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.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0047

For calendar year 2019 or tax year beginning 2019, and ending 20 Name of foundation A Employer identification number PETER L. DWARES FOUNDATION 37-1515359 Number and street (or PO box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 7831 SE STARK STREET 103 (503)251-4888City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ PORTLAND OR 97215-2357 G Check all that apply:
Initial return Initial return of a former public charity D 1. Foreign organizations, check here Amended return ☐ Final return 2. Foreign organizations meeting the 85% test Address change □ Name change check here and attach computation Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation J Accounting method. ☒ Cash ☐ Accrual Fair market value of all assets at If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col. (c), Other (specify) ▶ 🔲 line 16) ▶ \$ 50,505. (Part I, column (d), must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (c) Adjusted net (b) Net investment for charitable expenses per books amounts in columns (b), (c), and (d) may not necessarily equal ıncome purposes the amounts in column (a) (see instructions)) (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) 103,000. 2 Check ▶ ☐ If the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities Gross rents 5a Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain 9 Income modifications THE PROPERTY OF THE PROPERTY O 10a Gross sales less returns and allowances Less. Cost of goods sold . . . Gross profit or (loss) (attach schedule) . C 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 . 103,000. 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) L-1.6b. Stmt. b 5,296. 5,296 Other professional fees (attach schedule) L-16c .Stmt. 7,200. 7,200. 17 Taxes (attach schedule) (see instructions) . . . 18 19 Depreciation (attach schedule) and depletion . . . 20 21 Travel, conferences, and meetings 22 Printing and publications Other expenses (attach schedule) See. Stmt. 23 144 144 24 Total operating and administrative expenses. Add lines 13 through 23 . . 12,640 12,640. 25 Contributions, gifts, grants paid 45,469. 45,469. 26 Total expenses and disbursements. Add lines 24 and 25 58,109. 58,109. 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements 44,891 **Net investment income** (if negative, enter -0-) . Adjusted net income (if negative, enter -0-)

| Part-II- | | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | En | of year / | | |
|--------------------|------------|--|---------------------------------|--|--|--|--|
| | 4 | should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| | 1 | Cash-non-interest-bearing | 5,614. | 50,505 | . 50,505. | | |
| | 2 | Savings and temporary cash investments | | | | | |
| | 3 | Accounts receivable ▶ | | | | | |
| | | Less: allowance for doubtful accounts ▶ | | | | | |
| | 4 | Less: allowance for doubtful accounts ▶ Pledges receivable ▶ Less: allowance for doubtful accounts ▶ | | | | | |
| | | 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) ▶ | | Y 27 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | | |
| | | Less ⁻ allowance for doubtful accounts ▶ | | | | | |
| ţs | 8 | Inventories for sale or use | | a. | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | | | |
| Ä | 10a | Investments—U.S and state government obligations (attach schedule) | | | | | |
| | b | Investments - corporate stock (attach schedule) | | | | | |
| | С | 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) | Lia Costa appa sa trata an Sala | | 34 . 192/ Franklik (mr.) 6/8 (7/4) 1/9/203 M | | |
| | 14 | Land, buildings, and equipment: basis ▶ | THE REAL PROPERTY. | | | | |
| | | Less accumulated depreciation (attach schedule) | | | | | |
| | 15 | Other assets (describe >) | | | | | |
| | 16 | Total assets (to be completed by all filers—see the | 1 | | | | |
| | | ınstructions. Also, see page 1, item l) | 5,614. | 50,505 | . 50,505. | | |
| | 17 | Accounts payable and accrued expenses | | | 5555 | | |
| S | 18 | Grants payable | • | – . | | | |
| itie | 19 | Deferred revenue | | | North Action Advanced to | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | | |
| Ë | 21 | Mortgages and other notes payable (attach schedule) | | | T WATER CONTROL OF THE PARTY OF | | |
| | 22 | Other liabilities (describe ►) | | - " | Transfer of the second | | |
| | 23 | Total liabilities (add lines 17 through 22) | | | | | |
| alances | | Foundations that follow FASB ASC 958, check here | | | | | |
| ŭ | | and complete lines 24, 25, 29, and 30. | | | | | |
| <u>a</u> | 24 | Net assets without donor restrictions | | | ASSESSED TO SUSTAIN | | |
| Ä | 25 | Net assets with donor restrictions | • | | THE PROPERTY OF THE PARTY OF | | |
| Ĕ | | Foundations that do not follow FASB ASC 958, check here ▶ ⊠ and complete lines 26 through 30. | | | | | |
| Ē | 26 | Capital stock, trust principal, or current funds | 15,226. | 15,226 | | | |
| ō | 26 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | 13,220. | 13,220 | | | |
| ets | 28 | Retained earnings, accumulated income, endowment, or other funds | -9,612. | 35,279 | THE RESERVE AND | | |
| SS | 29 | Total net assets or fund balances (see instructions) | 5,614. | 50,505 | a first the end of the day of made a first of the state of | | |
| ¥. | 30 | Total liabilities and net assets/fund balances (see | 3,014. | 30,303 | | | |
| Net Assets or Fund | 30 | instructions) | 5,614. | 50,505 | | | |
| | rt III | Analysis of Changes in Net Assets or Fund Balances | 0,021.1 | 337333 | ACTION OF PLANS CAMP NAVIGACION ALTERNATI | | |
| 1 1 | _ | I net assets or fund balances at beginning of year—Part II, colu | mn (a) line 29 (mus | t agree with | | | |
| ' | | of-year figure reported on prior year's return) , | | | 5,614. | | |
| 2 | | r amount from Part I, line 27a | | | | | |
| 3 | Othe | r increases not included in line 2 (itemize) | - · · · | 3 | | | |
| 4 | Add | lines 1, 2, and 3 | | 4 | | | |
| 5 | | eases not included in line 2 (itemize) | | <u> </u> | | | |
| | Tota | I net assets or fund balances at end of year (line 4 minus line 5)—I | Part II, column (b), Iır | ne 29 6 | 50,505. | | |

| ` | (a) List and describe the kind(s 2-story brick warehouse; | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) | | | | |
|-----------|--|---|----------------------------------|-----------------------------|---|---|--|
| <u>1a</u> | | | | | | | |
| <u>b</u> | | | | | | | |
| <u> </u> | | | | | | | |
| <u>d</u> | | | | | | | |
| <u>e</u> | | | 4.00 | | #1.0 | , , | |
| | (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale | | | | | n or (loss) (f) minus (g)) | |
| a | | | | | | | |
| b | | | | | <u></u> | · · · · · · · · · · · · · · · · · · · | |
| <u> </u> | | | · · · · · · | | | | |
| <u>d</u> | | | | | <u> </u> | | |
| е | Complete only for accets about | ng gain in column (h) and owned by the | no foundation | on 12/31/60 | | | |
| | Complete only for assets showing | | | | | l (h) gain minus | |
| | (ı) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess | | col (k), but not less than -0-) or Losses (from col (h)) | | |
| <u>a</u> | | | <u>.</u> | | | | |
| b | | | | | | | |
| <u> </u> | | | _ | | | | |
| d_ | | | | | | | |
| е | | | | 411 | · · · | - | |
| 2 | Capital gain net income or (r | | enter in Par er -0- in Par | | 2 | | |
| 3 | If gain, also enter in Part I, | or (loss) as defined in sections 122 line 8, column (c). See instruction | ns. If (loss), | enter -0- ın } | | | |
| Part | | Section 4940(e) for Reduce | |) j | 3 | | |
| Vas t | s," the foundation doesn't qua | ction 4942 tax on the distributable lifty under section 4940(e). Do not | complete th | nis part. | | ☐ Yes ⊠ No | |
| 1 | Enter the appropriate amour | nt in each column for each year, s | ee the instru | ctions before ma | akıng any entries. | | |
| Cale | (a) Base period years endar year (or tax year beginning in) | (b) Adjusted qualifying distributions | Net value of | (c) noncharitable-use as | | (d) tribution ratio divided by col (c)) | |
| | 2018 | 43,968. | | 2,3 | 43. | 18.765685 | |
| | 2017 | 47,350. | | 5,8 | | 8.045879 | |
| | 2016 | 28,000. | | 1,6 | 18. | 17.305315 | |
| | 2015 | 27,932. | | 1,3 | 57. | 20.583640 | |
| | 2014 | 34,449. | | 2,6 | 85. | 12.830168 | |
| 2 | Total of line 1, column (d) | | | | . 2 | 77.530687 | |
| 3 | | r the 5-year base period—divide | | | | | |
| 3 | the number of years the four | ndation has been in existence if le | ss than 5 ye | ars | . 3 | 15.506137 | |
| 4 | Enter the net value of noncha | arıtable-use assets for 2019 from | Part X, line 5 | 5 | . 4 | 5,195. | |
| 5 | Multiply line 4 by line 3 . | | , | | . 5 | 80,554. | |
| 6 | Enter 1% of net investment i | ncome (1% of Part I, line 27b) | | | . 6 | | |
| 7 | Add lines 5 and 6 | | | | . 7 | 80,554. | |
| 8 | Enter qualifying distributions | from Part XII, line 4 | | | . 8 | 58,109. | |
| | | r than line 7, check the box in Pa | | | | % tax rate. See the | |

| Part | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- | <u>-see</u> | <u>ınstru</u> | ictioi | ns) | |
|------------|--|-------------|--|------------|-------------|---|
| 1a | , , , | | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary – see instructions) | | | | | i |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | 1 22 302 | a (Francis) v. dani | 80 22 23 T | Aberta m | ī |
| | here ► ☐ and enter 1% of Part I, line 27b | | 经基 | 17.0 | | ĺ |
| С | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) | Strike. | | | | İ |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | 2 | | | | |
| 3 | Add lines 1 and 2 | 3 | | | 0. | _ |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | 4 | | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | 5 | ami'an ikan a | | 0. | ; |
| 6 | Credits/Payments: | 多雄 | | | | İ |
| а | 2019 estimated tax payments and 2018 overpayment credited to 2019 | | 1 | | * 4 | į |
| b | Exempt foreign organizations—tax withheld at source | | | 经数 | 14. | 1 |
| C | Tax paid with application for extension of time to file (Form 8868) 6c | | 世界計 | | | ı |
| _d | Backup withholding erroneously withheld | 2323 | (Cab 3 7) | N ROZ | - | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 10 | | | 0. | |
| 10 | Enter the amount of line 10 to be. Credited to 2020 estimated tax | 11 | | | <u> </u> | , |
| 11 Park | VII-A Statements Regarding Activities | | | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or | did it | 133 | Yes | No | |
| 1a | participate or intervene in any political campaign? | | 1a | | × | |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? Se | | | | | |
| U | instructions for the definition | | 1b | | × | |
| • | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mat | | 100 | 門流 | 經費 | ĺ |
| | published or distributed by the foundation in connection with the activities. | | | 200 | * | ļ |
| С | Did the foundation file Form 1120-POL for this year? | | 1c | | × | |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | (12.5) | 1 | 是事 | ! |
| | (1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$ | | 300 | X | 31.13 | l |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impo | sed | | | 2 | |
| | on foundation managers. ► \$ | | - | 16.7 | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | • | 2 | 3.4.75 | X | · |
| | If "Yes," attach a detailed description of the activities. | | 1123.731 | 監護 | (| |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, are | ticles | | | | |
| | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change | ·S. | 3 4a | | × | |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | • | | | | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | 4b | | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | • | FFEA! | ST F | | |
| 6 | If "Yes," attach the statement required by <i>General Instruction T</i> . Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | A 20 2 | | | |
| 6 | By language in the governing instrument, or | | 2 | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions | that | 1 | | | |
| | conflict with the state law remain in the governing instrument? | · | 6 | X | berre :of: | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and P | art XV | 7 | × | | |
| 8а | Enter the states to which the foundation reports or with which it is registered. See instructions. | | * | | 1.45.43 | |
| Ou | 0.7 | | · 1000年 | 標 | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ge | neral | | | | |
| Ь | (or designate) of each state as required by General Instruction G? If "No," attach explanation | | 8b | × | - 250#50@ | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j) | (3) or | | | | • |
| | 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If " | ıes, | 9 | | × | 0 |
| 40 | complete Part XIV | their | - | | | • |
| 10 | Did any persons become substantial contributors during the tax year? If if es, attach a schedule listing | | 10 | | × | |

| ∉Par | Statements Regarding Activities (continued) | | | |
|-------|--|--------|----------|-----------------|
| | | \$197£ | Yes | No |
| 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 | | × |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | | | |
| 40 | person had advisory privileges? If "Yes," attach statement. See instructions | 12 | - | × |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A | 13 | × | L |
| 14 | website address ► N/A The books are in care of ► PETER L. DWARES FOUNDATION Telephone no. ► (503) | 251- | 4888 | · - } |
| 17 | Located at ▶ 7831 SE STARK STREET, SUITE 103, PORTLAND OR ZIP+4 ▶ 97215 | | | |
| 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 | | | _ |
| 16 | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | <u> </u> | × |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of | | Yes. | 18.7 |
| "Dori | the foreign country ► VII-B Statements Regarding Activities for Which Form 4720 May Be Required | 30 X F | | 214 |
| -Par | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | 15.563 | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly) | 334 | *1 | N. Car |
| ·u | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No | | 1 | 57 |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | 140 |
| | disqualified person? | 1881 | 13.2 | 175 |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes 🗵 No | 74 | 200 | Q. |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No | | | 5 |
| | (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)? | | | 3 |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | 14.5 | 125 | 3 |
| | 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.) | E LE | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in | | | 1 |
| | 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 | 100 | | 11.60 |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | 2 | | |
| • | were not corrected before the first day of the tax year beginning in 2019? | 1c | 11386 | X |
| 2 | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? | はは | | 意义 |
| | 6d and 6e) for tax year(s) beginning before 2019? | 143 | | Y |
| ь | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | 藩 | |
| • | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | 趑 | 27 |
| | all years listed, answer "No" and attach statement—see instructions.) | 2b | | × |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | 120 | | 77 |
| _ | 20 , 20 , 20 , 20 | | | |
| За | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| | at any time during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2019 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 | | | 認 |
| | the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the | | 图 | |
| | foundation had excess business holdings in 2019.) | 3b | | el-iii-lif |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | × |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | 650 | 1 | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019? | 4b | | X |

| Part | ,VIÎ-B: | Statements Regarding Activitie | s for W | hich Form | 4720 | May Be F | Require | ed (conti | nued) | . | | |
|-----------------------|--|---|-------------|--|--------------------------|--------------------------------|----------|--|---------------------|--|-------------|--------------|
| 5ą | During th | he year, did the foundation pay or incur | | | | ··· | <u> </u> | • | | 27% | Yes | No |
| | (1) Carry | y on propaganda, or otherwise attempt | to influe | ence legislati | on (sec | tion 4945(e |))? | Yes | X No | 301 | BUZ. | 1.20 |
| | (2) Influe | ence the outcome of any specific publi | c election | on (see sect | ion 49 | 55); or to c | arry on | , | | | | |
| | direc | tly or indirectly, any voter registration d | rıve? | | | | | ☐ Yes | ⊠ No | 3.7 | 整 | |
| | (3) Provi | ide a grant to an individual for travel, stu | udy, or d | other similar | purpos | es? | | ☐ Yes | ⊠ No | | 34 | |
| | (4) Prov | ide a grant to an organization other tha | n a cha | rıtable, etc., | organi | zation desc | ribed ır | 1 | | P.P. | | |
| | secti | on 4945(d)(4)(A)? See instructions | | | | | | ☐ Yes | X No | | A | |
| | | ide for any purpose other than religious | | | | ary, or edu | cationa | | | STATE OF THE PARTY | 1 | |
| | | oses, or for the prevention of cruelty to | | | | | | ☐Yes | X No | 120 32 2.4 | | 10 ns |
| b | - | swer is "Yes" to 5a(1)-(5), did any of the | | | • | • | | | scribed | | | |
| | | ations section 53.4945 or in a current no | | - | | | ee instr | uctions. | | 5b | | × |
| | - | ations relying on a current notice regard | • | | - | | | | | 1 | | |
| С | | swer is "Yes" to question 5a(4), does | | | | * | | _ | _ | | 温度 | 1 |
| | | it maintained expenditure responsibility | | • | | | | ∐ Yes | ∐ No | 10.00 | 1 | |
| • | | attach the statement required by Regul | | | • | | | | | 10.18 | | |
| 6a | | oundation, during the year, receive any | tunas, e | airectly or in | airectiy | , to pay pr | emiums | | . | 1000 | | |
| | - | sonal benefit contract? | | | | • | | ∐Yes | _⊠ No | | BUT | |
| b | | oundation, during the year, pay premiur to 6b, file Form 8870 | ns, aire | ctly or indire | ctiy, on | a persona | i beneti | contract | ? . | 6b | Jake M.S | X Leret-d |
| 7a | | ne during the tax year, was the foundation | a nartv | to a prohibit | ad tav (| shaltar trans | action? | □ Vos | Y No | | 1 | |
| b | - | did the foundation receive any proceed | - | | | | | | | 7b | 24:02 | 23.23 |
| 8 | | undation subject to the section 4960 ta | | | | | | | | 10079 | がはば | 3 3-3(4 |
| • | | ation or excess parachute payment(s) d | | | | | | | ∏No | | | |
| Part | VIII | Information About Officers, Direct | tors, T | rustees, F | ounda | tion Man | agers, | | | | ees, | |
| | | and Contractors | | | | | | | | | | |
| 1 | List all o | officers, directors, trustees, and found | lation n | nanagers ar | d thei | compens | ation. S | See instru | ıctions | | | |
| | | (a) Name and address | | e, and average rs per week | | mpensation not paid, | | Contribution: oyee benefit | | (e) Expe | | |
| | | | | ed to position | er | nter -0-) | and def | erred compe | nsation | Othera | ailowan | ces . |
| AND | C 1317 | COUTU | PRESIDE | ENT/CHAIRMAN | | | 1 | - | | | | |
| | REW C. | | | | | _ | ł | | _ | | | _ |
| | SE STA | ARK ST #103 PORTLAND OR 97215 | | 0.50 | | 0. | | | 0. | | | 0. |
| CAME | SE STA | NRK ST #103 PORTLAND OR 97215 | | 0.50 PRESIDENT | | | • | | | | | |
| 7831 | SE STA ERON SC SE STA | NRK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 | VICE- | 0.50 PRESIDENT 0.50 | | 0. | | | 0. | | - | 0. |
| CAME 7831 SEAN | SE STA ERON SC SE STA N SOUTH | NRK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 | VICE- | 0.50 PRESIDENT 0.50 | | 2,400. | | | 0. | | - | 0. |
| CAME 7831 SEAN | SE STA ERON SC SE STA N SOUTH | NRK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 | VICE- | 0.50 PRESIDENT 0.50 | | | | | | | | |
| CAME 7831 SEAN | SE STA ERON SC SE STA N SOUTH | NRK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 | VICE- | 0.50 PRESIDENT 0.50 | | 2,400. | | | 0. | | | 0. |
| CAME 7831 SEAN | SE STA SE STA SOUTH SE STA Compen | NRK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 NRK ST #103 PORTLAND OR 97215 NRK ST #103 PORTLAND OR 97215 | VICE- | 0.50 PRESIDENT 0.50 CR 0.05 | se incl | 2,400. | ne 1—: | see instru | 0. | s). If no | one, e | 0. |
| 7831 SEAN 7831 | SE STA ERON SC SE STA N SOUTH SE STA | NRK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 NRK ST #103 PORTLAND OR 97215 NRK ST #103 PORTLAND OR 97215 | VICE- | 0.50 PRESIDENT 0.50 CR 0.05 | se incl | 2,400. | ne 1—: | | 0. 0. uctions | s). If no | one, « | 0. |
| 7831 SEAN 7831 | SE STA SE STA SE STA SE STA Compen | NRK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 NRK ST #103 PORTLAND OR 97215 NRK ST #103 PORTLAND OR 97215 OSSATION of five highest-paid employed | VICE-I | 0.50 PRESIDENT 0.50 CR 0.05 er than thos | verage | 2,400. 1,200. uded on li | | (d) Contribu | 0. 0. uctions | | | 0. 0. |
| 7831 SEAN 7831 | SE STA SE STA SE STA SE STA Compen | NRK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 NRK ST #103 PORTLAND OR 97215 NRK ST #103 PORTLAND OR 97215 | VICE-I | 0.50 PRESIDENT 0.50 CR 0.05 | verage veek | 2,400. | | (d) Contribu employee plans and o | 0. 0. uctions | (e) Expe | | 0. 0. |
| CAME 7831 SEAN 7831 | SE STA SE STA SOUTH SE STA Compen "NONE." | RK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 Disation of five highest-paid employed d address of each employee paid more than \$50,00 | VICE-IMEMBE | 0.50 PRESIDENT 0.50 CR 0.05 er than those (b) Title, and a hours per w | verage veek | 2,400. 1,200. uded on li | | (d) Contribu | 0. 0. uctions | (e) Expe | nse acc | 0. 0. |
| 7831 SEAN 7831 | SE STA SE STA SOUTH SE STA Compen "NONE." | NRK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 NRK ST #103 PORTLAND OR 97215 NRK ST #103 PORTLAND OR 97215 OSSATION of five highest-paid employed | VICE-IMEMBE | 0.50 PRESIDENT 0.50 CR 0.05 er than those (b) Title, and a hours per w | verage veek | 2,400. 1,200. uded on li | | (d) Contribu employee plans and o | 0. 0. uctions | (e) Expe | nse acc | 0. 0. |
| CAME 7831 SEAN 7831 | SE STA SE STA SOUTH SE STA Compen "NONE." | RK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 Disation of five highest-paid employed d address of each employee paid more than \$50,00 | VICE-IMEMBE | 0.50 PRESIDENT 0.50 CR 0.05 er than those (b) Title, and a hours per w | verage veek | 2,400. 1,200. uded on li | | (d) Contribu employee plans and o | 0. 0. uctions | (e) Expe | nse acc | 0. 0. |
| CAME 7831 SEAN 7831 | SE STA SE STA SOUTH SE STA Compen "NONE." | RK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 Disation of five highest-paid employed d address of each employee paid more than \$50,00 | VICE-IMEMBE | 0.50 PRESIDENT 0.50 CR 0.05 er than those (b) Title, and a hours per w | verage veek | 2,400. 1,200. uded on li | | (d) Contribu employee plans and o | 0. 0. uctions | (e) Expe | nse acc | 0. 0. |
| CAME 7831 SEAN 7831 | SE STA SE STA SOUTH SE STA Compen "NONE." | RK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 Disation of five highest-paid employed d address of each employee paid more than \$50,00 | VICE-IMEMBE | 0.50 PRESIDENT 0.50 CR 0.05 er than those (b) Title, and a hours per w | verage veek | 2,400. 1,200. uded on li | | (d) Contribu employee plans and o | 0. 0. uctions | (e) Expe | nse acc | 0. 0. |
| CAME 7831 SEAN 7831 | SE STA SE STA SOUTH SE STA Compen "NONE." | RK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 Disation of five highest-paid employed d address of each employee paid more than \$50,00 | VICE-IMEMBE | 0.50 PRESIDENT 0.50 CR 0.05 er than those (b) Title, and a hours per w | verage veek | 2,400. 1,200. uded on li | | (d) Contribu employee plans and o | 0. 0. uctions | (e) Expe | nse acc | 0. 0. |
| CAME 7831 SEAN 7831 | SE STA SE STA SOUTH SE STA Compen "NONE." | RK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 Disation of five highest-paid employed d address of each employee paid more than \$50,00 | VICE-IMEMBE | 0.50 PRESIDENT 0.50 CR 0.05 er than those (b) Title, and a hours per w | verage veek | 2,400. 1,200. uded on li | | (d) Contribu employee plans and o | 0. 0. uctions | (e) Expe | nse acc | 0. 0. |
| CAME 7831 SEAN 7831 | SE STA SE STA SOUTH SE STA Compen "NONE." | RK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 Disation of five highest-paid employed d address of each employee paid more than \$50,00 | VICE-IMEMBE | 0.50 PRESIDENT 0.50 CR 0.05 er than those (b) Title, and a hours per w | verage veek | 2,400. 1,200. uded on li | | (d) Contribu employee plans and o | 0. 0. uctions | (e) Expe | nse acc | 0. 0. |
| CAME 7831 SEAN 7831 | SE STA SE STA SOUTH SE STA Compen "NONE." | RK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 Disation of five highest-paid employed d address of each employee paid more than \$50,00 | VICE-IMEMBE | 0.50 PRESIDENT 0.50 CR 0.05 er than those (b) Title, and a hours per w | verage veek | 2,400. 1,200. uded on li | | (d) Contribu employee plans and o | 0. 0. uctions | (e) Expe | nse acc | 0. 0. |
| CAME 7831 SEAN 7831 2 | SE STA SE STA SE STA SE STA Compen "NONE." | RK ST #103 PORTLAND OR 97215 OUTH RK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 ARK ST #103 PORTLAND OR 97215 Disation of five highest-paid employed d address of each employee paid more than \$50,00 | MEMBE | 0.50 PRESIDENT 0.50 CR 0.05 er than thos (b) Title, and a hours per with devoted to possible to possible the control of the co | verage reek sition | 2,400. 1,200. uded on li | | (d) Contribu employee plans and o compens | 0. 0. uctions | (e) Expe | nse acc | 0. 0. |

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| 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 NONE (c) None | (c) Compensation |
|--|------------------|
| NONE Fotal number of others receiving over \$50,000 for professional services 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 beneficianes served, conferences convened, research papers produced, etc 1 NONE 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 1 NONE | |
| otal number of others receiving over \$50,000 for professional services ▶ 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 NONE 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 1 NONE | |
| 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 NONE 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. 1 NONE | |
| 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 NONE 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 1 NONE | |
| 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 NONE 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. 1 NONE | |
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| 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 NONE 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. 1 NONE | |
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| 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 NONE 2 | 0 |
| 1 NONE 2 | |
| 1 NONE 2 | Expenses |
| 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 1 NONE | |
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| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE | <u> </u> |
| 1 NONE | |
| | Amount |
| 2 | |
| 2 | 0 |
| | |
| | |
| | |
| All other program-related investments. See instructions | |
| 3 NONE | |
| | |
| • Otal. Add lines 1 through 3 | n |
| A REV.04/21/20 PRO | 0 |

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| - CII | see instructions.) | ign ioi | indations, |
|--------|--|---------|--------------------|
| 1 | | 7.72.57 | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| а | purposes: Average monthly fair market value of securities | 40 | |
| b | Average of monthly cash balances | 1a | 5 274 |
| _ | Fair market value of all other assets (see instructions) | H | 5,274. |
| c d | · · · · · · · · · · · · · · · · · · · | 1c | 5 074 |
| u e | Total (add lines 1a, b, and c) | 1d | 5,274. |
| - | | | |
| • | 1c (attach detailed explanation) | | |
| 2 3 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 4 | Subtract line 2 from line 1d | 3 | 5,274. |
| 4 | , • | . | 7.0 |
| _ | instructions) | 4 | 79. |
| 5 6 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 5,195. |
| | Minimum investment return. Enter 5% of line 5 | 6 | 260. |
| Part | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► and do not complete this part.) | ounda | itions |
| | | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | _260. |
| 2a | Tax on investment income for 2019 from Part VI, line 5 | ; ; | |
| b | Income tax for 2019. (This does not include the tax from Part VI.) 2b | اسينا | |
| C | Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 260. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 260. |
| 6 | Deduction from distributable amount (see instructions) | 6 | · |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, | _ | |
| _ | line 1 | 7 | 260. |
| | XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. | | 50.440 |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 | 1a | 58,109. |
| 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: | | |
| а | 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 | 58,109. |
| 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 | 58,109. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years. | g whetl | ner the foundation |

| Paru | Undistributed Income (see instruction | ons) | ·, | | · |
|----------------|--|---|---|---|---|
| • > | | (a) Corpus | (b) . Years prior to 2018 | (c) 2018 | (d) 2019 |
| 1 | Distributable amount for 2019 from Part XI, line 7 | | | | 260. |
| 2 | Undistributed income, if any, as of the end of 2019 | | | Bitte her secretaries as the same | 200. |
| a | Enter amount for 2018 only | | | USE CHANGE LINE - LA MILLION ACTOR USE | |
| b | Total for prior years. 20, 20, 20 | | Breit, market, Strong Granting, 6, 620101 | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | | |
| a | From 2014 | | | | |
| b | From 2015 | | | | |
| C | From 2016 A | | | | |
| u | From 2017 | | | | |
| f | Total of lines 3a through e | 181,139. | | | |
| 4 | Qualifying distributions for 2019 from Part XII, | | | 本公司的企业的 1、166 1-150 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| • | line 4 ▶ \$58,109. | | | | |
| а | Applied to 2018, but not more than line 2a . | | | SALES OF THE STREET, WAS TO SECOND ACT. | |
| b | Applied to undistributed income of prior years (Election required—see instructions) | | | | |
| С | Treated as distributions out of corpus (Election required—see instructions) | | | | |
| d | Applied to 2019 distributable amount | 坐 注: 13 13 13 13 13 13 13 13 13 13 13 13 13 | | | 以1973年1974年1974年1978年1973年1974年1974年1974年1974年1974年1974年1974年1974 |
| e | Remaining amount distributed out of corpus | 58,100. | True in the state of the state | | |
| 5 | Excess distributions carryover applied to 2019 | | | | 1 12/13 Am 2 11 233 A 17 4 12 17 10 |
| | (If an amount appears in column (d), the same amount must be shown in column (a)) . | | | | |
| 6, | Enter the net total of each column as indicated below: | , | | | |
| a. | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 239,248. | | THE CAMPAGE STREET | |
| b | Prior years' undistributed income Subtract line 4b from line 2b | | 0. | | |
| C _j | Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | , | | |
| d | Subtract line 6c from line 6b. Taxable amount—see instructions | | 0. | | |
| e | Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions | | | oʻ. | |
| f | Undistributed income for 2019. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020. | | | | 260 |
| ` ₇ | Amounts treated as distributions out of corpus | NAME OF THE PARTY | | | 260. |
| , | to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) | 1 | dan di Pini | | |
| 8- | Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). | `34,449. | | | |
| 9 | Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a | 204,799. | | | |
| 10 | Analysis of line 9. | | | | |
| а | Excess from 2015 27, 932. | | | | |
| ` b | Excess from 2016 27,851. | | | | |
| С | Excess from 2017 | | | | |
| d | Excess from 2018 43,851. | | | | |
| е | Excess from 2019 58, 109. | | | | |

| Part | XIV Private Operating Founda | tions (see instru | ictions and Part | VII-A, question 9 |) | N/A |
|------|---|---------------------|-----------------------|--|--------------------|--|
| 1a | If the foundation has received a rulin- foundation, and the ruling is effective for | | | | | |
| b | Check box to indicate whether the fou | | _ | | ection | (3) or 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | | Prior 3 years | | (e) Total |
| | investment return from Part X for | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | , , , , , , , , , , , , , , , , , , , |
| b | each year listed | | | | | |
| | 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 | | | | | |
| е | 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: | | | | | |
| а | "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 . | | | | | |
| С | "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 | | | | he foundation ha | ad \$5,000 or mo | ore in assets at |
| | any time during the year- | | s.) | | | |
| 1 | Information Regarding Foundation | | | / | L | L., 46 - 4-, 1-4, |
| а | List any managers of the foundation vibefore the close of any tax year (but of | | | | | by the foundation |
| , | V/A | iny if they have co | initibated friore tri | an 45,000). (See 36 | (u)(2).) | |
| | List any managers of the foundation | who own 10% or | more of the stoo | k of a corporation | (or an equally lar | ge portion of the |
| | ownership of a partnership or other er | | | | | go portion of the |
| ì | N/A | | | | | |
| 2 | Information Regarding Contribution Check here ► 🗵 if the foundation | | | | rganizations and | does not accept |
| | unsolicited requests for funds If the fo complete items 2a, b, c, and d. See in | - | gifts, grants, etc., | to individuals or or | ganizations under | other conditions, |
| а | The name, address, and telephone nu | | ress of the persor | n to whom applicat | ions should be ad | dressed |
| b | The form in which applications should | be submitted and | information and i | materials they shou | ıld ınclude. | |
| | | | | · | | |
| С | Any submission deadlines. | | | | | |
| d | Any restrictions or limitations on aw factors | ards, such as by | geographical ar | eas, charitable fiel | ds, kinds of inst | tutions, or other |

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 | status of | Purpose of grant or contribution | Amount | | | | | |
| Name and address (home or business) | or substantial contributor | recipient | CONTRIBUTION | | | | | | |
| a Paid during the year | | | | | | | | | |
| GORDON SCHOOL | | | | | | | | | |
| 45 MAXFIELD AVE. | | | | | | | | | |
| EAST PROVIDENCE RI 02914 | | PC | YOUTH EDUCATION | 500. | | | | | |
| JEWISH NATIONAL FUND | | | | | | | | | |
| 78 RANDALL AVENUE, STE. 206 | <u> </u> | | | | | | | | |
| ROCKVILLE CENTRE NY 11570 | | PC | RELIGIOUS ORG. | 500. | | | | | |
| CHABAD OF SAN FRANCISCO | | | | | | | | | |
| 496 NATOMA STREET | | 20 | | 4 050 | | | | | |
| SAN FRANCISCO CA 94103 | | PC | RELIGIOUS ORG. | 4,250. | | | | | |
| STINSON BEACH VILLAGE ASSOCIATION | | | | | | | | | |
| P.O. BOX 706 | | 200 | | 100 | | | | | |
| STINSON BEACH CA 94970 | | PC | COMMUNITY PLANNING | 100. | | | | | |
| CHILDREN'S MEDI-FUND | | | | | | | | | |
| 243 CHENERY STREET | | DE | CULLD HEALTH | 150 | | | | | |
| SAN FRANCISCO CA 94131 | | PF | CHILD HEALTH | 150. | | | | | |
| MOSES BROWN SCHOOL 250 LLOYD AVENUE | | | | | | | | | |
| PROVIDENCE RI 02906 | : | PC | YOUTH EDUCATION | 3,000. | | | | | |
| FRENCH AMERICAN INTERNATIONAL SCHOOL | | | 100111 BBOCKITON | 3,000. | | | | | |
| 150 OAK STREET | | | | | | | | | |
| SAN FRANCISCO CA 94102 | | PC | YOUTH EDUCATION | 2,500. | | | | | |
| JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO | | | | 2,000. | | | | | |
| 121 STEUART STREET, FL 5 | | | | · | | | | | |
| SAN FRANCISCO CA 94105 | | PC | RELIGIOUS ORG. | 1,000. | | | | | |
| SAN FRANCISCO JAZZ | | | | | | | | | |
| 201 FRANKLIN STREET | | | | | | | | | |
| SAN FRANCISCO CA 94102 | | PC | ARTS ORGANIZATION | 300. | | | | | |
| See Statement | | | | | | | | | |
| | | | | | | | | | |
| | | | | 33,169. | | | | | |
| | | | | | | | | | |
| Total | | | ▶ 3a | 45,469. | | | | | |
| b Approved for future payment | | | | | | | | | |
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| Total | | | ▶ 3b | | | | | | |

| _1115 | er gro | ess amounts unless otherwise indicated. | Unrelated bu | isiness income | Excluded by sect | ion 512, 513, or 514 | (e) |
|--------------------------|-----------------------|--|----------------------------------|---------------------------------------|-----------------------|----------------------|--|
| | _ | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exemption function income (See instructions |
| 1 | | gram service revenue | | | | | |
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| | b . | | | | ļ | <u>.</u> . | · · · · · · · · · · · · · · · · · · · |
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| | e | | | | | | |
| | f | | | | - | | |
| | g | Fees and contracts from government agencies | | | | | |
| 2 | | mbership dues and assessments | | | | | · · · · - |
| 3 | | rest on savings and temporary cash investments | | | | _ | |
| 4 | | dends and interest from securities | | | | | |
| 5 | | rental income or (loss) from real estate: | 1 . 4 . 5 | | 4. 2. 7. 7. 7 | Alleng regions | 34 721 3 |
| 3 | | Debt-financed property | | <u> </u> | | 6. 6. 3 E x = 2 · | <u> </u> |
| | | Not debt-financed property | | | | | <u>-</u> |
| 6 | | rental income or (loss) from personal property | | | | | |
| 7 | | er investment income | | | | | |
| 8 | | or (loss) from sales of assets other than inventory | | | | - | |
| 9 | | income or (loss) from special events | | | | - | |
| 10 | | ss profit or (loss) from sales of inventory | | | | _ | |
| 11 | | er revenue. a | | | | | |
| • • | b | | | · · · · · · · · · · · · · · · · · · · | | | |
| | c - | | | | | | |
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| | e - | | | | | | |
| 12 | Sub | total. Add columns (b), (d), and (e) | 10 | | | | |
| | | | | | | 40 | |
| 13 | LOT | al. Add line 12. columns (b) (d) and (e) | | | | | |
| 13 | work | al. Add line 12, columns (b), (d), and (e) | s.) | | | 13 | |
| 13 See | work | sheet in line 13 instructions to verify calculation | s.) | | | 13 | |
| 13 See Par | work | rsheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A | s.) <mark>ccomplishm</mark> e | ent of Exempt | Purposes | | poortantly to th |
| 13 See Par Line | work t XV | Asheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A | s.) <mark>ccomplishm</mark> e | ent of Exempt | Purposes | | nportantly to th |
| 13 See Par Line | work t XV : No. | rsheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A | s.) <mark>ccomplishm</mark> e | ent of Exempt | Purposes | | portantly to th |
| 13 See Par Line | work t XV : No. | rsheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A | s.) <mark>ccomplishm</mark> e | ent of Exempt | Purposes | | portantly to th |
| 13 See Par Line | work t XV : No. | rsheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A | s.) <mark>ccomplishm</mark> e | ent of Exempt | Purposes | | portantly to th |
| 13 See Par Line | work t XV : No. | rsheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A | s.) <mark>ccomplishm</mark> e | ent of Exempt | Purposes | | portantly to th |
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| 13 See Par Line | work t XV : No. | rsheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A | s.) <mark>ccomplishm</mark> e | ent of Exempt | Purposes | | portantly to th |
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| 13 See Par Line | work t XV : No. | rsheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A | s.) <mark>ccomplishm</mark> e | ent of Exempt | Purposes | | portantly to thions) |
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| 13 See Par Line | work t XV : No. | rsheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A | s.) <mark>ccomplishm</mark> e | ent of Exempt | Purposes | | portantly to the |
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| 13 See Par Line | work t XV : No. | rsheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A | s.) <mark>ccomplishm</mark> e | ent of Exempt | Purposes | | iportantly to the |

| Part | XVII | | | ansfers to and Tra | nsaction | s and Re | elationsh | ips With | Noncha | ritable | e Exe | mp |
|----------|---------------|-------------------------|-----------------------------|---|---------------|---------------|----------------|---------------|--------------------------|------------|-------------|---------|
| • | | Organizati | ons | | | | | | | 16 20 | | |
| 1 | ın se | | | y engage in any of th n 501(c)(3) organiza | | | | | | | Yes | No |
| а | _ | | porting foundation | to a noncharitable e | xempt orga | anızatıon d | of. | | | w (1) | 200 | |
| | | | | | | | | | | 1a(1) | | × |
| | (2) 0 | ther assets . | | | | | | | | 1a(2) | | × |
| b | Other | transactions. | | | | | | | | | -1-04 | |
| | (1) Sa | ales of assets to | a noncharitable ex | kempt organization | | | | | | 1b(1) | | × |
| | (2) Pt | urchases of asse | ets from a nonchar | itable exempt organi | zation . | | | | | 1b(2) | | × |
| | (3) R | ental of facilities | , equipment, or oth | ner assets | | | | | | 1b(3) | | × |
| | (4) R | eimbursement a | rrangements | | | | | | | 1b(4) | | × |
| | (5) Lo | ans or loan gua | rantees | | | | | | | 1b(5) | | × |
| | (6) Pe | erformance of se | ervices or members | ship or fundraising s | olicitations | | | | | 1b(6) | | × |
| | | | | lists, other assets, o | | | | | | 1c | | × |
| d | | | | es," complete the fo | | | | | | | | |
| | | | | vices given by the re | | | | | | | | |
| | | | | gement, show in col | | | | | | | | _ |
| (a) Line | no (I | o) Amount involved | (c) Name of non | charitable exempt organiz | ation | (d) Descrip | tion of transf | ers, transact | ions, and sh | aring arra | angeme | ents |
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| | descr | bed in section 5 | | affiliated with, or rel ection 501(c)(3)) or in e. | | | e tax-exe | mpt orga | nizations | ☐ Ye | s 🗵 | No |
| | | (a) Name of organ | ızatıon | (b) Type of o | rganization | | | (c) Descript | on of relatio | nship | | |
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| | Under | penalties of perjury, I | declare that I have examin | ned this return, including acc han taxpayer) is based on all | ompanying sch | nedules and s | atements, and | to the best o | of my knowled | dge and b | elief, it i | is true |
| Sign | Correc | a, and complete Decla | aragonium preparer (otner t | nan taxpayer) is based on all | monnation of | winch prepar | a nasany KAC | wieuge | May the I | | | |
| lere | <u> </u> | | (// | 3/4/2 | _ · | SIDENT | | | with the p See instru | | | |
| | Signa | ture of officer or tree | 7 | Date | Title | | | | <u> </u> | | | _,,,, |
| Paid | | Print/Type prepare | s name | Preparer's signature | | | Date | Che | ck if | PTIN | | |
| repa | rer | JOHN RISEN | , CPA | John Risen | CPA | | 4-29- | 20 self- | employed | | | 1 |
| . 500 | ·· | Firm's name | JOHN RISEN. | CFA. LLC | | | | Firm's FIN | ▶ 32-04 | 0255 | 1 | |

OR 97401-5217

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Phone no (541) 484-4545

Form **990-PF** (2019)

1310 COBURG RD.

EUGENE

Firm's address ▶

BAA

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

| Recipient name and address (home or business) | 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 |
|---|---|---------------------------------------|----------------------------------|--------|
| a Paid during the year | <u> </u> | · · · · · · · · · · · · · · · · · · · | <u> </u> | |
| BIRTHRIGHT ISRAEL FOUNDATION | | PC | RELIGIOUS ORG. | 3,000 |
| P.O. BOX 5892 | | | | |
| HICKSVILLE, NY 11802 | | | | |
| COMMONWEALTH CLUB - CALIFORNIA | | PC | PUBLIC AFFAIRS | 409 |
| 110 THE EMBARCADERO | | | 1 | |
| SAN FRANCISCO, CA 94105 | | 1 | | |
| COW PALACE JUNIOR LIVESTOCK | | GOV | YOUTH RODEO | 250 |
| 2600 GENEVA AVENUE | | | | |
| DALY CITY, CA 94014 | | | | |
| GEORGETOWN UNIV. LAW ANNUAL FUND | | PC | LAW EDUCATION | 550 |
| DEPARTMENT NUMBER 0734 | | 1 | | |
| WASHINGTON, DC 20073 | | | | |
| SAN FRANCISCO BEAUTIFUL | | PC | IMPROVING PUBLIC | 250 |
| 100 BUSH STREET, STE. 1812 | | | LANDS | |
| SAN FRANCISCO, CA 94104 | | | | |
| PATHWAY FOR KIDS | | PC | YOUTH EMPOWERMENT | 3,900. |
| 331 FILBERT STREET | | - | | 3,300 |
| SAN FRANCISCO, CA 94133 | | | | |
| CAMP GAN ISRAEL SF | | PC | YOUTH CAMP | 1,000. |
| 1755 JACKSON STREET #201 | | | | 2,000. |
| SAN FRANCISCO, CA 94109 | | | | |
| AIPAC | | EO | INTERNATIONAL | 3,600. |
| P.O. BOX 207 | | | RELATIONS | 0,000. |
| SAN FRANCISCO, CA 94104 | | | | |
| JEWISH COMM. RELATIONS COUNCIL | | PC | RELIGIOUS ORG | 300. |
| 121 STEUART STREET, STE. 301 | | - 0 | | 300. |
| SAN FRANCISCO, CA 94105 | | | | |
| TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA | | PC | COLLEGE EDUCATION | 1,000. |
| P.O. BOX 70259 | | | | 2,000. |
| PHILADELPHIA, PA 19176-0259 | | | | |
| INTERNATIONAL BOXING HALL OF FAME | | PF | SPORTS | 100. |
| P.O. BOX 425 | | | | |
| CONESTOTA, NY 13032 | | | | |
| PLAN USA | | PC | CHILD WELFARE | 150. |
| 155 PLAN WAY | | | | |
| WARWICK, RI 02887 | | | | |
| MARINES' MEMORIAL ASSOCIATION & FOUNDATION | | EO | VETERANS SERVICES | 200. |
| 609 SUTTER STREET | ļ | | , | |
| SAN FRANCISCO, CA 94102 | | | | |
| JEWISH COMMUNITY HIGH SCHOOL OF THE BAY | | PC | YOUTH EDUCATION | 200. |
| 1835 ELLIS STREET | | | | |
| SAN FRANCISCO, CA 94115 | | | | |
| LILLIPUT FAMILIES | | PC | CHILD ADOPTION | 1,000. |
| 8391 AUBURN BLVD. | | | | |
| CITRUS HEIGHTS, CA 95610 | | ĺ | | |

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

| Ture At, Ellio da. Oranto ana Contribe | | | • | ion statemen |
|---|---|--------------------------------------|---|--------------|
| Recipient name and address (home or business) | 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 |
| a Paid during the year | | | | |
| J. THE JEWISH NEWSWEEKLY | | PC | RELIGIOUS NEWS | 550. |
| 225 BUSH STREET, SUITE 480 | | | j į | |
| SAN FRANCISCO, CA 94104 | | | | |
| NAVAL WAR COLLEGE FOUNDATION | | PC | SUPPORT ARMED | 1,000. |
| 686 CUSHING ROAD | | 1 | FORCES EDUCATION | |
| NEWPORT, RI 02841-1213 | | | | |
| WORLD JEWISH CONGRESS | | PC | RELIGIOUS ORG | 200. |
| 501 MADISON AVE. | | | | |
| NEW YORK, NY 10022 | | | | |
| TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA | | PC | COLLEGE EDUCATION | 500. |
| P.O. BOX 70259 | | | | |
| PHILADELPHIA, PA 19176-9885 | | | | |
| STAND WITH US | | PC | EDUCATION | 250. |
| 1801 W. OLYMPIC BLVD. | | | | |
| PASADENA, CA 91199-2215 | | | | |
| ZIONIST ORGANIZATION OF AMERICA | | PC | RELIGIOUS/ | 500. |
| 633 THIRD AVE., STE. 31-B | | | POLITICAL ORG | |
| NEW YORK, NY 10017 | | • | | |
| WOUNDED WARRIOR PROJECT | | PC | VETERANS SERVICES | 210. |
| P.O. BOX 758516 | | | | |
| TOPEKA, KS 66675-8516 | | | | |
| CONARD HOUSE | | PC | MENTAL HEALTH | 200. |
| 1385 MISSION ST., STE. 200 | | | SERVICES | |
| SAN FRANCISCO, CA 94103-2631 | | | | |
| STINSON BEACH VOLUNTEER FIREFIGHTER'S ASSOCIATION | | PC | PUBLIC SAFETY | 150. |
| P.O. BOX 308 | | | | |
| STINSON BEACH, CA 94970 | | | | |
| ST. JUDE CHILDREN'S HOSPITAL | | PC | CHILDREN'S | 200. |
| 501 ST. JUDE PLACE | | | HOSPITAL | |
| MEMPHIS, TN 38105 | | | | |
| CONGREGATION EMANU-EL | | PC | RELIGIOUS ORG | 3,600. |
| 2 LAKE STREET | | | | |
| SAN FRANCISCO, CA 94118 | | | | |
| VENTURA VIE | | _ | COMMUNITY | 750. |
| 333 GREEN STREET | | | DEVELOPMENT | |
| SAN FRANCISCO, CA 94133 | | | | |
| STAND UP TO CANCER | | PC | CANCER TREATMENT | 150. |
| P.O. BOX 843721 | | | | |
| LOS ANGELES, CA 90084-3721 | | | | |
| TAUBE FOUNDATION FOR JEWISH LIFE & CULTURE | | PF | RELIGIOUS ORG | 1,000. |
| 2150 POST STREET | | | | |
| SAN FRANCISCO, CA 94115 | | | | |
| CITIZENS COMMISSION ON NATL. SECURITY | | PF | NATIONAL SECURITY | 1,000. |
| 5500 FRIENDSHIP BLVD. #1408 | | 1 | | |
| CHEVY CHASE, MD 20815 | | | | |

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

| Recipient name and address (home or business) | 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 |
|---|---|--------------------------------------|----------------------------------|---------|
| a Paid during the year | | | | |
| SAN FRANCISCO STATE UNIVERSITY | | PC | COLLEGE EDUCATION | 200. |
| 1600 HOLLOWAY AVENUE | | | | |
| SAN FRANCISCO, CA 94132 | | | | |
| AMER UNIV WA COLLEGE OF LAW | | PC | COLLEGE EDUCATION | 3,000. |
| 4300 NEBRASKA AVENUE NW | | | | |
| WASHINGTON, DC 20077-4922 | | | | |
| PACIFIC RESEARCH INSTITUTE | | PC | FREE-MARKET | 1,000. |
| 101 MONTGOMERY STREET, STE. 1300 | | | POLICY SOLUTIONS | |
| SAN FRANCISCO, CA 94104 | , | | | |
| AMERICAN INNINGS, INC. | | PC | BASEBALL HISTORY | 1,000. |
| 33 EVERGREEN LANE | | | | |
| BERKELEY, CA 94705 | | | | |
| CHABAD CENTER FOR JEWISH LIFE | | PC | RELIGIOUS ORG | 1,800. |
| 2219 JUAN PABLO LANE | | | | |
| SANTA CRUZ, CA 95062 | | | | |
| | | | | 33,169. |

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Expenses

| Description | Revenue and Expense per Book | Net Investment Income | Adjusted Net Income | Disbursement for charitable purpose |
|--|------------------------------------|-----------------------------|------------------------|-------------------------------------|
| OREGON DEPT. OF JUSTICE FEE | 50. | | | 50. |
| OREGON SECRETARY OF STATE REGISTRATION FEE | 50. | - | | 50. |
| OFFICE SUPPLIES | 36. | | _ | 36. |
| BANK FEES & CHARGES | 8. | | | 8. |
| Total | 144. | | | 144. |

2019

| Name | Employer Identification No |
|------------------------------|----------------------------|
| PETER L. DWARES FOUNDATION 3 | 37-1515359 |

Line 16a - Legal Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| | | | | | |
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| | | | | | |
| tal to Form 990. | -PF, Part I, Line 16a | | | | |

Line 16b - Accounting Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--|--|-----------------------------|-----------------------------|---------------------------|---|
| JOHN RISEN, CPA, LLC SOUTHSTAR P.M , INC. | PREPARATION OF FORKS 990-2F & CT-12 ACCOUNTING | 1,696. 3,600. | | | |
| | | | | | |
| Total to Form 990- | PF, Part I, Line 16b | 5,296. | | | |

Line 16c - Other Professional Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---|----------------------------------|-----------------------------|-----------------------------|---------------------------|---|
| SOUTHSTAR P M , INC. CAMERON SOUTH SEAN SOUTH | MANAGEMENT MANAGEMENT MANAGEMENT | 3,600. 2,400. 1,200. | | | |
| Total to Form 990- | PF, Part I, Line 16c | 7,200. | | | |

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Employer identification number

PETER L. DWARES FOUNDATION 37-1515359 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 ■ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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 Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Name of organization
PETER L. DWARES FOUNDATION

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| Part I Contributors (see instructions). Use duplicate copies of Part I if additional spa |
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| (a) | (b) | (c) | (d) |
|------------|--|----------------------------|-----------------------------|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 1 | PETER DWARES 331 FILBERT STREET SAN FRANCISCO CA 94133 | \$ 103,000. | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |