

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

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

OMB No 1545-0052

2017

Open to Public Inspection

▶ 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.

For calendar year 2017, or tax year beginning 10-01-2017, and ending 09-30-2018

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		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"/>	
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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 446,211		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
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 (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	4,600			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	3,431	3,431		
	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)	50		0	50	
12 Total. Add lines 1 through 11	8,081	3,431	50		
Operating and Administrative Expenses	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)	122		0	122
	b Accounting fees (attach schedule)	2,335		0	2,335
	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				
	22 Printing and publications				
	23 Other expenses (attach schedule)	565		0	565
	24 Total operating and administrative expenses. Add lines 13 through 23	3,022		0	3,022
	25 Contributions, gifts, grants paid	200,735			200,735
26 Total expenses and disbursements. Add lines 24 and 25	203,757		0	203,757	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-195,676				
b Net investment income (if negative, enter -0-)		3,431			
c Adjusted net income (if negative, enter -0-)			50		

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	12,235	1,098	1,098
	2 Savings and temporary cash investments	629,652	445,113	445,113
	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)	641,887	446,211	446,211	
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	641,887	446,211		
30 Total net assets or fund balances (see instructions)	641,887	446,211		
31 Total liabilities and net assets/fund balances (see instructions) .	641,887	446,211		

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	641,887
2 Enter amount from Part I, line 27a		2	-195,676
3 Other increases not included in line 2 (itemize) ▶ _____		3	0
4 Add lines 1, 2, and 3		4	446,211
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	446,211

Part IV Capital Gains and Losses for Tax on Investment Income

	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day , yr)	(d) Date sold (mo , day , yr)
(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)			
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			(l) 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)	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))
2016	279,496	797,176	0.350608
2015	138,669	289,243	0.479420
2014	61,204	125,063	0.489385
2013	191,790	232,393	0.825283
2012	364,140	391,344	0.930486

2 Total of line 1, column (d)	2	3.075182
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	0.615036
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	570,784
5 Multiply line 4 by line 3	5	351,053
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	34
7 Add lines 5 and 6	7	351,087
8 Enter qualifying distributions from Part XII, line 4	8	203,757

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 instructions)

Table with 11 rows for excise tax calculations. Includes categories like 'Exempt operating foundations', 'Domestic foundations', and 'Tax based on investment income'. Total amount owed is 0, and amount overpaid is 378.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Questions include 'Did the foundation attempt to influence any national, state, or local legislation?', 'Did it spend more than \$100 for political purposes?', and 'Did the foundation have at least \$5,000 in assets?'. Includes 'Yes/No' columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

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 and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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 4945(d)(4)(A)? (see 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 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)?			5b
	Organizations relying on a current notice regarding disaster assistance check here.			<input type="checkbox"/>
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
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 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	(e) Expense account, 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	(e) Expense account, other allowances
NONE				

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

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

1	Expenses

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

1	Amount
All other program-related investments See instructions	

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	579,476
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	579,476
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	579,476
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	8,692
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	570,784
6	Minimum investment return. Enter 5% of line 5.	6	28,539

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	28,539
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	69
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	69
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	28,470
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	28,470
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	28,470

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	203,757
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	203,757
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	203,757

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				28,470
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	364,142			
b From 2013.	232,100			
c From 2014.	91,356			
d From 2015.	124,211			
e From 2016.	239,659			
f Total of lines 3a through e.	1,051,468			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 203,757				
a Applied to 2016, 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 2017 distributable amount.				28,470
e Remaining amount distributed out of corpus	175,287			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,226,755			
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 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7 (see instructions).	364,142			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	862,613			
10 Analysis of line 9				
a Excess from 2013.	232,100			
b Excess from 2014.	91,356			
c Excess from 2015.	124,211			
d Excess from 2016.	239,659			
e Excess from 2017.	175,287			

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 2017, 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)

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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/

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/

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				200,735
b <i>Approved for future payment</i>				
Total ▶ 3b				0

(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
JEANINE FULLER 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 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>				
ALL HANDS VOLUNTEERS - HURRICANE HARVEY FLOOD RESPONSE 6 COUNTY ROAD SUITE 6 MATTAPOISETT, MA 02739		NC	DISASTER RELIEF	1,600
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON, DC 20006		NC	DISASTER RELIEF	150
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON, DC 20006		NC	DISASTER RELIEF	200
Total ▶ 3a				200,735

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>				
AMERICAN RED CROSS - HURRICANE HARVEY FUND 2025 E STREET NW WASHINGTON, DC 20006		NC	DISASTER RELIEF	600
AORTIC WARRIORS 7755 CENTER AVE STE 1100 HUNTINGTON BEACH, CA 92647		NC	MEDICAL	3,000
BOY SCOUTS OF AMERICA ORANGE COUNTY COUNCIL 1211 EAST DYER ROAD SANTA ANA, CA 92705		NC	EDUCATION	500
Total ▶ 3a				200,735

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>				
BOYS & GIRLS CLUBS OF GARDEN GROVE 10540 CHAPMAN AVE GARDEN GROVE, CA 92840		NC	CHILDREN & FAMILIES	4,000
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871		NC	MEDICAL	100
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871		NC	MEDICAL	100
Total ▶ 3a				200,735

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>				
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871		NC	MEDICAL	100
CANDLELIGHTERS FOR CHILDREN WITH CANCER 6600 SW 92ND AVE SUITE 160 PORTLAND, OR 97223		NC	CHILDREN & FAMILIES	490
CANINE COMPANIONPO BOX 446 SANTA ROSA, CA 95402		NC	ANIMAL WELFARE	1,000
Total ▶ 3a				200,735

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>				
CANINE COMPANION PO BOX 446 SANTA ROSA, CA 95402				
CATHOLIC CHARITIES INC 437 N TOPEKA STREET WICHITA, KS 67202				
CENTER FOR VOLUNTEER & NONPROFIT LEADERSHIP 65 MITCHELL BLVD SUITE 101 SAN RAFAEL, CA 94903				
Total				200,735
3a				

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>				
CENTER FOR VOLUNTEER & NONPROFIT LEADERSHIP 65 MITCHELL BLVD SUITE 101 SAN RAFAEL, CA 94903		NC	DISASTER RELIEF	8,000
CHILDREN OF THE NATIONS PO BOX 3970 SILVERDALE, WA 98383		NC	CHILDREN & FAMILIES	500
CHILDREN'S CANCER ASSOCIATION - LOCAL 1200 NW NAITO PARKWAY SUITE 140 PORTLAND, OR 97209		NC	CHILDREN & FAMILIES	1,000
Total ▶ 3a				200,735

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>				
COLUMBIA GORGE REFUGE STEWARDS PO BOX 827 WASHOUGAL, WA 98671		NC	ENVIRONMENT	1,000
COMMUNITY OVERCOMING RELATIONSHIP ABUSE (CORA) 2211 PALM AVE SAN MATEO, CA 94403		NC	DOMESTIC VIOLENCE	5,600
COMMUNITY TRANSITIONAL SCHOOL 6601 NE KILLINGSWORTH STREET PORTLAND, OR 97218		NC	CHILDREN & FAMILIES	5,000
Total ▶ 3a				200,735

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>				
CONSERVATION NW 1829 10TH AVE W SUITE B SEATTLE, WA 98119		NC	ENVIRONMENT	5,000
CROSS THE WORLD MINISTRIES INC 27001 MARGUERITE PKWY SUITE A MISSION VIEJO, CA 92692		NC	CHILDREN & FAMILIES	500
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814		NC	MEDICAL	50
Total 3a				200,735

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>				
CYSTIC FIBROSIS FOUNDATION - OREGON CHAPTER 2701 NW VAUGHN ST SUITE 203 PORTLAND, OR 97210		NC	MEDICAL	896
DOCTORS WITHOUT BORDERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006		NC	INTERNATIONAL RELIEF	200
DOGS4DIABETICS 1647 WILLOW PASS RD 157 CONCORD, CA 94520		NC	MEDICAL	3,950
Total ▶ 3a				200,735

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>				
EAST PALO ALTO FOUNDATION PO BOX 50542 PALO ALTO, CA 94303		NC	EDUCATION	3,700
FAMILY ALBUM PROJECT 18608 FAVRE RIDGE RD LOS GATOS, CA 95033		NC	CHILDREN & FAMILIES	40
FIRST IMAGE 7931 NE HALSEY ST SUITE 200 PORTLAND, OR 97213		NC	CHILDREN & FAMILIES	200
Total 3a				200,735

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>				
FOSTER HOPE OF SACRAMENTO 4144 WINDING WAY SACRAMENTO, CA 95841		NC	CHILDREN & FAMILIES	7,000
FRIENDS OF LINCOLNPO BOX 29167 PORTLAND, OR 97296		NC	CHILDREN & FAMILIES	1,000
FRIENDSHIP ADVENTURES 9805 NE 116TH STREET PMB A185 KIRKLAND, WA 98034		NC	CHILDREN & FAMILIES	250
Total ▶ 3a				200,735

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>				
FRIENDSHIP ADVENTURES 9805 NE 116TH STREET PMB A185 KIRKLAND, WA 98034		NC	CHILDREN & FAMILIES	2,500
FROM MADDI'S CLOSET 15519 SURREY LANE LA MIRADA, CA 90638		NC	CHILDREN & FAMILIES	3,000
FROM MADDI'S CLOSET 15519 SURREY LANE LA MIRADA, CA 90638		NC	CHILDREN & FAMILIES	250
Total 3a				200,735

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>				
GIVING CHILDREN HOPE 8332 COMMONWEALTH AVE BUENA PARK, CA 90621		NC	CHILDREN & FAMILIES	2,100
GLEANERS OF CLACKAMAS COUNTY PO BOX 1660 OREGON CITY, OR 97045		NC	HUNGER	1,000
GRANDMA'S HOUSE OF HOPE 1505 E 17TH ST 116 SANTA ANA, CA 92705		NC	HOUSING/HOMELESSNESS	250
Total				200,735
3a				

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>				
GRANDMA'S HOUSE OF HOPE 1505 E 17TH ST 116 SANTA ANA, CA 92705		NC	HOUSING/HOMELESSNESS	3,500
GROWING VETERANSPO BOX 32 COLVILLE, WA 99114		NC	VETERANS	7,500
HABITAT FOR HUMANITYPO BOX 7024 AMERICAS, GA 31709		NC	HOUSING/HOMELESSNESS	55
Total ▶				200,735
3a				

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>				
HABITAT FOR HUMANITY PORTLAND METRO EAST 1478 NE KILLINGSWORTH ST PORTLAND, OR 97211		NC	CHILDREN & FAMILIES	3,000
HABITAT FOR HUMANITY PORTLAND METRO 1478 NE KILLINGSWORTH ST PORTLAND, OR 97211		NC	CHILDREN & FAMILIES	504
HARMONY HILL RETREAT CENTER 7362 E STATE ROUTE 106 UNION, WA 98592		NC	CHILDREN & FAMILIES	1,000
Total ▶ 3a				200,735

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>				
HILLSBORO YOUTH USA SOFTBALL 20522 SW LYON CT ALOHA, OR 97078		NC	CHILDREN & FAMILIES	1,000
HUMANE SOCIETY OF THE UNITED STATES - DIASASTER RELIEF FUND 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037		NC	ANIMAL WELFARE	200
IGNITE WORLDWIDE3414 236TH ST SW BRIER, WA 98036		NC	EDUCATION	2,500
Total ▶ 3a				200,735

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>				
JESUIT HIGH SCHOOL 9000 SW BEAVHILLS HWY PORTLAND, OR 97225		NC	EDUCATION	100
KEATON CHILD CANCER ALLIANCE 2260 DOUGLAS BLVD STE 150 ROSEVILLE, CA 95661		NC	MEDICAL	3,950
KIDS HELPING KIDS4925 DEWEY DR FAIR OAKS, CA 95628		NC	EDUCATION	1,500
Total ▶ 3a				200,735

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>				
KING COUNTY SEXUAL ASSAULT RESOURCE CENTER PO BOX 300 RENTON, WA 98507		NC	DOMESTIC VIOLENCE	2,500
KINSHIP HOUSE1823 NE 8TH HOUSE PORTLAND, OR 97212		NC	CHILDREN & FAMILIES	5,000
LEFT BEHIND K-9 RESCUEPO BOX 8601 COVINGTON, WA 98042		NC	ANIMAL WELFARE	720
Total ▶ 3a				200,735

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>				
LEFT BEHIND K-9 RESCUEPO BOX 8601 COVINGTON, WA 98042				
LEUKEMIA & LYMPHOMA SOCIETY - SACRAMENTO CHAPTER 7750 COLLEGE TOWN DRIVE 210 SACRAMENTO, CA 95826				
LOWER COLUMBIA RIVER ESTUARY PARTNERSHIP 811 SW NAITO PKWY 410 PORTLAND, OR 97204				
Total 3a				200,735

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>				
MAKE-A-WISH FOUNDATION 28209 SW WAGNER STREET WILSONVILLE, OR 970706784				
MEALS ON WHEELS PEOPLE 7710 SW 31ST AVE PORTLAND, OR 97219				
MERCY CHEFS INC 4240 PORTSMOUTH BLVD 402 CHESAPEAKE, VA 23321				
Total 3a				200,735

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>				
MOVE AMERICA FORWARD 8795 FOLSOM BLVD 103 SACRAMENTO, CA 95826		NC	VETERANS	6,000
MOVE AMERICA FORWARD 8795 FOLSOM BLVD 103 SACRAMENTO, CA 95826		NC	VETERANS	50
NAPA COUNTY HUMANE SOCIETY PO BOX 695 NAPA, CA 94559		NC	DISASTER RELIEF	100
Total ▶ 3a				200,735

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>				
NAPA COUNTY HUMANE SOCIETY PO BOX 695 NAPA, CA 94559				
NATIONAL BREAST CANCER FOUNDATION 2600 NETWORK BLVD STE 300 FRISCO, TX 75034				
NATIONAL MULTIPLE SCLEROSIS SOCIETY OREGON CHAPTER 5331 SW MACADAM AVE 290 PORTLAND, OR 97239				
Total 3a				200,735

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>				
NICU FAMILIES NORTHWEST 233 NE 58TH AVE PORTLAND, OR 97213		NC	CHILDREN & FAMILIES	1,000
NICU FAMILIES NW233 NE 58TH AVE PORTLAND, OR 97213		NC	CHILDREN & FAMILIES	2,000
OAK RIDGE HIGH SCHOOL SPORTS 1120 HARVARD WAY EL DORADO HILLS, CA 95762		NC	EDUCATION	400
Total ▶ 3a				200,735

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>				
OHSU FOUNDATION 1121 SW SALMON ST 100 PORTLAND, OR 97205		NC	MEDICAL	400
OREGON FOOD BANKPO BOX 55370 PORTLAND, OR 97238		NC	HUNGER	480
OREGON STATE PARKS FOUNDATION 888 SW FIFTH AVENUE SUITE 1600 PORTLAND, OR 97204		NC	ENVIRONMENT	90
Total 3a				200,735

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>				
PACER CENTER INC 8161 NORMANDALE BLVD MINNEAPOLIS, MN 55437		NC	CHILDREN & FAMILIES	800
PAMOJA HOUSE COMMUNITY TOGETHER 11830 SW KERR PARKWAY SUITE 100 LAKE OSWEGO, OR 97035		NC	CHILDREN & FAMILIES	200
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 90266		NC	MEDICAL	120
Total ▶ 3a				200,735

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>				
PLACER COUNTY SHERIFF'S OFFICE MOUNTAIN RESCUE TEAM PO BOX 4150 AUBURN, CA 956044150			DISASTER RELIEF	500
PLACER COUNTY SHERIFF'S OFFICE MOUNTAIN RESCUE TEAM PO BOX 4150 AUBURN, CA 956044150			DISASTER RELIEF	1,000
PLACER COUNTY SPCA 150 CORPORATION YARD ROAD ROSEVILLE, CA 96678			ANIMAL WELFARE	1,000
Total ▶ 3a				200,735

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>				
PORTLAND HOMELESS FAMILY SOLUTIONS 1221 SW YAMHILL SUITE 210 PORTLAND, OR 97205		NC	HOUSING/HOMELESSNESS	100
PORTLAND HOMELESS FAMILY SOLUTIONS 1221 SW YAMHILL SUITE 210 PORTLAND, OR 97205		NC	HOUSING/HOMELESSNESS	200
PORTLAND RESCUE MISSION PO BOX 3713 PORTLAND, OR 97208		NC	HOUSING/HOMELESSNESS	200
Total ▶ 3a				200,735

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>				
PORTLAND YOUTHBUILDERS 4816 SE 92ND AVE PORTLAND, OR 97266		NC	EDUCATION	4,000
PROGRESSIVE ANIMAL WELFARE SOCIETY (PAWS) PO BOX 1037 LYNNWOOD, WA 98046		NC	ANIMAL WELFARE	2,500
PROSTATE CANCER FOUNDATION 1250 FOURTH ST SANTA MONICA, CA 90401		NC	MEDICAL	250
Total ▶ 3a				200,735

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>				
PROSTATE CANCER FOUNDATION 1250 FOURTH ST SANTA MONICA, CA 90401		NC	MEDICAL	280
PULMONARY HYPERTENSION ASSOCIATION 801 ROEDER RD 1000 SILVER SPRING, MD 20910		NC	MEDICAL	500
RAPHAEL HOUSE 4110 SE HAWTHORNE BLVD 503 PORTLAND, OR 97217		NC	DOMESTIC VIOLENCE	2,000
Total ▶ 3a				200,735

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>				
REBUILDING TOGETHER SEATTLE 500 AURORA AVE N 305 SEATTLE, WA 98109				
REBUILDING TOGETHER SEATTLE 500 AURORA AVE N 305 SEATTLE, WA 98109				
REFUGEE & IMMIGRANT CENTER FOR EDUCATION & LEGAL SERVICES 1305 N FLORES STREET SAN ANTONIO, TX 78212				
Total	3a ▶			200,735

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>				
RETURNING VETERANS PROJECT 833 SE MAIN MAILBOX 122 PORTLAND, OR 97214		NC	VETERANS	2,000
SACRAMENTO FOOD BANK 3333 THIRD AVE SACRAMENTO, CA 95817		NC	SENIORS	5,700
SACRAMENTO LOAVES & FISHES PO BOX 13495 SACRAMENTO, CA 95813		NC	HUNGER	500
Total 3a				200,735

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>				
SAHARA 17100 PIONEER BLVD SUITE 260 ARTESIA, CA 90701		NC	DOMESTIC VIOLENCE	5,400
SAINT JOHN'S PROGRAM FOR REAL CHANGE 2443 FAIR OAKS BLVD 369 SACRAMENTO, CA 95825		NC	HOUSING/HOMELESSNESS	5,300
SALVATION ARMY SEATTLE TEMPLE CORP 9501 GREENWOOD AVE N SEATTLE, WA 98109		NC	CHILDREN & FAMILIES	200
Total ▶ 3a				200,735

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>				
SCHOOL ON WHEELS INCPO BOX 22371 VENTURA, CA 93002				
SEATTLE CHILDREN'S HOSPITAL RESEARCH FOUNDATION PO BOX 5371 SEATTLE, WA 98105				
SKYVIEW HIGH SCHOOL BOOSTER CLUB 1300 NE 139TH ST VANCOUVER, WA 98685				
Total 3a				200,735

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>				
SOCIETY OF ST VINCENT DEPAUL PO BOX 42157 PORTLAND, OR 97242		NC	CHILDREN & FAMILIES	500
SONOMA HUMANE SOCIETY 5345 HWY 12 WEST SANTA ROSA, CA 95407		NC	DISASTER RELIEF	200
SONOMA HUMANE SOCIETY 5345 HWY 12 WEST SANTA ROSA, CA 95407		NC	DISASTER RELIEF	1,000
Total 3a				200,735

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>				
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PACE MEMPHIS, TN 38105				
STAND UP TO CANCER 10880 WILSHIRE BLVD SUITE 1400 LOS ANGELES, CA 90024				
SUNSHINE DIVISION 687 N THOMPSON ST PORTLAND, OR 97227				
Total ▶ 3a				200,735

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>				
TAKING IT TO THE STREETS WITH LORI AND SHIRA 3681 SUNNYSIDE DR RIVERSIDE, CA 92516		NC	ANIMAL WELFARE	3,000
TEAM GIVING9241 OLD STATE HWY 510 NEWCASTLE, CA 95658		NC	HUNGER	2,500
THE LITTLEST READER PROJECT NICU FAMILIES NORTHWEST 233 NE 58TH AVE PORTLAND, OR 97213		NC	CHILDREN & FAMILIES	500
Total 3a				200,735

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>				
THE PIXIE PROJECT 510 MLK BLVD PORTLAND, OR 97232		NC	ANIMAL WELFARE	2,000
UNION GOSPEL MISSION PO BOX 1108 SACRAMENTO, CA 95812		NC	CHILDREN & FAMILIES	500
UNION GOSPEL MISSION 3 NW THIRD AVE PORTLAND, OR 97209		NC	CHILDREN & FAMILIES	200
Total 3a				200,735

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>				
VETERANS OF FOREIGN WARS FOUNDATION 406 WEST 34TH STREET KANSAS CITY, MO 64111		NC	VETERANS	100
VETERANS' OUTREACH OC 2024 N BROADWAY STE 210 SANTA ANA, CA 92706		NC	VETERANS	4,000
WASHINGTON KIDS IN TRANSITION 3204 NE 198TH PLACE LAKE FOREST PARK, WA 98155		NC	HUNGER	7,500
Total 3a				200,735

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>				
WOMEN'S CANCER RESOURCE CENTER 5741 TELEGRAPH AVE OAKLAND, CA 94609		NC	MEDICAL	760
WOMEN'S CANCER RESOURCE CENTER 2908 ELLSWORTH ST BERKELEY, CA 94705		NC	MEDICAL	600
WORKING WARDROBE FOR A NEW START 1851 KETTERING ST IRVINE, OR 92614		NC	VETERANS	3,000
Total ▶ 3a				200,735

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>				
YES - NATURES TO NEIGHBORHOODS 3029 MACDONALD AVE RICHMOND, CA 94804		NC	CHILDREN & FAMILIES	770
Total 				200,735
3a				

TY 2017 Accounting Fees Schedule**Name:** DEACON CHARITABLE FOUNDATION**EIN:** 20-5702192**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	2,335	0	0	2,335

TY 2017 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 2017 Legal Fees Schedule**Name:** DEACON CHARITABLE FOUNDATION**EIN:** 20-5702192

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	122	0	0	122

TY 2017 Other Expenses Schedule**Name:** DEACON CHARITABLE FOUNDATION**EIN:** 20-5702192**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANNUAL REPORT FEE	10	0	0	10
REGISTRATION FEES - CA STATE FOUNDATION	75	0	0	75
EVENTS	480	0	0	480

TY 2017 Other Income Schedule**Name:** DEACON CHARITABLE FOUNDATION**EIN:** 20-5702192**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
BANK SERVICE CHARGE REFUND	50		50