



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Department of the Treasury  
Internal Revenue Service

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

**Note.** The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052  
**2010**

For calendar year 2010, or tax year beginning 10-01-2010 , and ending 09-30-2011

G Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

Name of foundation  
MCKINSTRY CO CHARITABLE FOUNDATION  
C/O WILLIAM TEPLICKY TRUSTEE

**A Employer identification number**  
91-1942024

Number and street (or P O box number if mail is not delivered to street address)  
PO BOX 24567

Room/suite

**B Telephone number** (see page 10 of the instructions)  
(206) 764-1682

City or town, state, and ZIP code  
SEATTLE, WA 98124

**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 ☐

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

**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 ☐

**I** Fair market value of all assets at end of year (from Part II, col. (c), line 16)  
\$ 77,516

**J** Accounting method ☒ Cash ☐ Accrual  
☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis.)

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 page 11 of the instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	707,700			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	3 Interest on savings and temporary cash investments	6	6		
	4 Dividends and interest from securities. . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . . .		0		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	750	0		
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	708,456	6		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .				
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see page 14 of the instructions)				
	19 Depreciation (attach schedule) and depletion . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .				
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	0	0		0
	25 Contributions, gifts, grants paid . . . . .	642,765			642,765
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	642,765	0		642,765
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	65,691			
	b <b>Net investment income</b> (if negative, enter -0-)		6		
	c <b>Adjusted net income</b> (if negative, enter -0-)				

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Cat No 11289X

Form **990-PF** (2010)

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	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	11,825	77,516	77,516
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the 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) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	15	Other assets (describe ▶ _____)			
	16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	11,825	77,516	77,516

Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	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 ▶ _____)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	

Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/>				
	<b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .	11,825	77,516	
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/>				
	<b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	<b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	11,825	77,516	
	31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	11,825	77,516	

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 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1	11,825
2	Enter amount from Part I, line 27a . . . . .	2	65,691
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	77,516
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	77,516

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , 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 )	
1a					
(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					(i) Gains (Col (h) gain minus col (k), but not less than -0- ) or Losses (from col (h))
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)      { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }					2
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8 . . . . . }					3

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))		
2009	763,570	45,145	16 913722		
2008	959,855	36,619	26 211939		
2007	729,970	32,129	22 719973		
2006	502,917	10,846	46 368892		
2005	180,227	6,966	25 872380		
2 Total of line 1, column (d). . . . .				2	138 086906
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . . .				3	27 617381
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5. . . . .				4	20,710
5 Multiply line 4 by line 3. . . . .				5	571,956
6 Enter 1% of net investment income (1% of Part I, line 27b). . . . .				6	0
7 Add lines 5 and 6. . . . .				7	571,956
8 Enter qualifying distributions from Part XII, line 4. . . . .				8	642,765

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions on page 18

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		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		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		1	0
c		All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2		Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	0
3		Add lines 1 and 2. . . . .		3	0
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0
5		Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- . . . . .		5	0
6		Credits/Payments			
a		2010 estimated tax payments and 2009 overpayment credited to 2010	6a		
b		Exempt foreign organizations—tax withheld at source . . . . .	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c		
d		Backup withholding erroneously withheld . . . . .	6d		
7		Total credits and payments Add lines 6a through 6d. . . . .		7	0
8		Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		8	
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .		9	0
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .		10	
11		Enter the amount of line 10 to be Credited to 2011 estimated tax <input type="checkbox"/>	Refunded <input type="checkbox"/>	11	

Part VII-AStatements 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? . . . . .		Yes	No
		1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .			No
	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? . . . . .	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ 0 (2) On foundation managers <input type="checkbox"/> \$ _____ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 0			
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.	2		No
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 . . . .	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T.	5		No
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? . . . . .	6	Yes	
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 XV	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input checked="" type="checkbox"/> WA _____			
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 .	8b	Yes	
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV . . . . .	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions).	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶N/A	13	Yes	
14	The books are in care of ▶WILLIAM TEPLICKY Telephone no ▶(206) 764-1682 Located at ▶PO BOX 24567 SEATTLE WA ZIP+4 ▶98124			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	16		No
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country ▶				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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 ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 page 20 of the instructions)? . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010? . . . . .	1c		No
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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see page 20 of the instructions ). . . . .	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2010 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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.</i> ). . . . .	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2010?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	5b	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870.</i>		6b	No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the 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
DEAN ALLEN PO BOX 24567 SEATTLE, WA 98124	TRUSTEE 1 00	0	0	0
VICKI ALLEN PO BOX 24567 SEATTLE, WA 98124	TRUSTEE 1 00	0	0	0
J WILLIAM TEPLICKY JR PO BOX 24567 SEATTLE, WA 98124	TRUSTEE 1 00	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the 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
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the 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. . . . .		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	0
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	0
2	
All other program-related investments. See page 24 of the instructions	
3	
Total. Add lines 1 through 3. . . . .	0



Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	0
b	Average of monthly cash balances. . . . .	1b	21,025
c	Fair market value of all other assets (see page 24 of the instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	21,025
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	0
3	Subtract line 2 from line 1d. . . . .	3	21,025
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions). . . . .	4	315
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	20,710
6	Minimum investment return. Enter 5% of line 5. . . . .	6	1,036

Part XI

Distributable Amount (see page 25 of the 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 X, line 6. . . . .	1	1,036
2a	Tax on investment income for 2010 from Part VI, line 5. . . . .	2a	
b	Income tax for 2010 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	1,036
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	750
5	Add lines 3 and 4. . . . .	5	1,786
6	Deduction from distributable amount (see page 25 of the instructions). . . . .	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	1,786

Part XII

Qualifying Distributions (see page 25 of the 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	642,765
b	Program-related investments—total from Part IX-B. . . . .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	642,765
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions). . . . .	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .	6	642,765
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				1,786
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only. . . . .			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2010				
a From 2005. . . . .				179,879
b From 2006. . . . .				502,375
c From 2007. . . . .				728,364
d From 2008. . . . .				958,024
e From 2009. . . . .				761,313
f Total of lines 3a through e. . . . .	3,129,955			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 642,765				
a Applied to 2009, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
c Treated as distributions out of corpus (Election required—see page 26 of the instructions). . .	0			
d Applied to 2010 distributable amount. . . . .				1,786
e Remaining amount distributed out of corpus	640,979			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,770,934			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions . . .		0		
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions . . . . .			0	
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011. . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions). . . . .	0			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions). . . . .	179,879			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a. . . . .	3,591,055			
10 Analysis of line 9				
a Excess from 2006. . . .				502,375
b Excess from 2007. . . .				728,364
c Excess from 2008. . . .				958,024
d Excess from 2009. . . .				761,313
e Excess from 2010. . . .				640,979

Part XIV

Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2010	(b) 2009	(c) 2008	(d) 2007	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed.					
d	Amounts included in line 2c not used directly for active conduct of exempt activities.					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 of the 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) )

See Additional Data Table

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

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. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number of the person to whom applications should be addressed

b

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

c

Any submission deadlines

d

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

Part XV

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
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	642,765
b Approved for future payment				
Total . . . . .			3b	0

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b>	Program service revenue					
<b>a</b>	_____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>f</b>	_____					
<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	6	
<b>4</b>	Dividends and interest from securities. . . .					
<b>5</b>	Net rental income or (loss) from real estate					
<b>a</b>	Debt-financed property. . . . .					
<b>b</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					
<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 <b>a</b> RETURNED GRANT _____			01	750	
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>12</b>	Subtotal. Add columns (b), (d), and (e). .		0		756	0
<b>13</b>	<b>Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		756

[illegible]

Part XVII

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) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a

Transfers from the reporting foundation to a noncharitable exempt organization of

1

Cash.

2

Other assets.

b

Other transactions

1

Sales of assets to a noncharitable exempt organization.

2

Purchases of assets from a noncharitable exempt organization.

3

Rental of facilities, equipment, or other assets.

4

Reimbursement arrangements.

5

Loans or loan guarantees.

6

Performance of services or membership or fundraising solicitations.

c

Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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.

Yes

No

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a

Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes

No

b

If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
--------------------------	--------------------------	---------------------------------

Sign Here

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 or fiduciary) is based on all information of which preparer has any knowledge.

\*\*\*\*\*

Signature of officer or trustee

2012-08-15

Date

\*\*\*\*\*

Title

Paid Preparer's Use Only

Preparer's Signature

KATHRYN J ONG

Firm's name

CLARK NUBER PS

Firm's address

10900 NE 4TH STREET SUITE 1700  
BELLEVUE, WA 98004

Date

2012-08-15

Check if self-employed

Yes

PTIN

Firm's EIN

Phone no

(425) 454-4919

Form 990-PF (2010)

Schedule B  
(Form 990, 990-EZ,  
or 990-PF)  
  
Department of the Treasury  
Internal Revenue Service

Schedule of Contributors  
  
▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047  
  
2010

Name of organization MCKINSTRY CO CHARITABLE FOUNDATION C/O WILLIAM TEPLICKY TRUSTEE	Employer identification number 91-1942024
--	--

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An Organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2 of its Form 990, or check the box on lin H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> MCKINSTRY CO CHARITABLE FOUNDATION C/O WILLIAM TEPLICKY TRUSTEE	<b>Employer identification number</b>  91-1942024
---	---

Part I

Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MCKINSTRY CO 5005 3RD AVE S  SEATTLE, WA 98134  	\$ 512,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
2	NEW SEED INTERNATIONAL PO BOX 1459  MERCER ISLAND, WA 98040  	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
3	MARI ANDERSON TERRY GREEN 11714 NE LAKE JOY DRIVE  CARNATION, WA 98014  	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
4	JOHNSON BARROW INC 2203 23RD AVENUE S  SEATTLE, WA 98144  	\$ 170,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
5	DEAN VICKI ALLEN 1500 42ND AVENUE E  SEATTLE, WA 98124  	\$ 10,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )



<b>Name of organization</b> MCKINSTRY CO CHARITABLE FOUNDATION C/O WILLIAM TEPLICKY TRUSTEE	<b>Employer identification number</b>  91-1942024
---	---

Part II

Noncash Property (see Instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<div></div> <div></div> <div></div> <div></div>	\$ <div></div>	<div></div>

<b>Name of organization</b> MCKINSTRY CO CHARITABLE FOUNDATION C/O WILLIAM TEPLICKY TRUSTEE	<b>Employer identification number</b>  91-1942024
---	---

Part III

**Exclusively** religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (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 ) ► \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div></div>	<div></div>	
	<div></div>	<div></div>	
—	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div></div>	<div></div>	
	<div></div>	<div></div>	
—	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div></div>	<div></div>	
	<div></div>	<div></div>	
—	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div></div>	<div></div>	
	<div></div>	<div></div>	


**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 91-1942024  
**Name:** MCKINSTRY CO CHARITABLE FOUNDATION  
C/O WILLIAM TEPLICKY TRUSTEE


**Form 990PF Part XV Line 1a - 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).**

DEAN ALLEN
VICKI ALLEN

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
826 SEATTLE PO BOX 30764 SEATTLE,WA 98113		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
AAAS 1200 NEW YORK AVE NW WASHINGTON,DC 20005		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
ACADEMY OF SAINTS PETER & PAUL 150 RAILWAY STREET E LORETTO,MN 55357		509(A)(1) OR (A)(2)	EDUCATION	400
ACE MENTOR PROGRAM OF WASHINGTON 1301 FIFTH AVE SUITE 3200 SEATTLE,WA 981012699		509(A)(1) OR (A)(2)	EDUCATION	400
ACE MENTOR PROGRAM OF WASHINGTON 1301 FIFTH AVE SUITE 3200 SEATTLE,WA 981012699		509(A)(1) OR (A)(2)	EDUCATION	1,000
ALLIANCE FRANCAISE DE SEATTLE 4649 SUNNYSIDE AVE N 205 SEATTLE,WA 98103		509(A)(1) OR (A)(2)	EDUCATION	400
ALTOONA SCHOOL DISTRICT 1903 BARTLETT AVE ALTOONA,WI 54720		509(A)(1) OR (A)(2)	EDUCATION	400
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE SUITE 17 CHICAGO,IL 60601		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
ALZHEIMER'S DISEASE & RELATED DISORDERS NORTH TOWER SUITE 200 100 WEST HARRISON STREET SEATTLE,WA 98119		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
AMARA 3300 EAST UNION ST SEATTLE,WA 98122		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
AMARA 3300 EAST UNION ST SEATTLE,WA 98122		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	5,000
AMERICAN CANCER SOCIETY-TEXAS 5413 SOUTH MCCOLL ROAD EDINBURG,TX 78539		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	1,400
AMERICAN HEART ASSOCIATION INLAND NW 140 S ARTHUR SUITE 610 SPOKANE,WA 99202		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	2,000
AMERICAN NATIONAL RED CROSS 2025 EAST STREET NW WASHINGTON,DC 200065009		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	3,600
AMERICAN RED CROSS- DES MOINES BRANCH PO BOX 4002018 DES MOINES,IA 503402018		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	1,000
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
AMERICAN RED CROSS-MINNESOTATWIN CITIES 1201 W RIVER PKWY MINNEAPOLIS,MN 554542020		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
AMERICAN RED CROSS- OREGON TRAIL CHAPTER PO BOX 4125 PORTLAND,OR 972084125		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
AMERICAN RED CROSS- SAN ANTONIO BRANCH 3642 EAST HOUSTON STREET SAN ANTONIO,TX 78219		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
AMERICAN RED CROSS- SEATTLE BRANCH 1900 25TH AVE S SEATTLE,WA 98114		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	1,200
ANGEL FLIGHT WEST 3161 DONALD DOUGLAS LOOP S SANTA MONICA,CA 904052310		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
ANIMAL SPAY & NEUTER 3524 KOA WAY AUBURN,CA 95602		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
ANIMAL TALK RESCUE 6514 ROOSEVELT WAY NE SEATTLE,WA 98115		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
ANIMAL WELFARE INSTITUTE 900 PENNSYLVANIA AVE SE WASHINGTON,DC 20003		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
ANIMEALS 1700 RANKIN ST MISSOULA,MT 59808		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	600
ANNUAL CATHOLIC APPEAL ST FRANCIS OF ASSISI 15226 21ST AVENUE S BURIEN,WA 98166		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
APM OUTREACH INCANCHOR POINT PO BOX 1583 LEAGUE CITY,TX 77574		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
ARTSFUND PO BOX 19780 10 HARRISON ST STE 200 SEATTLE,WA 98109		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	1,500
ASPCA 424 EAST 92ND ST 4TH FLOOR NEW YORK,NY 101286804		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	600
AURICLE COMMUNICATIONS 43 MONTGOMERY STREET JERSY CITY,NJ 073023803		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
AVON FOUNDATION 1345 AVENUE OF THE AMERICAS NEW YORK,NY 10105		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BAD RAP PO BOX 27005 OAKLAND,CA 94602		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
BALLARD FOOD BANK 5130 LEARY AVE NW SEATTLE,WA 98117		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
BAPTIST BIBLE FELLOWSHIP PO BOX 191 SPRINGFIELD,MO 658010191		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
BAYVIEW COMMUNITY CENTER FOUNDATION INC PO BOX 121 BAYVIEW,ID 838030121		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
BEAVERTON FOURSQUARE CHURCH- DOHAITI 13565 SW WALKER ROAD BEAVERTON,OR 97005		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
BELLEVUE ARTS MUSEUM 510 BELLEVUE WAY NE BELLEVUE,WA 98004		509(A)(1) OR (A)(2)	EDUCATION ARTS	2,500
BELLEVUE CENTRAL CHURCH 10431 SE 11TH STREET BELLEVUE,WA 980046883		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
BEST FRIENDS ANIMAL SANCTUARY 5001 ANGEL CANYON RD KANAB,UT 84741		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
BIBLE ALIVE MINISTRIES PO BOX 372 FERGUS FALLS,MN 565380372		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
BIG BROTHERS BIG SISTERS OF PUGET SOUND 1600 S GRAHAM ST SEATTLE,WA 98108		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	800
BIG BROTHERS BIG SISTERS OF SW IDAHO 2404 W BANK DRIVE SUITE 302 BOISE,ID 83705		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
BIG BROTHERS BIG SISTERS OF THE WESTERN U 801 N LINCOLN DRIVE SUITE 202 HANCOCK,MI 49930		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
BLAZEMAN FOUNDATION- PMB 121 18 MAPLE AVE BARRINGTON,RI 02806		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	200
BLESSED TERESA OF CALCUTTA PARISH PO BOX 705 WOODINVILLE,WA 98072		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
BLUE HAVEN YOUTH CAMP INC PO BOX 92156 SOUTHLAKE,TX 76092		509(A)(1) OR (A)(2)	YOUTH	200
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
BLUE RIBBON COALITION 4555 BURLEY DR STE A POCATELLO,ID 83202		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
BOISE RESCUE MISSION PO BOX 1494 BOISE,ID 83701		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
BOISE STATE RADIO (NPR) 1910 UNIVERSITY DRIVE BOISE,ID 837251915		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
BOTHELL UNITED METHODIST CHURCH 18515 92ND AVE NE BOTHELL,WA 98011		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	1,200
BOY SCOUTS OF AMERICA CHIEF SEATTLE COUNCIL 3120 RAINIER AVE S SEATTLE,WA 98144		509(A)(1) OR (A)(2)	YOUTH	9,850
BOY SCOUTS OF AMERICA- UTAH NATIONAL PARK 748 N 1340 WEST OREM,UT 84057		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
BOYS & GIRLS CLUB OF SNOHOMISH COUNTY 402 2ND STREET SNOHOMISH,WA 98290		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	800
BOYS & GIRLS CLUB OF SPOKANE COUNTY 544 EAST PROVIDENCE AVE SPOKANE,WA 99207		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
BOZEMAN PUBLIC LIBRARY PO BOX 6242 BOZEMAN,MT 59771		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
BRIDGES- CENTER FOR GRIEVING CHILDREN 310 NORTH K ST TACOMA,WA 98403		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
BROADWATER FOOD PANTRY PO BOX 1164 TOWNSEND,MT 59644		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
BROOKDALE ELEMENTARY 611 132ND STREET S TACOMA,WA 98444		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
BROOKLAKE COMMUNITY CHURCH 629 SOUTH 356TH ST FEDERAL WAY,WA 98003		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
BULLSEYE DOG RESCUE PO BOX 50412 BELLEVUE,WA 98015		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
CAMFED USA 465 CALIFORNIA STREET SUITE 626 SAN FRANCISCO,CA 94104		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
CAMP KOREY 28901 NE CARNATION FARM RD CARNATION,WA 98104		509(A)(1) OR (A)(2)	YOUTH	400
CAMPS FOR KIDS AT WILDWOOD 1080 WASHINGTON KANSAS CITY,MO 64106		509(A)(1) OR (A)(2)	YOUTH	400
CAN DO MS 27 MAIN STREET SUITE 303 EDWARDS,CO 81632		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	800
CAP AGENCY 712 CANTERBURY ROAD S SHAKOPEE,MN 55379		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
CASA (COURT APPOINTED SPECIAL ADVOCATES) 208 N 4TH ST COEUR DALENE,ID 83814		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
CASCADE SENIORS PO BOX 843 DARRINGTON,WA 982410843		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
CATHOLIC CHARITIES USA PO BOX 17066 BALTIMORE,MD 21297		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
CATHOLIC COMMUNITY SERVICES 100 23RD AVENUE SOUTH SEATTLE,WA 981442302		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
CATKINS ANIMAL RESCUE N 13316 HWY 13 FIFIELD,WI 54524		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
CEDARHILL ANIMAL SANCTUARY INC 144 SANCTUARY LOOP CALEDONIA,MS 39740		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
CHAFFEY COLLEGE FOUNDATION 5885 HAVEN AVE RANCHO RANCHO CUCAMONGA,CA 91701		509(A)(1) OR (A)(2)	EDUCATION	200
CHASE OAKS CHURCH GO BOLDLY 1700 GATEWAY BLVD RICHARDSON,TX 75080		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
CHILDHAVEN 316 BROADWAY SEATTLE,WA 98122		509(A)(1) OR (A)(2)	YOUTH	600
CHILDREN'S CANCER ASSOCIATION 433 NW 4TH AVE SUITE 100 PORTLAND,OR 97209		509(A)(1) OR (A)(2)	EDUCATION	600
CHILDREN'S CENTER AT BURKE GILMAN GARDENS 5251 SAND POINT WAY NE BUILDING 5 SEATTLE,WA 98105		509(A)(1) OR (A)(2)	YOUTH	400
<b>Total . . . . .</b>  <b>3a</b>				642,765




Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
CHILDREN'S CHANCE FOR LIFE 20720 SNAG ISLAND LAKE TAPPS,WA 98391		509(A)(1) OR (A)(2)	YOUTH	200
CHILDRENS HOSPITAL & CLINICS OF MINNESOTA 2910 CENTRE POINTE DRIVE ROSEVILLE,MN 55113		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
CHILDRENS MUSEUM 305 HARRISON STREET SEATTLE,WA 98109		509(A)(1) OR (A)(2)	EDUCATION	800
CHILD'S VOICE SCHOOL 180 HANSEN COURT WOOD DALE,IL 60191		509(A)(1) OR (A)(2)	EDUCATION	400
CHRIS HAVEN FOUNDATION 3443 NORTH CENTRAL SUITE ARC-5 PHOENIX,AZ 85012		509(A)(1) OR (A)(2)	EDUCATION	400
CHRIST THE KING ACADEMY PO BOX 2460 POULSBO,WA 98370		509(A)(1) OR (A)(2)	EDUCATION	400
CHROMOSOME 9P- NETWORK PO BOX 524 APPLETON,WI 54912		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
CHURCH FOR ALL NATIONS 111 112TH ST E TACOMA,WA 98445		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
CHURCH OF JESUS CHRIST-LDSBSA TROOP 355 4245 S 290TH ST AUBURN,WA 98001		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
CIRCLE OF HOPE GUILD C/O GREENFOOT TECH 3931 BRIDGE WAY N SUITE 102 SEATTLE,WA 98103		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	1,000
CIRCLE OF HOPE GUILD C/O GREENFOOT TECH 3931 BRIDGE WAY N SUITE 102 SEATTLE,WA 98103		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	6,000
CLARKSTON EDUCATION FOUNDATION PO BOX 361 CLARKSTON,WA 99403		509(A)(1) OR (A)(2)	EDUCATION	400
CLEVELAND HIGH SCHOOL 3400 SE 26TH AVE PORTLAND,OR 97202		509(A)(1) OR (A)(2)	EDUCATION	400
COALFIELD 5 STAR ATHLETIC ASSOCIATION INC 17263 SE 142ND STREET RENTON,WA 98059		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
COALITION HUMANE 2106 TACOMA AVE S TACOMA,WA 98402		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
<b>Total . . . . .</b>  <b>3a</b>				642,765


Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
COASTAL GERMAN SHEPHERD RESCUE PO BOX 50726 IRVINE,CA 926190726		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
COMMUNITY FOR YOUTH 999 3RD AVE SUITE 1570 SEATTLE,WA 98104		509(A)(1) OR (A)(2)	YOUTH	400
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS,CO 80921		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
CONIFER COMMUNITY CHURCH 9998 SOUTH HAVEKOST RD ASPEN PARK,CO 80433		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
CONSERVATION NW 1208 BAY ST SUITE 201 BELLINGHAM,WA 98225		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
COUNTRY DOCTOR COMMUNITY HEALTH CENTERS 2101 YESLER WAY SEATTLE,WA 98112		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	4,000
CRISIS PREGNANCY CENTER OF TACOMA 1209 - 6TH AVE TACOMA,WA 98405		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
CROHN'S & COLITIS FOUNDATION 386 PARK AVE S 17TH FLOOR NEWYORK CITY,NY 10016		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
CUYAPO-SEATTLE ASSOCIATION 4924 15TH AVE S SEATTLE,WA 981081829		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
DAVID HELLER FOUNDATION 33285 WIKSTROM ROAD SCAPPOOSE,OR 97056		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
DENVER RESCUE MISSION PO BOX 5206 DENVER,CO 80217		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
DEVELOPMENTAL DISABILITIES FOUNDATION 11177 W8TH AVE 300 LAKEWOOD,CO 80215		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
DIRECT RELIEF INTERNATIONAL 27 S LA PATERA LN SANTA BARBARA,CA 931173214		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
DOERNBECHER CHILDREN'S HOSP FOUNDATION 355/3181 SW SAM JACKSON PARK RD PORTLAND,OR 97239		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
DOVE LEWIS EMERGENCY ANIMAL HOSPITAL 1945 NW PETTYGROVE PORTLAND,OR 97209		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DSRTF 755 PAGE MILL ROAD SUITE A-200 PALO ALTO,CA 943041005		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
DUMB FRIENDS LEAGUE 2080 SOUTH QUEBEC ST DENVER,CO 80231		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
DWANKHOZI HOPE PO BOX 19411 SEATTLE,WA 98109		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
EAGLE HARBOR CONGREGATIONAL CHURCH 105 WINSLOW WAY W BAINBRIDGE ISLAND,WA 98110		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
EAGLE UNITED METHODIST CHURCH 651 N EAGLE ROAD EAGLE,ID 83616		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
EAST CENTRAL NEIGHBORHOOD WELLNESS ASSOCIATION 500 SOUTH STONE SPOKANE,WA 99202		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
EAST TEXAS COMMUNITIES FOUNDATION 315 N BROADWAY SUITE 210 TYLER,TX 75702		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
EASTSIDE DOMESTIC VIOLENCE PROGRAM PO BOX 6398 BELLEVUE,WA 980080398		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	800
EASTSIDE LEGAL ASSISTANCE PROGRAM 1510 140TH AVENUE NE SUITE 110 BELLEVUE,WA 98005		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
ECWR PO BOX 19734 SEATTLE,WA 981096734		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
EDGEWOOD BAPTIST CHURCH 20406 76TH AVE W EDMONDS,WA 98026		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
EDUC OPPORTUNITIES - CHILDREN & FAMILIES PO BOX 821110 VANCOUVER,WA 98682		509(A)(1) OR (A)(2)	EDUCATION	400
ELDERHEALTH NORTHWEST 800 JEFFERSON STREET SEATTLE,WA 98104		509(A)(1) OR (A)(2)	EDUCATION	400
EMP SFM 330 6TH AVENUE NORTH 300 SEATTLE,WA 98109		509(A)(1) OR (A)(2)	EDUCATION ARTS	2,500
ENGINEERS WITHOUT BORDER-MONTANA CHAPTER SUB BOX 9 BOZEMAN,MT 59717		509(A)(1) OR (A)(2)	EDUCATION	200
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ENVIRONMENTAL DEFENSE FUND 1875 CONNECTICUT AVE NW WASHINGTON,DC 20009		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	200
EPILEPSY FOUNDATION NORTHWEST 2311 NORTH 45TH STREET SUITE 134 SEATTLE,WA 98103		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
FACING THE FUTURE 811 FIRST AVE SUITE 454 SEATTLE,WA 98104		509(A)(1) OR (A)(2)	EDUCATION	10,000
FAITH BAPTIST CHURCH 25636 140TH AVE SE KENT,WA 98042		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	600
FAITH COMMUNITY 2637 SULLIVENT AVE COLUMBUS,OH 43204		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
FARM SANCTUARY PO BOX 150 WATKINS GLEN,NY 14891		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
FEDERAL WAY FOURSQUARE CHURCH- NORTHWEST 34800 21ST AVE SW FEDERAL WAY,WA 98023		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
FEDERAL WAY SYMPHONY ORCHESTRA PO BOX 4513 FEDERAL WAY,WA 98063		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
FELLOWSHIP BAPTIST CHURCH PO BOX 824/ 2 SEVENTH AVE E POLSON,MT 59860		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
FERAL CAT SPAYNEUTER PROJECT 4001 198TH ST SW STE 3 LYNNWOOD,WA 980366731		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
FIRST BAPTIST CHURCH 521 SOUTH BROADWAY ADA,OK 74820		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
FIRST CHRISTIAN REFORMED CHURCH OF DENVER 1814 S EMERSON ST DENVER,CO 80210		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
FIRST UNITED METHODIST CHURCH COLLEYVILLE 5601 PLEASANT RUN ROAD COLLEYVILLE,TX 76034		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
FOCUS ON THE FAMILY PO BOX 2816 OMAHA,NE 681032816		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER,CO 80239		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	500
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
FOOD LIFELINE 1702 NE 150TH STREET SHORELINE,WA 981557226		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
FOREST LAKE ATHLETIC ASSOCIATION PO BOX 21 FOREST LAKE,MN 55025		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
FOUNDATION FIGHTING BLINDNESS PO BOX 17279 BALTIMORE,MD 212037279		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
FRANCISCAN HEALTH SYSTEM 1149 MARKET STREET TACOMA,WA 984011502		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
FREEDOM CHURCH 9601 35TH AVE SW SEATTLE,WA 98126		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
FRIDAY'S KIDS RESPITE 475 WEST 260 N OREM,UT 84057		509(A)(1) OR (A)(2)	YOUTH	200
FRIENDS OF KEXP 113 DEXTER AVE N SEATTLE,WA 98109		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	600
FRIENDS OF SALMON BAY 1810 NW 65TH STREET SEATTLE,WA 98117		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
FRIENDS OF UNH ROWING 100 MAIN ST WHITTEMORE CENTER DURHAM,NH 03824		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
GINGERS PET RESCUE 322 NORTH 105TH ST SEATTLE,WA 98133		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
GLOBAL GIVING- JAPAN EARTHQUAKE & TSUNAMI 1023 15TH STREET NW 12TH FLOOR WASHINGTON,DC 20005		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
GLOBAL PARTNERSHIPS 909 NE BOAT ST STE 200 SEATTLE,WA 98105		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	1,661
GLOBAL PARTNERSHIPS 909 NE BOAT ST STE 200 SEATTLE,WA 98105		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	50,000
GONZAGA UNIVERSITY 502 E BOONE AVE SPOKANE,WA 992580098		509(A)(1) OR (A)(2)	EDUCATION	200
GONZAGA UNIVERSITY 502 E BOONE AVE SPOKANE,WA 992580098		509(A)(1) OR (A)(2)	EDUCATION	1,000
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
GREATER KANSAS CITY COMMUNITY FOUNDATION 1055 BROADWAY SUITE 130 KANSAS CITY,MO 64105		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
GRIFFITH CENTERS FOR CHILDREN 14142 DENVER WEST PARKWAY SUITE 225 GOLDEN,CO 80401		509(A)(1) OR (A)(2)	YOUTH	400
HABITAT FOR HUMANITY - SEATTLE 15439 53RD AVE S SUITE B TUKWILA,WA 98188		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	1,000
HAPPY PAWS FARM 19933 OLD BURN ROAD ARLINGTON,WA 98223		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
HARMONY HORSEWORKS 13639 ELSIE ROAD CONIFER,CO 80433		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
HAZEN BOOSTER CLUB- CO BOYS BASEBALL 1101 HOQUIAM AVE NE RENTON,WA 98059		509(A)(1) OR (A)(2)	YOUTH	400
HEARTBEAT- SERVING WOUNDED WARRIORS PO BOX 704 SNOHOMISH,WA 98291		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
HELPLINE HOUSE 282 KNECHTEL WAY NE BAINBRIDGE ISLAND,WA 98116		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
HIGHLINE HARDBALL INC 19246 EDGECLIFF DR SW SEATTLE,WA 981663828		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
HISTIOCYTOSIS ASSOCIATION OF AMERICA 332 NORTH BROADWAY PITMAN,NJ 08071		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
HITSTREAK FASTPITCH- 10U RED 5318 S IRELAND WAY CENTENNIAL,CO 80015		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
HOLY ROSARY PARISH PO BOX 206 EDMONDS,WA 98020		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
HOME COURT PO BOX 1089 WOODINVILLE,WA 98072		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
HOMEWARD PET ADOPTION CENTER PO BOX 2293 WOODINVILLE,WA 98072		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
HONOR FLIGHT INC 300 E AUBURN AVE SPRINGFIELD,OH 45505		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
HOPELINK 16225 NE 87TH ST SUITE A-1 REDMOND,WA 98052		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
HOSPICE OF SPOKANE PO BOX 2215 SPOKANE,WA 99210		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
HUGH O'BRIAN YOUTH LEADERSHIP WASHINGTON PO BOX 25121 SEATTLE,WA 98165		509(A)(1) OR (A)(2)	YOUTH	400
HUMAN RIGHTS WATCH 350 5TH AVENUE 34TH FLOOR NEW YORK,NY 10118		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
HUMANE SOCIETY FOR SOUTHWEST WASHINGTON 1100 NORTHEAST 192ND AVENUE VANCOUVER,WA 98684		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
HUMANE SOCIETY FOR TACOMA & PIERCE COUNTY 2608 CENTER STREET TACOMA,WA 98409		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	800
HUMANE SOCIETY OF UTAH PO BOX 573659 MURRAY,UT 841573659		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
HUMANE SOCIETY OF WESTERN WASHINGTON 8304 WAYNE AVENUE STANWOOD,WA 98292		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
IDAHO FOOD BANK PO BOX 5601 BOISE,ID 83705		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
IDAHO FOOD BANK PO BOX 5601 BOISE,ID 83705		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	500
IDAHO HUMANE SOCIETY BOISE ID 83705 BOISE,ID 83705		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
IMPACT CAMPUS MINISTRIES PO BOX 17620 TAMPA,FL 33682		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
INTERNATIONAL ASSISTANCE PROGRAM PO BOX 18702 SPOKANE,WA 99228		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	800
INTERNATIONAL DISTRICT HOUSING ALLIANCE 601 S KING STREET SUITE 305 SEATTLE,WA 98104		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
INVISIBLE CHILDREN INC 1620 5TH AVE SUITE 400 SAN DIEGO,CA 92101		509(A)(1) OR (A)(2)	YOUTH	200
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
JEFFCO ACTION CENTER 8755 W 14TH AVE PO BOX 150609 LAKEWOOD,CO 80215		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
JET CITIES CHORUS PO BOX 4371 FEDERAL WAY,WA 98063		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY - 14TH FLOOR NEWYORK,NY 10004		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	600
KATY FOURSQUARE CHURCH 26189 WESTHEIMER PARKWAY KATY,TX 77494		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
KENNEDY CATHOLIC HIGH SCHOOL 140 SOUTH 140TH ST BURIEN,WA 98168		509(A)(1) OR (A)(2)	EDUCATION	400
KING COUNTY SEXUAL ASSAULT RESOURCE CTR PO BOX 300 RENTON,WA 98057		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
KNOWTHYSELF AS SOUL FOUNDATION INTL PO BOX 160 UMPQUA,OR 97486		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
KOOTENAI HUMANE SOCIETY INC PO BOX 1005 HAYDEN LAKE,ID 83835		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
KRIYAYOGA INSTITUTE - USA PO BOX 924615 HOMESTEAD,FL 33092		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
KUOW RADIO PO BOX 84148 SEATTLE,WA 981245448		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	600
KYLE CHARVAT FOUNDATION 815 1ST AVENUE SUITE 140 SEATTLE,WA 98104		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
LAKE CITY COMMUNITY CHURCH (FOOD BANK) 6000 NORTH RAMSEY ROAD COEUR DALENE,ID 83815		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
LAURELHURST SCHOOL FOUNDATION 2069 NE HOYT STREET PORTLAND,OR 97232		509(A)(1) OR (A)(2)	EDUCATION	200
LEUKEMIA & LYMPHOMA SOCIETY 530 DEXTER AVE N SUITE 300 SEATTLE,WA 98109		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	5,400
LIBERTY LAKE COMMUNITY THEATRE PO BOX 9 LIBERTY LAKE,WA 99019		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
<b>Total . . . . .</b>  <b>3a</b>				642,765



Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
LIFE CENTER 1717 S UNION AVE TACOMA,WA 98465		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
LIFE OUTREACH INTERNATIONAL PO BOX 982000 FORT WORTH,TX 761828000		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
LIFE QUEST TRANSITIONS 6125 OMAHA BLVD COLORADO SPRINGS,CO 80915		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
LIFELINE CRISIS PREGNANCY CENTER INC 1323 12TH AVE SOUTH NAMPA,ID 83651		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
LIGHTHOUSE FARM SANCTUARY 36831 RICHARDSON GAP ROAD SCIO,OR 97374		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
LINCOLN HIGH SCHOOL FOUNDATION 701 SOUTH 37TH STREET TACOMA,WA 98418		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	5,000
LISTEN AND TALK 8610 8TH AVE NE SEATTLE,WA 98115		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
LUTHERAN COMMUNITY SERVICES NW 3800 SW CEDAR HILLS BLVD SUITE 230 BEAVERTON,OR 97005		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
LYNNWOOD FOOD BANK 5320 176TH STREET SW LYNNWOOD,WA 98037		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	800
MAKE-A-WISH FOUNDATION - AK MO NID WA 811 FIRST AVE SUITE 520 SEATTLE,WA 98104		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
MAPLE VALLEY FOOD BANK PO BOX 322 MAPLE VALLEY,WA 98038		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
MARCH OF DIMES INLAND NORTHWEST DIVISION 222 W MISSION AVE 119 SPOKANE,WA 99201		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	2,000
MARY BRIDGE CHILDREN'S FOUNDATION PO BOX 5296 TACOMA,WA 98415		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
MARY KAY ASH CHARITABLE FOUNDATION PO BOX 799044 DALLAS,TX 753799044		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
MARYLHURST UNIVERSITY PO BOX 261 MARYLHURST,OR 970360261		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	500
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
MASTER CHORUS EASTSIDE PO BOX 1452 ISSAQUAH,WA 980270059		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
MAUI ALOHA AINA ASSOCIATION 1768 KALAWAI PLACE WAILUKU,HI 96793		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
MAY FOUNDATION 1319 DEXTER AVE NORTH SUITE 350 SEATTLE,WA 98109		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	1,000
MCERF 1385 PICCARD AVE ROCKVILLE,MD 20850		509(A)(1) OR (A)(2)	EDUCATION	5,000
MED 25 PO BOX 1459 MERCER ISLAND,WA 98040		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	1,500
MEEKER CITIZENS OF THE WORLD STUDENT EXCHANGE 4402 NASSAU AVE NE TACOMA,WA 98422		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
MEOW - MERCY FUND 10600 NE 68TH SUITE F KIRKLAND,WA 98033		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
MERCY CORPS PO BOX 2669 DEPT W PORTLAND,OR 972082669		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	800
MIRACLE HOUSE GUILD PO BOX 5371 S-200 SEATTLE,WA 981455005		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
MISSION ACADEMY 9120 SOUTH PRESA SAN ANTONIO,TX 78223		509(A)(1) OR (A)(2)	EDUCATION	200
MISSOULA FOOD BANK 219 SOUTH 3RD ST WEST MISSOULA,MT 59801		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	600
MOBIUS SCIENCE CENTER 926 W SPRAGUE AVENUE SUITE 583 SPOKANE,WA 99201		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	200
MONTANA FOOD BANK NETWORK 5625 EXPRESSWAY MISSOULA,MT 59808		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	500
MOSCOW SCHOOL DISTRICT #281 650 N CLEVELAND MOSCOW,ID 83843		509(A)(1) OR (A)(2)	EDUCATION	400
MOUNT ST MARY'S HIGH SCHOOL 2801 S SHARTEL AVE OKLAHOMA CITY,OK 73109		509(A)(1) OR (A)(2)	EDUCATION	400
<b>Total . . . . .</b>  <b>3a</b>				642,765


Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
MUKILTEO SCHOOLS FOUNDATION PO BOX 753 MUKILTEO,WA 98275		509(A)(1) OR (A)(2)	EDUCATION	500
MULTISENSORY LEARNING ACADEMY 22565 NE HALSEY FAIRVIEW,OR 97024		509(A)(1) OR (A)(2)	EDUCATION	400
MUSIC WORKS NORTHWEST 14360 SE EASTGATE WAY SUITE 102 BELLEVUE,WA 98007		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
NAMI EASTSIDE 16315 NE 87TH STREET B4 REDMOND,WA 98052		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
NATIONAL MS SOCIETY- GREATER NW CHAPTER 192 NICKERSON ST SUITE 100 SEATTLE,WA 98109		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
NATIONAL MS SOCIETY- INLAND NW CHAPTER 818 E SHARP SPOKANE,WA 99202		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
NATIONAL MS SOCIETY- MINNESOTA CHAPTER 200 12TH AVE S MINNEAPOLIS,MN 554151222		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEWYORK,NY 10017		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
NEW BEGINNINGS PO BOX 75125 SEATTLE,WA 981750125		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
NEW HOPE RESOURCE CENTER 4211 E COLBERT ROAD COLBERT,WA 99005		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
NO MORE HOMELESS PETS - UTAH (NMHPU) 8029 SOUTH 700 E SANDY,UT 84070		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
NORTH BEACH ELEMENTARY PTA AGC 9010 24TH AVE NW SEATTLE,WA 98117		509(A)(1) OR (A)(2)	EDUCATION	200
NORTH CENTRAL KIWANIS MEMORIAL FUND PO BOX 31033 SEATTLE,WA 98103		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
NORTH TEXAS FOOD BANK 4500 S COCKRELL HILL ROAD DALLAS,TX 75236		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	500
NORTHSHORE SCHOOL DISTRICT-SAS 3330 MONTE VILLA PARKWAY BOTHELL,WA 98021		509(A)(1) OR (A)(2)	EDUCATION	4,000
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NORTHSHORE SCHOOL DISTRICT-SAS 3330 MONTE VILLA PARKWAY BOTHELL,WA 98021		509(A)(1) OR (A)(2)	EDUCATION	5,000
NORTHSIDE CHURCH OF CHRIST 16318 SAN PEDRO AVE SAN ANTONIO,TX 78232		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
NORTHVIEW COMMUNITY CHURCH 18303 BOTHELL-EVERETT HWY MILL CREEK,WA 98012		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
NORTHWEST CENTER 7272 W MARGINAL WAY S SEATTLE,WA 98108		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
NORTHWEST CHILDREN'S FUND 2100 24TH AVE S SUITE 320 SEATTLE,WA 98144		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
NORTHWEST CHRISTIAN SCHOOLS 5104 E BERNHILL ROAD COLBERT,WA 99005		509(A)(1) OR (A)(2)	EDUCATION	400
NORTHWEST HARVESTEMM PO BOX 12272 SEATTLE,WA 981020272		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
NORTHWEST INDIAN COLLEGE 2522 KWINA ROAD BELLINGHAM,WA 98226		509(A)(1) OR (A)(2)	EDUCATION	400
NOTHING BUT NETS 1800 MASSACHUSETTS AVE NW SUITE 400 WASHINGTON,DC 20036		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
O'DEA HIGH SCHOOL 802 TERRY AVE SEATTLE,WA 98104		509(A)(1) OR (A)(2)	EDUCATION	200
OLD APOSTOLIC LUTHERAN CHURCH PO BOX 1510 BATTLE GROUND,WA 98604		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
OLD DOG HAVEN 9016 99TH AVE NE ARLINGTON,WA 98223		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
OLIVE CREST TREATMENT CENTERS 515 116TH AVE NE SUITE 174 BELLEVUE,WA 98004		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	600
OPERATION KINDNESS OF GARLAND 3201 EARHART DRIVE CARROLLTON,TX 75006		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	800
OREGON FOOD BANK PO BOX 55370 PORTLAND,OR 972385370		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	500
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
OREGON HUMANE SOCIETY 1067 N COLUMBIA BLVD PORTLAND, OR 97211		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
ORPHANS OVERSEAS 12937 NW SKYLINE BLVD PORTLAND, OR 97231		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	1,000
ORPHANS OVERSEAS 12937 NW SKYLINE BLVD PORTLAND, OR 97231		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	1,400
PACIFIC LUTHERAN UNIVERSITY (KPLU) 12501 PARK AVE S TACOMA, WA 98447		509(A)(1) OR (A)(2)	EDUCATION	800
PACIFIC NORTHWEST DIABETES INSTITUTE 720 BROADWAY SEATTLE, WA 98122		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
PACIFIC SCIENCE CENTER 200 2ND AVE N SEATTLE, WA 98109		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	1,200
PACIFIC SCIENCE CENTER 200 2ND AVE N SEATTLE, WA 98109		509(A)(1) OR (A)(2)	EDUCATION	5,000
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE SUITE 200 MANHATTAN BEACH, CA 90266		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	250
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE SUITE 200 MANHATTAN BEACH, CA 90266		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
PARTNERSHIP FOR LEARNING 520 PIKE STREET 1212 SEATTLE, WA 98101		509(A)(1) OR (A)(2)	EDUCATION	10,000
PASADO'S SAFE HAVEN PO BOX 171 SULTAN, WA 98294		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
PATH PO BOX 19210 SEATTLE, WA 981091210		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
PATH PO BOX 19210 SEATTLE, WA 981091210		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	100,000
PAWS PO BOX 1037 LYNNWOOD, WA 98046		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
PEACE OUT 425 SPRING STREET FIRCREST, WA 98466		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
<b>Total . . . . .</b>  <b>3a</b>				642,765


Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
PET HAVEN OF MINNESOTA PO BOX 19105 MINNEAPOLIS,MN 55419		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
PETA 501 FRONT ST NORFOLK,VA 23510		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
PLANNED PARENTHOOD FEDERATION OF AMERICA 434 W 33RD STREET NEW YORK,NY 10001		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
PLANNED PARENTHOOD OF MID & EASTERN TN 50 VANTAGE WAY SUITE 102 NASHVILLE,TN 37228		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
PORTLAND PIGS RUGBY CLUB PO BOX 14465 PORTLAND,OR 97293		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
PRESBYTERIAN COUNSELING SERVICE 564 NE RAVENNA BLVD SEATTLE,WA 98115		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
PRIMARY CHILDREN'S HOSPITAL FOUNDATION PO BOX 58249 SALT LAKE CITY,UT 84158		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
PROFESSIONALS WITHOUT BORDERS 901 12TH AVE SEATTLE,WA 98122		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
PROVAIL 12550 AURORA AVE N SEATTLE,WA 98133		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
PROVIDENCE REGINA HOUSE 8201 100TH AVE SOUTH SEATTLE,WA 98108		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
PULLMAN FOOD BANK (CHILD WELFARE ASSN) 1125 NW NYE STREET PULLMAN,WA 99163		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	500
PURRFECT PALS 230 MCRAE ROAD NE ARLINGTON,WA 98223		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
PUSH AMERICA PO BOX 241368 CHARLOTTE,NC 28224		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
R HUNTER SIMPSON FOUNDATION C/O THE SEATTLE FOUNDATION 1200 5TH AVE 1300 SEATTLE,WA 98101		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
RAINER VALLEY FOOD BANK 4205 RAINER AVENUE S SEATTLE,WA 98118		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
RAINIER FOOTHILLS SWIM TEAM PO BOX 528 ENUMCLAW,WA 98022		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
REAL MISSIONS PO BOX 1511 MAPLE VALLEY,WA 98038		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	1,200
RED FEATHER DEVELOPMENT GROUP PO BOX 907 BOZEMAN,MT 59715		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
RENTON FILIPINO FOURSQUARE CHURCH 150 S TOBIN ST RENTON,WA 98057		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	3,600
RESIDENCE XII 12029 113TH AVE NE KIRKLAND,WA 98034		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
REYNOLDS HIGH SCHOOL 1698 SW CHERRY PARK RD TROUTDALE,OR 97060		509(A)(1) OR (A)(2)	EDUCATION	400
RISE N' SHINE FOUNDATION 417 23RD AVE SOUTH SEATTLE,WA 98144		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
RIVERS WISH ANIMAL SANCTUARY PO BOX 18371 SPOKANE,WA 99218		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	800
ROCKPOINTE CHURCH 4503 CROSS TIMBERS RD FLOWER MOUND,TX 75028		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
ROCKY MOUNTAIN ELK FOUNDATION 5705 GRANT CREEK ROAD MISSOULA,MT 59808		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
ROLLING DOG RANCH ANIMAL SANCTUARY PO BOX 150 LANCASTER,NH 03584		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
ROLLING HILLS PUBLIC CHARTER SCHOOL 8900 HORSESHOE BAND ROAD BOISE,ID 83714		509(A)(1) OR (A)(2)	EDUCATION	400
RONALD MCDONALD HOUSE CHARITIES- WA & AK 5130 40TH AVENUE NE SEATTLE,WA 98115		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
ROOSEVELT HIGH SCHOOL FOUNDATION PO BOX 15791 SEATTLE,WA 98115		509(A)(1) OR (A)(2)	EDUCATION	400
ROTARY BOYS & GIRLS CLUB CENTRAL SEATTLE 201 19TH AVE SEATTLE,WA 98122		509(A)(1) OR (A)(2)	YOUTH	250
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
SAFARI CLUB INTERNATIONAL FOUNDATION 4800 WEST GATES PASS ROAD TUCSON,AZ 857459600		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
SAFE CROSSINGS FOUNDATION 815 FIRST AVENUE 312 SEATTLE,WA 98104		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH COMMUNITY OUTREACH	1,000
SAFE HAVEN 13780 MCKENNA ROAD NW SHAKOPEE,MN 55379		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
SAI PHILANTHROPIES- MEDG REGION 1 ALUMNAE 1 TUNNEL ROAD ASHVILLE,NC 288051229		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
SALVATION ARMYNW DIVISION 111 QUEEN ANNE AVE N SUITE 300 SEATTLE,WA 98109		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
SAN ANTONIO FOOD BANK 5200 OLD HWY 90 W SAN ANTONIO,TX 78227		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
SBRI 307 WESTLAKE AVE N 500 SEATTLE,WA 981095219		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	10,000
SBRI 307 WESTLAKE AVE N 500 SEATTLE,WA 981095219		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	10,000
SBRI 307 WESTLAKE AVE N 500 SEATTLE,WA 981095219		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	25,000
SBRI 307 WESTLAKE AVE N 500 SEATTLE,WA 981095219		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	25,000
SEACHAR 603 STEWART ST SUITE 906 SEATTLE,WA 98101		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
SEATTLE ANIMAL SHELTER FOUNDATION PO BOX 99006 SEATTLE,WA 981390006		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
SEATTLE ART MUSEUM 1300 FIRST AVENUE SEATTLE,WA 981012003		509(A)(1) OR (A)(2)	EDUCATION	1,000
SEATTLE CANCER CARE ALLIANCE PO BOX 19023 SEATTLE,WA 981091023		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	200
SEATTLE CENTRAL CC FOUNDATION 1701 BROADWAY SEATTLE,WA 98122		509(A)(1) OR (A)(2)	EDUCATION	400
<b>Total</b> . . . . .  <b>3a</b>				642,765



Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
SEATTLE CHILDREN'S HOSPITAL PO BOX 50020 MS/S- 200 SEATTLE,WA 98145		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
SEATTLE CHILDREN'S HOSPITAL FOUNDATION PO BOX 5371 /MS-S200 SEATTLE,WA 981455005		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	1,354
SEATTLE CHILDREN'S HOSPITAL FOUNDATION PO BOX 5371 /MS-S200 SEATTLE,WA 981455005		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	1,600
SEATTLE CHILDREN'S HOSPITAL FOUNDATION PO BOX 5371 /MS-S200 SEATTLE,WA 981455005		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	20,000
SEATTLE INTERNATIONAL FOUNDATION 500 UNION ST SUITE 801 SEATTLE,WA 98101		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH GLOBAL OUTREACH	25,000
SEATTLE JUNIOR TAMBURITZANS 20421 7TH AVE S DES MOINES,WA 98198		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
SEATTLE MEN'S CHORUS 319 12TH AVE SEATTLE,WA 98122		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
SEATTLE PREPARATORY SCHOOL 2400 11TH AVE E SEATTLE,WA 98102		509(A)(1) OR (A)(2)	EDUCATION	200
SEATTLE PROGRESSIVE PRESCHOOL 2331 FAIRVIEW AVE 1 SEATTLE,WA 98102		509(A)(1) OR (A)(2)	EDUCATION	200
SEATTLE THEATRE GROUP 911 PINE ST SEATTLE,WA 98101		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
SEATTLE'S UNION GOSPEL MISSION PO BOX 202 SEATTLE,WA 981110202		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	600
SECOND CHANCE RANCH PO BOX 899 ELMA,WA 98541		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
SECOND HARVEST FOOD BANK 8014 MARINE WAY IRVINE,CA 92618		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	500
SECOND HARVEST FOOD BANK OF S WISCONSIN 2801 DAIRY DRIVE MADISON,WI 53718		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	500
SECOND HARVEST HEARTLAND 3100 CALIFORNIA ST NE MINNEAPOLIS,MN 55418		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	500
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SECOND HARVEST INLAND NORTHWEST 1234 EAST FRONT AVE SPOKANE,WA 99202		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	500
SGC SOARING FOUNDATION PO BOX 7184 BELLEVUE,WA 980081184		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
SHALOM MINISTRIES 518 WEST 3RD AVE SPOKANE,WA 992014304		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
SHARK SAVERS 419 LAFAYETTE STREET 2ND FLOOR NEW YORK,NY 10003		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA,FL 33607		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
SHRINERS- SPOKANE WA 911 WEST 5TH AVE SPOKANE,WA 99204		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
SKILLS USA- TEXAS 1241 VAN ZANDT COUNTRY ROAD 2705 MABANK,TX 75147		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
SMILE TRAIN INC 41 MADISON AVE 28TH FLOOR NEW YORK,NY 10010		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
SNOHOMISH FIRST ASSEMBLY OF GOD 1220 22ND STREET SNOHOMISH,WA 98290		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
SNOQUALMIE ELEMENTARY SCHOOL 39801 SE PARK STREET SNOQUALMIE,WA 98065		509(A)(1) OR (A)(2)	EDUCATION	400
SNOQUALMIE VALLEY SCHOOLS FOUNDATION PO BOX 724 FALL CITY,WA 98024		509(A)(1) OR (A)(2)	EDUCATION	500
SOCK- SAVE OUR COUNTY KIDS PO BOX 1013 SHELTON,WA 98584		509(A)(1) OR (A)(2)	YOUTH	400
SOJOURNER'S ALLIANCE INC (TROY FOOD BANK 627 N VAN BUREN STREET 1 MOSCOW,ID 83843		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
SOLAR SAN ANTONIO 118 BROADWAY SUITE 621 SAN ANTONIO,TX 78205		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
SOLID GROUND- MARRA FARM 1501 NORTH 45TH ST SEATTLE,WA 98103		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	600
<b>Total . . . . .</b>  <b>3a</b>				642,765


Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
SOROPTIMIST INTERNATIONAL-CITRUS HEIGHTS 7250 AUBURN BLVD 190 CITRUS HEIGHTS,CA 95610		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
SOUTH COUNTY CATS 26828 MAPLE VALLEY BLACK DIAMOND RD SE 160 MAPLE VALLEY,WA 98038		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
SOUTH SOUND CRITTER CARE 28727 216TH AVE SE KENT,WA 98042		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
SOUTHWESTERN UTAH- MUSEUM OF THE AMERICAN 1106 E FLOURMILL ROAD BLANDING,UT 84511		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
SPOKANE PUBLIC MARKET PO BOX 1238 SPOKANE,WA 992101238		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
ST JOSEPH THE WORKER CHURCH 2310 SE 148 AVENUE PORTLAND,OR 97233		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
ST ANTHONY SCHOOL 336 SHUTTUCK AVENUE SOUTH RENTON,WA 98057		509(A)(1) OR (A)(2)	EDUCATION	400
ST ANTHONY'S CHURCH PO BOX 175 31911 EAST BLANCHE ST CARNATION,WA 98014		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
ST CATHERINE OF SIENA PARISH SCHOOL 8524 8TH AVE NE SEATTLE,WA 98115		509(A)(1) OR (A)(2)	EDUCATION	400
ST CROIX ENVIRONMENTAL ASSOCIATION 5032 ANCHOR WAY SUITE 3 CHRISTIANSTEAD,VI 00820		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
ST GEBRIEL CHURCH 940 26TH AVE SOUTH SEATTLE,WA 98144		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
ST JAMES CATHEDRAL KITCHEN 804 NINTH AVE SEATTLE,WA 98104		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
ST JOHN CATHOLIC SCHOOL 120 N 79TH STREET SEATTLE,WA 98103		509(A)(1) OR (A)(2)	EDUCATION	200
ST JOHN'S EPISCOPAL CHURCH 913 SECOND STREET SNOHOMISH,WA 98290		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
ST JOHN'S UNITED CHURCH OF CHRIST 350 NORTH 4TH PAYETTE,ID 83661		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
<b>Total . . . . .</b>  <b>3a</b>				642,765


Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS,TN 83105		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	200
ST LEO FOOD CONNECTION 710 S 13TH ST TACOMA,WA 98405		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	500
ST MADELINE SOPHIE CATHOLIC SCHOOL 4400 130TH PLACE SW BELLEVUE,WA 980062014		509(A)(1) OR (A)(2)	EDUCATION	400
ST VINCENT DE PAUL 30527 8TH AVE S FEDERAL WAY,WA 98003		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
STOUGHTON COMMUNITY FOUNDATION INC PO BOX 84 STOUGHTON,WI 53589		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
SUSAN G KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY SUITE 250 DALLAS,TX 75244		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
SUSAN G KOMEN FOR THE CURE-DALLAS COUNTY 12820 HILLCREST RD SUITE C105 DALLAS,TX 75230		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
TAHOMA SCHOOL DISTRICT #409 25720 MAPLE VALLEY BLACK DIAMOND RD SE MAPLE VALLEY,WA 98038		509(A)(1) OR (A)(2)	EDUCATION	800
TEARS FOUNDATION 9617 181ST STREET CT E PUYALLUP,WA 98375		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
THE A21 CAMPAIGN INC 2448 EAST 81ST STREET SUITE 5900 TULSA,OK 74137		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
THE BOREAN CALL PO BOX 7019 BEND,OR 97708		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
THE EINAR NIELSEN SCHOLARSHIP FOUNDATION PO BOX 3483 FRIDAY HARBOR,WA 98250		509(A)(1) OR (A)(2)	EDUCATION	400
THE FOUNDATION FOR AIDS RESEARCH 120 WALL STREET FLOOR 13 NEW YORK,NY 10005		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
THE MARY L PRICE SCHOLARSHIP FUND INC 27220 NANTUCKET DRIVE SOUTHFIELD,MI 48076		509(A)(1) OR (A)(2)	EDUCATION	200
THE MOYER FOUNDATION 2426 32ND AVE WEST SUITE 200 SEATTLE,WA 98199		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	600
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
THE OFFICE OF LETTERS AND LIGHT 3354 ADELINE STREET BERKELEY,CA 94124		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
THE PIXIE PROJECT 510 NE MLK BLVD PORTLAND,OR 97232		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
THE SEMESTER AT SEA ANNUAL FUND PO BOX 400885 CHARLOTTESVILLE,VA 229044885		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
THE V FOUNDATION FOR CANCER RESEARCH 106 TOWERVIEW COURT GARY,NC 27513		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
TO WRITE LOVE ON HER ARMS (TWLOHA) PO BOX 206 COCOA,FL 32923		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
TREASURE VALLEY BIBLE CHURCH 12251 WUSTICK RD BOISE,ID 83713		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
TREEHOUSE 2100 24TH AVE SOUTH SUITE 200 SEATTLE,WA 981444632		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	800
TREEHOUSE 2100 24TH AVE SOUTH SUITE 200 SEATTLE,WA 981444632		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	5,000
TRINITY SCHOOL RIVER RIDGE-BASEBALL 601 RIVER RIDGE PARKWAY EAGAN,MN 55121		509(A)(1) OR (A)(2)	EDUCATION	400
TURNPOINT LIGHTHOUSE PRESERVATION SOCIETY PO BOX 243 ORCAS,WA 98280		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
TWO RIVERS RIDE FOR CANCER INC 132 MAIN STREET COLEBROOK,NH 03576		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	400
UNICEF 125 MAIDEN LANE 10TH FLOOR NEWYORK,NY 10038		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
UNITED WAY OF KING CO 720 2ND AVE SEATTLE,WA 98104		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
UNITED WAY OF MID-WILLAMETTE VALLEY 455 BLILER AVE NE SALEM,OR 97301		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159/600 CONNELL AVE MISSOULA,MT 59807		509(A)(1) OR (A)(2)	EDUCATION	400
<b>Total . . . . .</b>  <b>3a</b>				642,765


Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> Paid during the year				
UNIVERSITY OF PUGET SOUND ALUMNI FUND 1500 N WARNER 1063 TACOMA,WA 98416		509(A)(1) OR (A)(2)	EDUCATION	200
UW- PLATTEVILLE FOUNDATION 1 UNIVERSITY PLAZA PLATTEVILLE,WI 53818		509(A)(1) OR (A)(2)	EDUCATION	400
VALLEY OF THE SUN HOSPICE ASSOCIATION 1510 EAST FLOWER STREET PHOENIX,AZ 85014		509(A)(1) OR (A)(2)	HEALTH & SCIENCE	200
VANESSA BEHAN CRISIS NURSERY 1004 E 8TH AVE SPOKANE,WA 99202		509(A)(1) OR (A)(2)	YOUTH	200
VICTORY JUNCTION 4500 ADAMS WAY RANDLEMAN,NC 27317		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
VINE MAPLE PLACE PO BOX 1092 MAPLE VALLEY,WA 98038		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	800
VISION HOUSE PO BOX 2951 RENTON,WA 98056		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
WA STATE SAFETY RESTRAINT COALITION 917 KIRKLAND AVE KIRKLAND,WA 980336326		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
WASHINGTON FERRET RESCUE AND SHELTER 12514 128TH LANE NE KIRKLAND,WA 98034		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
WASHINGTON NATURE CONSERVANCY 1917 1ST AVE SEATTLE,WA 98101		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
WASHINGTON STATE MENTORS 1605 NW SAMMAMISH ROAD SUITE 200 ISSAQUAH,WA 98027		509(A)(1) OR (A)(2)	EDUCATION	400
WASHINGTON STATE UNIVERSITY FOUNDATION PO BOX 641925 PULLMAN,WA 99164		509(A)(1) OR (A)(2)	EDUCATION	2,500
WASHINGTON STEM 210 SOUTH HUDSON STREET SEATTLE,WA 98134		509(A)(1) OR (A)(2)	EDUCATION	100,000
WATCHTOWER BIBLE & TRACT SOCIETY OF NY 25 COLUMBIA HEIGHTS BROOKLYN,NY 11201		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	1,600
WELD FOOD BANK 1108 H STREET GREELEY,CO 80631		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
<b>Total . . . . .</b>  <b>3a</b>				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
a Paid during the year				
WELLSPRING FAMILY SERVICES 615 2ND AVENUE SUITE 150 SEATTLE,WA 98104		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH COMMUNITY OUTREACH	1,500
WENATCHEE HIGH SCHOOL 1101 MILLERDALE AVE WENATCHEE,WA 98801		509(A)(1) OR (A)(2)	EDUCATION	400
WEST PLAINS LITTLE LEAGUE PO BOX 19325 SPOKANE,WA 99219		509(A)(1) OR (A)(2)	YOUTH	400
WEST PLAINS POP WARNER ASSOCIATION PO BOX 508 CHENEY,WA 990040508		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	800
WESTIE RESCUE- AUSTIN 1411 CRETE LANE PFLUGERVILLE,TX 78660		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
WHATCOM HUMANE SOCIETY 3710 WILLIAMSON WAY BELLINGHAM,WA 98226		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
WHITE CENTER FOOD BANK 10829 8TH AVE SW SEATTLE,WA 98146		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
WILL POWER CHALLENGE 15410 S MOUNTAIN PKWY SUITE 108 PHOENIX,AZ 85044		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
WINE TO WATER 703 WEST KING STREET SUITE 102 BOONE,NC 28607		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
WOOD RIVER HIGH SCHOOL 1250 FOX ACRES ROAD HAILEY,ID 83333		509(A)(1) OR (A)(2)	EDUCATION	1,200
WORLD VISION INC PO BOX 78481 TACOMA,WA 984818481		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE,FL 32256		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	600
YMCA OF COLUMBIA-WILLAMETTE 9500 SW BARBUR BLVD SUITE 200 PORTLAND,OR 97219		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
YMCA OF GREATER SEATTLE 909 FOURTH AVE SEATTLE,WA 98104		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	1,400
YMCA OF GREATER SEATTLE 909 FOURTH AVE SEATTLE,WA 98104		509(A)(1) OR (A)(2)	YOUTH	10,000
Total . . . . . 3a				642,765

Form 990PF Part XV Line 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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YMCA OF GREATER ST PAUL 3760 N LEXINGTON AVE SHOREVIEW,MN 55126		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
YOUTH HOMES 550 N CALIFORNIA STREET MISSOULA,MT 59802		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	200
YOUTH MEDIA INSTITUTE 4408 DELRIDGE WAY SW SUITE 112 SEATTLE,WA 98106		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
YWCA- BABES NETWORK 1118 5TH AVENUE SEATTLE,WA 98109		509(A)(1) OR (A)(2)	COMMUNITY OUTREACH	400
ZEMBA CHILDREN'S FOUNDATION PO BOX 966 FAIRFIELD,TX 75840		509(A)(1) OR (A)(2)	EDUCATION	400
<b>Total . . . . .</b>  <b>3a</b>				642,765



**TY 2010 Other Income Schedule**

**Name:** MCKINSTRY CO CHARITABLE FOUNDATION

C/O WILLIAM TEPLICKY TRUSTEE

**EIN:** 91-1942024

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
RETURNED GRANT	750		750