

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.

2019**Open to Public
Inspection****For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019**

Name of foundation ARCADIA FAMILY FOUNDATION		A Employer identification number 47-3447879	
Number and street (or P.O. box number if mail is not delivered to street address) 15532 BRADSHAW ROAD		B Telephone number (see instructions) (907) 617-2620	
City or town, state or province, country, and ZIP or foreign postal code MT VERNON, WA 98273		C If exemption application is pending, check here ► <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ► <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ►\$ 21,197		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(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)				
	2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	4	4		
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	4	4		
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)				
	b Accounting fees (attach schedule)	13,000	0		13,000
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion	125	0		
	20 Occupancy	1,034	0		0
	21 Travel, conferences, and meetings				
	22 Printing and publications	123	0		0
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses.	14,282	0		13,000
	Add lines 13 through 23				
	25 Contributions, gifts, grants paid	80,000			80,000
	26 Total expenses and disbursements. Add lines 24 and 25	94,282	0		93,000
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-94,278			
	b Net investment income (if negative, enter -0-)		4		
	c Adjusted net income (if negative, enter -0-)				

	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash—non-interest-bearing		90,693	1,540	1,540
	2 Savings and temporary cash investments				
	3 Accounts receivable ► <u>18,925</u>				
	Less: allowance for doubtful accounts ►		23,925	18,925	18,925
	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 ► <u>1,246</u>				
	Less: accumulated depreciation (attach schedule) ► <u>514</u>				
	15 Other assets (describe ► _____)		857	732	732
	16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)		115,475	21,197	21,197
	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	
	Foundations that follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 24, 25, 29 and 30.				
	24 Net assets without donor restrictions				
	25 Net assets with donor restrictions				
	Foundations that do not follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 26 through 30.				
	26 Capital stock, trust principal, or current funds		0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund		0	0	
	28 Retained earnings, accumulated income, endowment, or other funds		115,475	21,197	
	29 Total net assets or fund balances (see instructions)		115,475	21,197	
	30 Total liabilities and net assets/fund balances (see instructions)		115,475	21,197	

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 29 (must agree with end-of-year figure reported on prior year's return)	1	115,475
2	Enter amount from Part I, line 27a	2	-94,278
3	Other increases not included in line 2 (itemize) ►	3	0
4	Add lines 1, 2, and 3	4	21,197
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 29	6	21,197

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1.	1	0
	Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.	5	0
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ►	Refunded	11

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Yes	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).	Yes	No
<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>			
1c	Did the foundation file Form 1120-POL for this year?	Yes	No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		
(1)	On the foundation. ► \$ _____ 0	(2)	On foundation managers. ► \$ _____ 0
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____ 0		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	Yes	No
<i>If "Yes," attach a detailed description of the activities.</i>			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	Yes	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	Yes	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	Yes	No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	Yes	No
<i>If "Yes," attach the statement required by General Instruction T.</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	Yes	
<ul style="list-style-type: none"> By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 			
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		
►WA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	Yes	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	Yes	No

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. **11** **No**

12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions **12** **No**

13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►N/A **13** **Yes**

14 The books are in care of ►KIM ROLLINS Telephone no. ►(865) 210-0205

Located at ►1730 MCCLEARY BEND RD SEVIERVILLE TN ZIP+4 ►37876

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ► **15**

16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? **16** **Yes** **No**

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly):

(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No

(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No

(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.). Yes No

b If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions ► **1b**

c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? **1c** **No**

2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):

a At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? **2a** Yes No
If "Yes," list the years ► 20____, 20____, 20____, 20____

b Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.) **2b**

c If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here.
► 20____, 20____, 20____, 20____

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? **3a** Yes No

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 the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) **3b**

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? **4a** **No**

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019? **4b** **No**

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
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"/>	<input checked="" type="checkbox"/> Yes
(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"/>	<input checked="" type="checkbox"/> Yes
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
(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"/>	<input checked="" type="checkbox"/> Yes
(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"/>	<input checked="" type="checkbox"/> Yes
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. Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945-5(d).</i>	<input type="checkbox"/>	<input type="checkbox"/> Yes
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes

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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOHN R DAWSON PO BOX 9118 KETCHIKAN, AK 99901	PRESIDENT 1.00	0	0	0
DAVID L COATES 14607 SE 267TH ST KENT, WA 98042	SECRETARY/TREASURER 1.00	0	0	0
KIM ROLLINS 1730 MCCLEARY BEND RD SEVIERVILLE, TN 37876	ASSISTANT SECRETARY/TREASU 1.00	0	0	0
PETER C DAWSON PO BOX 30920 BELLINGHAM, WA 98225	DIRECTOR 1.00	0	0	0
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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000 NONE	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services. ►	0	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3 ►	0	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	41,313
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	41,313
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	41,313
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 	4	620
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	40,693
6	Minimum investment return. Enter 5% of line 5.	6	2,035

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

1	Minimum investment return from Part X, line 6.	1	2,035
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	2,035
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	2,035
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	2,035

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	93,000
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	93,000
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	93,000
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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				2,035
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.	45,679			
e From 2018.	91,247			
f Total of lines 3a through e.	136,926			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 93,000			0	
a Applied to 2018, but not more than line 2a				
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 2019 distributable amount.				2,035
e Remaining amount distributed out of corpus	90,965			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:	227,891			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				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 2014 not applied on line 5 or line 7 (see instructions)	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	227,891			
10 Analysis of line 9:				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.	45,679			
d Excess from 2018.	91,247			
e Excess from 2019.	90,965			

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 2019, enter the date of the ruling. ►			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
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 foundation 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).)

JOHN R DAWSON

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

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

KIM ROLLINS
PO BOX 5372
SEVIERVILLE, TN 37864
(865) 210-0205

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

FINANCIAL ASSISTANCE APPLICATION

c Any submission deadlines:

N/A

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

N/A

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.					
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e).		0		0	
13 Total. Add line 12, columns (b), (d), and (e).					
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

a Transfers from the reporting foundation to a noncharitable exempt organization of:

b Other transactions:

(1) Sales of assets to a noncharitable exempt organization.	1b(1)	No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)	No
(3) Rental of facilities, equipment, or other assets.	1b(3)	No
(4) Reimbursement arrangements.	1b(4)	No
(5) Loans or loan guarantees.	1b(5)	No
(6) Performance of services or membership or fundraising solicitations.	1b(6)	No

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

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

2020-11-10

May the IRS discuss this return with the preparer shown below
(see instr.) Yes No

Signature of officer or trustee

Date

>Title

**Sign
Here**

**Paid
Preparer
Use Only**

(see instr.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ► <input type="checkbox"/>	PTIN
	KIRA BRAVO		2020-11-10		P00924627
	Firm's name ► METCALF HODGES PS				Firm's EIN ► 91-1928356
Firm's address ► 2115 BARKLEY BLVD STE 201 BELLINGHAM, WA 98226				Phone no. (360) 733-1010	

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)				
<i>a Paid during the year</i>				
COREY GELINEAU 11599 MARIHUGH PL MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	3,950
MARIA BRAYMER 779 PETERSON RD BURLINGTON, WA 98233	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	2,000
RACHELE MILLER 1354 TONGUE RIVER RD FORSYTH, MT 59327	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	3,000
Total			► 3a	80,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
LOUISE ALTOMARE 5678 NORTH PINERY CANYON AVE MERIDIAN, ID 83646	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	3,450
CLARE JASMER 23505 154TH ST CT E BUCKLEY, WA 98321	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	550
HEATHER ARPS 430 OLD HOMESTEAD RD LOPEZ, WA 98261	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

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)				
<i>a Paid during the year</i>				
KESTREL ARPS3036 10TH AVE W 116 SEATTLE, WA 98119	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
JESSIE KIMBALL1804 TUNDRA LOOP MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
CARROL READ25404 31ST AVE S KENT, WA 98032	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

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)				
<i>a Paid during the year</i>				
TYLER BOIESPO BOX 518 SOUTH PRAIRIE, WA 98385	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
ANTHONY COX3801 RIDGE WAY MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
DANI COX3801 RIDGE WAY MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CHRISTINA MORGAN-POWELL 720 TALCOTT STREET SEDRO WOOLLEY, WA 98284	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
MEREK CZERSKI 16898 BENNETT RD MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
PATRICIA CRAWFORD 16898 BENNETT RD MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ANTONIO VEGA 29111 SOUTH SKAGIT HWY SEDRO WOOLLEY, WA 98284	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
TERESA BECK 5960 STATE ROUTE 9 SEDRO WOOLLEY, WA 98284	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	550
MIKE CHEEK 14175 GLORY TO GLORY LANE MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

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)				
<i>a Paid during the year</i>				
MOLLY ZIMMERMAN PO BOX 427 FERNDALE, WA 98248	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
LLOYD ZIMMERMAN PO BOX 427 FERNDALE, WA 98248	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
AMY LASAGE 221 FIREWOOD LANE KETCHIKAN, AK 99901	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

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)				
<i>a Paid during the year</i>				
MARTHA REINERT 1101 MCKENZIE AVE 202 BELLINGHAM, WA 98225	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
JOE ST PIERRE 24615 SOUTH PRAIRIE ROAD E BUCKLEY, WA 98321	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
CHRISTAL BERARD 221 BELVEDERE STREET CAMANO ISLAND, WA 98282	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

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)				
<i>a Paid during the year</i>				
NANCY LUTON 15707 62ND AVE NW GIG HARBOR, WA 98332	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
CRYSTAL BULLARD PO BOX 771 SEDRO WOOLLEY, WA 98284	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
JUDY JACKSON 1333 N BEACH 1 MARYSVILLE, WA 98270	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	1,200
Total			► 3a	80,000

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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)				
<i>a Paid during the year</i>				
JOAN HOBBS 129 S SONOMA ST WILLOWS, CA 95988	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
JIM SORENSEN 11370 WALKER RD MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
CARYANN MAHER 2414 MOODY ST MOUNT VERNON, WA 98274	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

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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)				
<i>a Paid during the year</i>				
JEFF TISSELL 801 LIVINGSTON BAY SHORE DR CAMANO ISLAND, WA 98282	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
MARILYN TISSELL 801 LIVINGSTON BAY SHORE DR CAMANO ISLAND, WA 98282	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
ANNE JAMES 3417 BAY ROAD FERNDALE, WA 98248	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ROBIN JAMES 3417 BAY ROAD FERNDALE, WA 98248	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
KATHY STRUTHERS 2519 RIVER VISTA ST UNIT A MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
JONATHAN STRUTHERS 2519 RIVER VISTA ST UNIT A MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MARK THOMPSON 12681 14B AVENUE SURREY, BC CA	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
KENNETH COX 21324 ROLLING RIDGE DR SEDRO WOOLLEY, WA 98284	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
DEBRA WILSON 31982 S SKAGIT HWY SEDRO WOOLLEY, WA 98284	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

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Name and address (home or business)				
<i>a Paid during the year</i>				
SHELLEY FARNEY PO BOX 1243 BURLINGTON, WA 98233	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
ANDY PEEBLES 13722 BAYVIEW RD MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
CHRISTY PEEBLES 13722 BAYVIEW RD MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

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)				
<i>a Paid during the year</i>				
IRENE MORGAN 1258 EAST POLE RD EVERSON, WA 98247	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
SAFFRON GOLDWYN 203 E LAUREL ST 301 BELLINGHAM, WA 98225	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
MIGUEL MENA 16032 JUNGQUIST RD MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

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Name and address (home or business)				
<i>a Paid during the year</i>				
MARJO ROUW 20463 JAMES STREET MOUNT VERNON, WA 98274	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
TED NELSON PO BOX 30 SHINGLETOWN, CA 96088	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
JIM DRAKE PO BOX 955 BURLINGTON, WA 98233	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

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Name and address (home or business)				
<i>a Paid during the year</i>				
TOM HANSEN 20806 MARINE DR UNIT 27 STANWOOD, WA 98292	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
TODD BOIESPO BOX 518 SOUTH PRAIRIE, WA 98385	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
KATHA STEWART 11374 WALKER RD MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

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Name and address (home or business)				
<i>a Paid during the year</i>				
LORI RADKE 553 KLAMATH DR LA CONNER, WA 98257	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
VELMA WALKER 726 NORTHERN AVENUE SEDRO WOOLLEY, WA 98284	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
HILDA SORENSEN PO BOX 2248 MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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Name and address (home or business)				
<i>a Paid during the year</i>				
THERESA REED 824 UPLAND DR MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
SCOTT JONES 18808 FISHERMANS LOOP BURLINGTON, WA 98233	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
BERNIE MORRIS 23270 CALVARY WAY MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

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Name and address (home or business)				
<i>a Paid during the year</i>				
DEBORA DEARIEPO BOX 13844 MILL CREEK, WA 98082	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
DOROTHEA ADASKIN 4501 FIDALGO BAY ROAD 1002 ANACORTES, WA 98221	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
ANN CHILDS 13230 RECTOR ROAD MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

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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)				
<i>a Paid during the year</i>				
JOE LUTON 15707 62ND AVE NW GIG HARBOR, WA 98332	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
DON DEJONG 16520 COUNTRY CLUB DR BURLINGTON, WA 98233	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
JAMES RAMOS 13105 AVON ALLEN RD MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

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)				
<i>a Paid during the year</i>				
LISA NEWMANPO BOX 2574 MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
BRUCE NORDHAUSEN 500 N ANACORTES ST BURLINGTON, WA 98233	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
TRACY ENRIGHTPO BOX 1103 WARD COVE, AK 99928	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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Name and address (home or business)				
a Paid during the year				
PAMELA HUNSAKER 206 HAINES ST SEDRO WOOLLEY, WA 98284	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
JOSHUA DIAZ 15430 BAKER HEIGHTS RD MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
NATASHA BROOK 5301 BALBOA AVE UNIT B3 ENCINO, CA 91436	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	3,950
Total			► 3a	80,000

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)				
<i>a Paid during the year</i>				
RUTH BRICKEL 2911 W ILLINOIS ST 6 BELLINGHAM, WA 98225	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
CHARLIE WHITE 3135 BENNET DR BELLINGHAM, WA 98225	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
JENNEY COX 21324 ROLLING RIDGE DR SEDRO WOOLLEY, WA 98284	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

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)				
<i>a Paid during the year</i>				
DEREK GILFILEN 5240 GRAVELINE RD BELLINGHAM, WA 98226	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
JOY GILFILEN 5240 GRAVELINE RD BELLINGHAM, WA 98226	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
AL LARSEN 223 E BAKERVIEW ROAD APT 356 BELLINGHAM, WA 98226	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

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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)				
<i>a Paid during the year</i>				
DEBRA DAVID3135 BENNET DR BELLINGHAM, WA 98225	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
AIDA REYNOLDS4635 NOOKSACK LP MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
LONNIE REYNOLDS4635 NOOKSACK LP MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
TERRESSA BOMANPO BOX 442 BURLEY, WA 98322	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	4,000
SANDY TIBEAU 24615 SOUTH PRAIRIE ROAD E BUCKLEY, WA 98321	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	1,950
KEN EDGINGTON 24615 SOUTH PRAIRIE ROAD E BUCKLEY, WA 98321	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
Total			► 3a	80,000

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)				
<i>a Paid during the year</i>				
JANET LOBAN 22128 SR 9 397 MOUNT VERNON, WA 98274	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	4,950
LAYNE BOIESPO BOX 518 SOUTH PRAIRIE, WA 98385	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	2,200
CATHIE DAYTON 14815 ALLEN WEST RD BOW, WA 98232	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	2,200
Total			► 3a	80,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
LESLIE PENHOLLOW 8121 NW WOODWARD RD PRINEVILLE, OR 97754	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	2,200
JOHN LIEBEN 2228 VERONA ST 202 BELLINGHAM, WA 98229	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	4,200
LOGAN THOMPSON 808 JOHN LINER ROAD A SEDRO WOOLLEY, WA 98284	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	250
Total			► 3a	80,000

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)				
<i>a Paid during the year</i>				
OLIVER LUNDHOLM 22 HORSESHOE CIRCLE BELLINGHAM, WA 98229	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	4,200
ANASTACIA LUNDHOLM 22 HORSESHOE CIRCLE BELLINGHAM, WA 98229	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	200
KODA THOMPSON 808 JOHN LINER ROAD A SEDRO WOOLLEY, WA 98284	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	250
Total			► 3a	80,000

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)				
<i>a Paid during the year</i>				
TYLER BOIESPO BOX 518 SOUTH PRAIRIE, WA 98385	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	2,000
RENEE TOWNSEND 23276 CALVARY WAY MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	500
ELIJAH VERNEY 2419 6TH AVENUE KETCHIKAN, AK 99901	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	4,500
Total			► 3a	80,000

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)				
<i>a Paid during the year</i>				
CARRIE CHACKSFIELD 2725 E FIR ST 25 MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	3,700
JANET OBERST 8134 176TH AVE SW ROCHESTER, WA 98579	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	2,800
PIPER PARIS 2306 E DIVISION ST APT B MOUNT VERNON, WA 98274	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	2,000
Total			► 3a	80,000

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)				
<i>a Paid during the year</i>				
CARLEY MARTIN 19764 ANDERSON RD MOUNT VERNON, WA 98273	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	850
ERIN OSINKOSKY PO BOX 881444 STEAMBOAT SPRINGS, CO 80488	N/A	N/A	CHIROPRACTIC CARE FOR PERSON WHO CAN'T AFFORD IT.	4,200
Total			► 3a	80,000

TY 2019 Accounting Fees Schedule

Name: ARCADIA FAMILY FOUNDATION**EIN:** 47-3447879

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	13,000	0		13,000

TY 2019 Cash Deemed Charitable Explanation Statement

Name: ARCADIA FAMILY FOUNDATION

EIN: 47-3447879

Explanation: ARCADIA FAMILY FOUNDATION HELD CASH RESERVES FOR CHARITABLE PURPOSES TO BE AVAILABLE FOR GRANT-MAKING IN 2020.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Depreciation Schedule

Name: ARCADIA FAMILY FOUNDATION

EIN: 47-3447879

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER	2015-11-07	346	111	SL	10.000000000000	35	0		
PRINTER/COPIER	2015-11-07	87	28	SL	10.000000000000	9	0		
OFFICE FURNITURE	2015-12-02	813	250	SL	10.000000000000	81	0		

**TY 2019 Land, Etc.
Schedule****Name:** ARCADIA FAMILY FOUNDATION**EIN:** 47-3447879

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER	346	146	200	200
PRINTER/COPIER	87	37	50	50
OFFICE FURNITURE	813	331	482	482