

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0052
2015
Open to Public Inspection

For calendar year 2015, or tax year beginning 10-01-2015, and ending 09-30-2016

Name of foundation DEACON CHARITABLE FOUNDATION		A Employer identification number 20-5702192
Number and street (or P O box number if mail is not delivered to street address) 7745 GREENBACK LANE NO 250	Room/suite	B Telephone number (see instructions) (503) 764-1810
City or town, state or province, country, and ZIP or foreign postal code CITRUS HEIGHTS, CA 95610		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 208,304	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

	Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>	Revenue and expenses per (a) books	Net investment (b) income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	283,800			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	176	176		
	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				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	283,976	176	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).	733	0	0	733
	b Accounting fees (attach schedule).	2,235	0	0	2,235
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	628	0	0	628
	22 Printing and publications	1,860	0	0	1,860
	23 Other expenses (attach schedule).	1,882	0	0	1,884
	24 Total operating and administrative expenses. Add lines 13 through 23	7,338	0	0	7,340
	25 Contributions, gifts, grants paid	131,329			131,329
26 Total expenses and disbursements. Add lines 24 and 25	138,667	0	0	138,669	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	145,309				
b Net investment income (if negative, enter -0-)		176			
c Adjusted net income (if negative, enter -0-)			0		

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	5,578	20,705	20,705
	2 Savings and temporary cash investments	57,417	187,599	187,599
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	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 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	62,995	208,304	208,304	
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 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
29 Retained earnings, accumulated income, endowment, or other funds	62,995	208,304		
30 Total net assets or fund balances (see instructions)	62,995	208,304		
31 Total liabilities and net assets/fund balances (see instructions)	62,995	208,304		

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	62,995
2	Enter amount from Part I, line 27a	2	145,309
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	208,304
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	208,304

Part IV Capital Gains and Losses for Tax on Investment Income

(a) 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			
b			
c			
d			
e			

(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			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
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 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 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))
2014	61,204	125,063	0.489385
2013	191,790	232,393	0.825283
2012	364,140	391,344	0.930486
2011	153,491	212,087	0.723717
2010	254,389	422,242	0.602472

2 Total of line 1, column (d).	2	3.571343
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	0.714269
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	289,243
5 Multiply line 4 by line 3.	5	206,597
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	2
7 Add lines 5 and 6.	7	206,599
8 Enter qualifying distributions from Part XII, line 4.	8	138,669

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

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

Table with 11 main rows and sub-rows (a-d) for credits. Includes fields for exempt foundations, tax under section 511, tax due, and overpayment. Total overpayment is 469.

Part VII-A Statements Regarding Activities

Table with 10 rows (1a-10) regarding activities. Columns include question text, Yes, and No. Includes questions about political campaigns, unrelated business income, and substantial contributors.

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 instructions). 11 No
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 12 No
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW DEACONCHARITABLEFOUNDATION.ORG 13 Yes
14 The books are in care of JULIE CARRICO Telephone no (916) 969-0900 Located at 7745 GREENBACK LANE SUITE 250 CITRUS HEIGHTS CA ZIP+4 95610
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -Check here 15
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 Yes No

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.
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? Yes No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 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)? Yes No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). Yes No
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b
Organizations relying on a current notice regarding disaster assistance check here.
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 2015? 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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? Yes No
If "Yes," list the years 20 , 20 , 20 , 20
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement-see instructions). 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? Yes No
b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015). 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 2015? 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))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). Yes 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? Yes No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No
 Organizations relying on a current notice regarding disaster assistance check here.

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? Yes No
 If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

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 instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. 0

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

Part VIII

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

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

Total number of others receiving over \$50,000 for professional services. **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	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions	
3	

Total. Add lines 1 through 3 **0**

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	293,648
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	293,648
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	293,648
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	4,405
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	289,243
6	Minimum investment return. Enter 5% of line 5.	6	14,462

Part XI Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	14,462
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	4
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	4
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	14,458
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	14,458
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	14,458

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	138,669
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	138,669
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	138,669

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 instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				14,458
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.				254,400
b From 2011.				153,491
c From 2012.				364,142
d From 2013.				232,100
e From 2014.				91,356
f Total of lines 3a through e.	1,095,489			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ <u>138,669</u>				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				14,458
e Remaining amount distributed out of corpus	124,211			
5 Excess distributions carryover applied to 2015 (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	1,219,700			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions.		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions.			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	254,400			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	965,300			
10 Analysis of line 9				
a Excess from 2011.				153,491
b Excess from 2012.				364,142
c Excess from 2013.				232,100
d Excess from 2014.				91,356
e Excess from 2015.				124,211

Part XIV Private Operating Foundations (see 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 2015, 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)

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) 2015	(b) 2014	(c) 2013	(d) 2012	
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 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))

RICHARD SMITH

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 instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

JULIE EARNEST
901 NE GLISAN STREET SUITE 100
PORTLAND, OR 97232
(503) 764-1810

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

VISIT THE FOLLOWING WEBSITE FOR PROPOSAL GUIDELINES
[HTTP //WWW DEACONCHARITABLEFOUNDATION ORG/REQUESTING-A -GRANTDONATION/](http://WWW.DEACONCHARITABLEFOUNDATION.ORG/REQUESTING-A-GRANTDONATION/)

c Any submission deadlines

NONE

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

VISIT THE FOLLOWING WEBSITE FOR PROPOSAL GUIDELINES
[HTTP //WWW DEACONCHARITABLEFOUNDATION ORG/REQUESTING-A -GRANTDONATION/](http://WWW.DEACONCHARITABLEFOUNDATION.ORG/REQUESTING-A-GRANTDONATION/)

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 <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	131,329
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ANITA JAIN 2375 130TH AVE NE SUITE 200 BELLEVUE, WA 98005	DIRECTOR 2 00	0	0	0
STEVE DEACON 901 NE GLISAN SUITE 100 PORTLAND, OR 97232	PRESIDENT 2 00	0	0	0
RICHARD SMITH 7745 GREENBACK LANE SUITE 250 CITRUS HEIGHTS, CA 95610	VICE PRESIDENT, SECRETARY 2 50	0	0	0
PAUL CUNHA 7745 GREENBACK LANE SUITE 250 CITRUS HEIGHTS, CA 95610	DIRECTOR 2 00	0	0	0
KENDRA HOWELL LACKEY 726 NW SKYLINE CREST RD PORTLAND, OR 97229	DIRECTOR 2 00	0	0	0
JARROD FOGLE 901 NE GLISAN SUITE 100 PORTLAND, OR 97232	DIRECTOR 2 00	0	0	0
ANKE RIND 17880 FITCH IRVINE, CA 92614	DIRECTOR 2 00	0	0	0
JULIE EARNEST 901 NE GLISAN SUITE 100 PORTLAND, OR 97232	EXECUTIVE DIR 10 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Made 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 <i>Paid during the year</i>				
DOVE LEWIS EMERGENCY ANIMAL HOSPITAL 1945 NW PETTYGROVE ST PORTLAND,OR 97209		NC	ANIMALS	500
FRIENDS OF FOLSOM ZOO INC 403 STAFFORD STREET FOLSOM,CA 95630		NC	ANIMALS	3,000
OREGON HUMANE SOCIETY 1067 NE COLUMBIA BLVD PORTLAND,OR 97211		NC	ANIMALS	425
PAWS PO BOX 1037 LYNNWOOD,WA 98046		NC	ANIMALS	4,000
SACRAMENTO ZOOLOGICAL SOCIETY 3930 WEST LAND PARK DRIVE SACRAMENTO,CA 95822		NC	ANIMALS	3,000
TAKING IT TO THE STREETS 3681 SUNNYSIDE DR 20037 RIVERSIDE,CA 92516		NC	ANIMALS	5,000
THE PIXIE PROJECT 510 NE MLK BLVD PORTLAND,OR 97232		NC	ANIMALS	1,750
THE PIXIE PROJECT 511 NE MLK BLVD PORTLAND,OR 97232		NC	ANIMALS	50
THE PIXIE PROJECT 512 NE MLK BLVD PORTLAND,OR 97233		NC	ANIMALS	50
WILLAMETTE HUMANE SOCIETY 4246 TURNER ROAD SE SALEM,OR 97317		NC	ANIMALS	25
ALBERTINA KERR 424 NE 22ND AVE PORTLAND,OR 97232		NC	CHILDREN & FAMILIES	50
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON DC 20006 WASHINGTON,DC 20006		NC	CHILDREN & FAMILIES	75
BELLEVUE LIFESPRING PO BOX 53203 BELLEVUE,WA 98105		NC	CHILDREN & FAMILIES	4,000
BIRTHDAY DREAMS PO BOX 2722 RENTON,WA 98056		NC	CHILDREN & FAMILIES	4,000
CARING BRIDGE 1715 YANKEE DOODLE ROAD SUITE 301 EAGAN,MN 66121		NC	CHILDREN & FAMILIES	45
Total ▶ 3a				131,329

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 <i>Paid during the year</i>				
CASA FOR CHILDREN 1401 NE 68TH AVE PORTLAND, OR 97213		NC	CHILDREN & FAMILIES	50
CHILDREN'S CANCER ASSOCIATION 1200 NW NAITO PARKWAY SUITE 140 PORTLAND, OR 97209		NC	CHILDREN & FAMILIES	105
COMMUNITY TRANSITIONAL SCHOOL 6601 NE KILLINGSWORTH ST PORTLAND, OR 97218		NC	CHILDREN & FAMILIES	5,000
COMPASSIONAL INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921		NC	CHILDREN & FAMILIES	65
FAMILY LAW CASA OF KING COUNTY 810 THIRD AVENUE SUITE 700 SEATTLE, WA 98104		NC	CHILDREN & FAMILIES	4,000
FRIENDS OF THE CHILDREN - SEATTLE PO BOX 18886 SEATTLE, WA 98118		NC	CHILDREN & FAMILIES	4,000
FROM MADDI'S CLOSET 15519 SURREY LANE LA MIRADA, CA 90638		NC	CHILDREN & FAMILIES	5,000
HABITAT FOR HUMANITY PORTLAND METRO EAST 1478 NE KILLINGSWORTH STREET PORTLAND, OR 97211		NC	CHILDREN & FAMILIES	200
HABITAT FOR HUMANITY PORTLAND METRO EAST 1479 NE KILLINGSWORTH STREET PORTLAND, OR 97212		NC	CHILDREN & FAMILIES	500
HABITAT FOR HUMANITY PORTLAND METRO EAST 1480 NE KILLINGSWORTH STREET PORTLAND, OR 97213		NC	CHILDREN & FAMILIES	210
HABITAT FOR HUMANITY PORTLAND METRO EAST 1481 NE KILLINGSWORTH STREET PORTLAND, OR 97214		NC	CHILDREN & FAMILIES	100
KIDPOWER 215 BAYONA DR SANTA CRUZ, CA 95060		NC	CHILDREN & FAMILIES	3,000
NEW AVENUES FOR YOUTH 1220 SW COLUMBIA STREET PORTLAND, OR 97201		NC	CHILDREN & FAMILIES	5,000
PRIDE INDUSTRIES FOUNDATION 10030 FOOTHILLS BLVD ROSEVILLE, CA 95747		NC	CHILDREN & FAMILIES	500
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607		NC	CHILDREN & FAMILIES	50
Total				▶ 3a 131,329

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 <i>Paid during the year</i>				
SHOULDER TO SHOULDER 3051 FAIRFIELD STREET ROOM 58 SACRAMENTO, CA 95815		NC	CHILDREN & FAMILIES	3,000
SUNSHINE DIVISION 687 N THOMPSON ST PORTLAND, OR 97227		NC	CHILDREN & FAMILIES	2,000
THE LITTLEST READER PROJECT NICU FAMILIES NORTHWEST 233 NE 58TH AVE PORTLAND, OR 97213		NC	CHILDREN & FAMILIES	85
THE PEARL FUND PO BOX 2521 PORTLAND, OR 97208		NC	CHILDREN & FAMILIES	100
UNION GOSPEL MISSION 3 NW THIRD AVE PORTLAND, OR 97209		NC	CHILDREN & FAMILIES	100
UNION GOSPEL MISSION 3 NW THIRD AVE PORTLAND, OR 97209		NC	CHILDREN & FAMILIES	50
YMCA OF COLUMBIA - WILLAMETTE 9500 SW BARBUR BLVD STE 200 PORTLAND, OR 97219		NC	CHILDREN & FAMILIES	50
ALL HANDS VOLUNTEERS - LOUISIANA FLOOD RESPONSE 6 COUNTY ROAD SUITE 6 MATTAPOISETT, MA 02739		NC	DISASTER RELIEF	5,000
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON, DC 20006		NC	DISASTER RELIEF	100
AMERICAN RED CROSS 2026 E STREET NW WASHINGTON, DC 20007		NC	DISASTER RELIEF	200
AMERICAN RED CROSS 2027 E STREET NW WASHINGTON, DC 20008		NC	DISASTER RELIEF	280
MERCY CHEFS INC 4240 PORTSMOUTH BLVD 402 CHESAPEAKE, VA 23321		NC	DISASTER RELIEF	50
PORTLAND MOUNTAIN RESCUE PO BOX 5391 PORTLAND, OR 97228		NC	DISASTER RELIEF	50
RUBY'S PLACE 1180 B STREET HAYWARD, CA 94541		NC	DOMESTIC VIOLENCE	3,000
SAINT JOHN'S PROGRAM FOR REAL CHANGE 2443 FAIR OAKS BLVD 369 SACRAMENTO, CA 95825		NC	DOMESTIC VIOLENCE	3,000
Total				131,329

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 <i>Paid during the year</i>				
VOLUNTEERS OF AMERICA HOME FREE 3910 SE STARK STREET PORTLAND,OR 97214		NC	DOMESTIC VIOLENCE	1,500
BUILDON PO BOX 16741 STAMFORD,CT 06905		NC	EDUCATION	500
CHUGIAK AQUATICS CLUB PO BOX 771434 EAGLE RIVER,AK 99577		NC	EDUCATION	20
EDUCONGO 4130 SW 117TH AVENUE SUITE 463 BEAVERTON,OR 97005		NC	EDUCATION	100
PORTLAND YOUTHBUILDERS 4816 SE 92ND AVE PORTLAND,OR 97266		NC	EDUCATION	3,000
THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL 1560 SHERMAN AVE EVANSTON,IL 60201		NC	EDUCATION	100
YOUNG AUDIENCES OF OREGON & SW WASHINGTON 1220 SW MORRISON ST STE 1000 PORTLAND,OR 97205		NC	EDUCATION	235
SOUND SALMON SOLUTIONS 1911 VERNON ROAD LAKE STEVENS,WA 98258		NC	ENVIRONMENT	460
CENTRAL CITY CONCERN 232 NW 6TH AVE PORTLAND,OR 97209		NC	HOMELESSNESS	192
GIVE THEM WINGS INC 2149 CASCADE AVE STE 106A PMB 48 HOOD RIVER,OR 97031		NC	HOMELESSNESS	350
GIVE THEM WINGS INC 2150 CASCADE AVE STE 106A PMB 48 HOOD RIVER,OR 97032		NC	HOMELESSNESS	100
GRANDMA'S HOUSE OF HOPE 1505 E 17TH ST 116 SANTA ANA,CA 92705		NC	HOMELESSNESS	5,000
HOMEPLATE YOUTH SERVICE INC 332 NE 6TH AVE HILLSBORO,OR 97124		NC	HOMELESSNESS	1,750
HOMEPLATE YOUTH SERVICE INC 333 NE 6TH AVE HILLSBORO,OR 97125		NC	HOMELESSNESS	65
HOMEPLATE YOUTH SERVICE INC 334 NE 6TH AVE HILLSBORO,OR 97126		NC	HOMELESSNESS	75
Total ▶ 3a				131,329

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 <i>Paid during the year</i>				
LAZARUS PROJECT INC PO BOX 1241 ROSEVILLE,CA 95678		NC	HOMELESSNESS	3,000
PORTLAND RESCUE MISSION PO BOX 3713 PORTLAND,OR 97208		NC	HOMELESSNESS	50
WOMEN'S EMPOWERMENT 1590 NORTH A STREET SACRAMENTO,CA 95811		NC	HOMELESSNESS	3,000
FROM MADDI'S CLOSET 15519 SURREY LANE LA MIRADA,CA 90638		NC	HUNGER	500
FULL GOSPEL PENTECOSTAL ASSOC EMMANUEL TEMPLE 1033 N SUMNER ST PORTLAND,OR 97217		NC	HUNGER	500
GIVING CHILDREN HOPE 8332 COMMONWEALTH AVE BUENA PARK,CA 90621		NC	HUNGER	5,000
MEALS ON WHEELS PEOPLE 7710 SW 31ST AVE PORTLAND,OR 97219		NC	HUNGER	500
OREGON FOOD BANK PO BOX 55370 PORTLAND,OR 97238		NC	HUNGER	175
PORTLAND RESCUE MISSION PO BOX 3713 PORTLAND,OR 97208		NC	HUNGER	50
PORTLAND RESCUE MISSION PO BOX 3714 PORTLAND,OR 97209		NC	HUNGER	50
ALZHEIMER'S ASSOCIATION 2290 NORTH FIRST STREET 101 SAN JOSE,CA 95131		NC	MEDICAL	50
ALZHEIMER'S ASSOCIATION 2290 NORTH FIRST STREET 101 SAN JOSE,CA 95131		NC	MEDICAL	100
AUTISM SOCIETY OF AMERICA 4340 EAST WEST HWY SUITE 350 BETHESDA,MD 20814		NC	MEDICAL	2,750
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG,MD 20871		NC	MEDICAL	50
DELTA SCULLING CENTER 4950 BUCKLEY COVE WAY STOCKTON,CA 95219		NC	MEDICAL	500
Total ▶ 3a				131,329

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 <i>Paid during the year</i>				
DELTA SCULLING CENTER 4951 BUCKLEY COVE WAY STOCKTON, CA 95220		NC	MEDICAL	500
LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVE STE 310 WHITE PLAINS, NY 10605		NC	MEDICAL	100
LEUKEMIA & LYMPHOMA SOCIETY 1312 MAMARONECK AVE STE 310 WHITE PLAINS, NY 10606		NC	MEDICAL	76
MEMORIAL MED CENTER FOUNDATION 2801 ATLANTIC AVENUE LONG BEACH, CA 90806		NC	MEDICAL	1,540
NATIONAL BREAST CANCER FOUNDATION 2600 NETWORK BLVD STE 300 FRISCO, TX 75034		NC	MEDICAL	1,500
NATIONAL BREAST CANCER FOUNDATION 2601 NETWORK BLVD STE 300 FRISCO, TX 75035		NC	MEDICAL	2,770
NATIONAL MULTIPLE SCLEROSIS SOCIETY OREGON CHAPTER 5331 SW MACADAM AVE 290 PORTLAND, OR 97239		NC	MEDICAL	545
OPERATION NIGHTWATCH - PORTLAND 1432 SW 13TH PORTLAND, OR 97201		NC	MEDICAL	3,000
PROSTATE CANCER FOUNDATION 1250 FOURTH ST SANTA MONICA, CA 90401		NC	MEDICAL	1,500
PROSTATE CANCER FOUNDATION 1251 FOURTH ST SANTA MONICA, CA 90402		NC	MEDICAL	1,876
PROSTATE CANCER FOUNDATION 1252 FOURTH ST SANTA MONICA, CA 90403		NC	MEDICAL	25
RUTLEDGE FOUNDATION 5608 MALVEY AVE STE 223 FORT WORTH, TX 76107		NC	MEDICAL	100
SMILE TRAIN INC 41 MADISON AVE 28TH FLOOR NEW YORK, NY 10010		NC	MEDICAL	250
SOUTHWEST COMMUNITY HEALTH CENTER 7754 SW CAPITAL HWY PORTLAND, OR 97219		NC	MEDICAL	1,500
ST JUDE'S CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105		NC	MEDICAL	50
Total				131,329

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 <i>Paid during the year</i>				
UCSF FOUNDATION PO BOX 45339 SAN FRANCISCO, CA 94145		NC	MEDICAL	100
HOPE HOSPICE 6377 CLARK AVE STE 100 DUBLIN, CA 94568		NC	SENIORS	3,000
OMBUDSMAN SERVICES OF SAN MATEO COUNTY INC 711 NEVADA STREET REDWOOD CITY, CA 94061		NC	SENIORS	3,000
GROWING VETERANS 21025 STARBIRD RD MOUNT VERNON, WA 98274		NC	VETERANS	4,000
UNITED SERVICES ORGANIZATION (USO) 2111 WILSON BLVD 1200 ARLINGTON, VA 22201		NC	VETERANS	60
VETERANS FIRST 1611 N BROADWAY SANTA ANA, CA 92706		NC	VETERANS	5,000
VETERANS OF FOREIGN WARS 406 W 34TH ST STE 920 KANSAS CITY, MO 64111		NC	VETERANS	50
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256		NC	VETERANS	250
Total				131,329

TY 2015 Accounting Fees Schedule**Name:** DEACON CHARITABLE FOUNDATION**EIN:** 20-5702192

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	2,235	0	0	2,235

TY 2015 Distribution from Corpus Election

Name: DEACON CHARITABLE FOUNDATION

EIN: 20-5702192

Election: PUSUANT TO IRC SEC. 4942(H)(2) AND REG. 53.4942(A)-3(D)(2), THE DEACON CHARITABLE FOUNDATION HEREBY ELECTS TO TREAT CURRENT YEAR QUALIFYING DISTRIBUTIONS IN EXCESS OF THE IMMEDIATELY PRECEDING TAX YEAR'S UNDISTRIBUTED INCOME AS BEING MADE OUT OF CORPUS.

TY 2015 Legal Fees Schedule**Name:** DEACON CHARITABLE FOUNDATION**EIN:** 20-5702192

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	733	0	0	733

TY 2015 Other Expenses Schedule**Name:** DEACON CHARITABLE FOUNDATION**EIN:** 20-5702192

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	1,790	0	0	1,790
OFFICE SUPPLIES	15	0	0	16
ANNUAL REPORT FEE	10	0	0	10
BUSINESS MEALS	42	0	0	43
REGISTRATION FEES - CA STATE FOUNDATION	25	0	0	25

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

2015

Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

Name of the organization DEACON CHARITABLE FOUNDATION

Employer identification number 20-5702192

Organization type (check one)

Filers of:

Section:

- Form 990 or 990-EZ [] 501(c)() (enter number) organization [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [] 527 political organization Form 990-PF [x] 501(c)(3) exempt private foundation [] 4947(a)(1) nonexempt charitable trust treated as a private foundation [] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

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

Special Rules

- [] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions totaling \$5,000 or more during the year \$ _____

Caution. An organization that 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 line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
DEACON CHARITABLE FOUNDATION

Employer identification number
20-5702192

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEACON HOLDINGS INC	\$ 275,000	Person <input checked="" type="checkbox"/>
	7745 GREENBACK LANE SUITE 250		Payroll <input type="checkbox"/>
	CITRUS HEIGHTS, CA 95610		Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
2	RICHARD SMITH	\$ 5,000	Person <input checked="" type="checkbox"/>
	7745 GREENBACK LANE SUITE 250		Payroll <input type="checkbox"/>
	CITRUS HEIGHTS, CA 95610		Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Name of organization DEACON CHARITABLE FOUNDATION	Employer identification number 20-5702192
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed

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