type and amount | 8 | |
| | 9 | Add lines 5 through 8 | 9 | 4,427. |
| | 10 | Home mortgage interest and points reported to you on Form 1098 | 10 | 10,658. |
| | 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | 11 | |
| | 12 | Points not reported to you on Form 1098. See instructions for special rules | 12 | |
| | 13 | Mortgage insurance premiums (see instructions) | 13 | |
| Interest You Paid | 14 | Investment interest. Attach Form 4952 if required. See instructions | 14 | |
| | 15 | Add lines 10 through 14 | 15 | 10,658. |
| | 16 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 | 15,766. |
| | 17 | Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 17 | |
| Gifts to Charity | 18 | Carryover from prior year | 18 | |
| | 19 | Add lines 16 through 18 | 19 | 15,766. |
| | 20 | Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 20 | |
| Job Expenses and Certain Miscellaneous Deductions | 21 | Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. UNION AND PROFESSIONAL DUES 70. | 21 | 2,051. |
| | 22 | Tax preparation fees 1,981. | 22 | 525. |
| | 23 | Other expenses - investment, safe deposit box, etc. List type and amount | 23 | |
| | 24 | Add lines 21 through 23 | 24 | 2,576. |
| | 25 | Enter amount from Form 1040, line 38 320,030. | 25 | 320,030. |
| | 26 | Multiply line 25 by 2% (0.02) | 26 | 6,401. |
| | 27 | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | 27 | 0. |
| | 28 | Other - from list in instructions. List type and amount | 28 | |
| | 29 | Is Form 1040, line 38, over \$156,900? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | 29 | 30,664. |
| | 30 | If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/> | | |

LHA 719501 02-22-18 For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2017

08060414 759203 130618

2017.03030 BROWN, LISA

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SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment
Sequence No. 08

Your social security number

LISA J. BROWN & BRIAN P. MCCLATCHEY

| Part I | | Amount |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Interest | 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶ SPOKANE TEACHERS CREDIT UNION | 397. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 2 Add the amounts on line 1 | 2 | 397. |
| 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 | 3 | |
| 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a | 4 | 397. |

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Note: If line 4 is over \$1,500, you must complete Part III.

| Part II | | Amount |
|--------------------------------------------------------------------------------------------|------------------------|--------|
| Ordinary Dividends | 5 List name of payer ▶ | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a | 6 | |

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Note: If line 6 is over \$1,500, you must complete Part III.

| Part III | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. | | | |
| Foreign Accounts and Trusts | 7a At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements | | X |
| | b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶ | | |
| | 8 During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? | | |
| | If "Yes," you may have to file Form 3520. See instructions | | X |

727501 10-25-17

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule B (Form 1040A or 1040) 2017

SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment
Sequence No. 13

Name(s) shown on return

Your social security number

LISA J. BROWN & BRIAN P. MCCLATCHEY

Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use

Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

B If "Yes," did you or will you file required Form(s) 1099?

☐ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)

A [REDACTED] SPOKANE, WA [REDACTED]

B [REDACTED] SPOKANE, WA [REDACTED]

| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
|----|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|--------------------------|
| A | 1 | | 365 | | <input type="checkbox"/> |
| B | 1 | | 365 | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| Income: | Properties: | A | B | C |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------|---------|----|
| 3 Rents received | 3 | 12,382. | 7,200. | |
| 4 Royalties received | 4 | | | |
| Expenses: | | | | |
| 5 Advertising | 5 | | | |
| 6 Auto and travel (see instructions) | 6 | | | |
| 7 Cleaning and maintenance | 7 | 60. | | |
| 8 Commissions | 8 | | | |
| 9 Insurance | 9 | 2,242. | 1,512. | |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | 1,770. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | 6,917. | 1,167. | |
| 13 Other interest | 13 | | | |
| 14 Repairs | 14 | 1,474. | | |
| 15 Supplies | 15 | | | |
| 16 Taxes | 16 | 2,257. | 2,021. | |
| 17 Utilities | 17 | 493. | 3,788. | |
| 18 Depreciation expense or depletion | 18 | 4,364. | 2,800. | |
| 19 Other (list) ▶ STMT 12 STMT 13 | 19 | 486. | 67. | |
| 20 Total expenses. Add lines 5 through 19 | 20 | 20,063. | 11,355. | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | -7,681. | -4,155. | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | 0. | 0. | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | 19,582. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | | |
| c Total of all amounts reported on line 12 for all properties | 23c | 8,084. | | |
| d Total of all amounts reported on line 18 for all properties | 23d | 7,164. | | |
| e Total of all amounts reported on line 20 for all properties | 23e | 31,419. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | 0. |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | | | 0. |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | 0. |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2017

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