

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. 1545-0052
2020
Open to Public Inspection

For calendar year 2020, or tax year beginning 10-01-2020 , and ending 09-30-2021

Name of foundation DEACON CHARITABLE FOUNDATION		A Employer identification number 20-5702192	
Number and street (or P.O. box number if mail is not delivered to street address) 7745 GREENBACK LANE NO 250	Room/suite	B Telephone number (see instructions) (916) 969-0900	
City or town, state or province, country, and ZIP or foreign postal code CITRUS HEIGHTS, CA 95610		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>617,823</u>		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>	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

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)	384,500			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	434	434		
	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	384,934	434	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	504	0	0	504
	b Accounting fees (attach schedule)	2,585	0	0	2,585
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	11,166	0	0	11,166
	24 Total operating and administrative expenses. Add lines 13 through 23	14,255	0	0	14,255
	25 Contributions, gifts, grants paid	220,419			220,419
26 Total expenses and disbursements. Add lines 24 and 25	234,674	0	0	234,674	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	150,260				
b Net investment income (if negative, enter -0-)		434			
c Adjusted net income (if negative, enter -0-)			0		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	2,733	8,255	8,255
	2 Savings and temporary cash investments	464,830	609,568	609,568
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	467,563	617,823	617,823	
Liabilities	17 Accounts payable and accrued expenses	11,056		
	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)	11,056	0	
Net Assets or Fund Balances	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	456,507	617,823	
29 Total net assets or fund balances (see instructions)	456,507	617,823		
30 Total liabilities and net assets/fund balances (see instructions) .	467,563	617,823		

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	456,507
2 Enter amount from Part I, line 27a	2	150,260
3 Other increases not included in line 2 (itemize) ▶ _____	3	11,056
4 Add lines 1, 2, and 3	4	617,823
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	617,823

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	}	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	{		}	3	

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

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved				2
3 Reserved				3
4 Reserved				4
5 Reserved				5
6 Reserved				6
7 Reserved				7
8 Reserved				8

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, tax based on investment income, and credits/payments. Total tax due is 278.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political activities, tax on political expenditures, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

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

Located at 7745 GREENBACK LANE SUITE 250 CITRUS HEIGHTS CA ZIP+4 95610

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year.

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

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

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

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

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	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

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

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	767,350
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	767,350
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	767,350
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	11,510
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	755,840
6	Minimum investment return. Enter 5% of line 5.	6	37,792

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

1	Minimum investment return from Part X, line 6.	1	37,792
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	6
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	6
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	37,786
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	37,786
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	37,786

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	234,674
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	234,674
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	234,674

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				37,786
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.	124,211			
b From 2016.	239,659			
c From 2017.	175,287			
d From 2018.	166,201			
e From 2019.	173,102			
f Total of lines 3a through e.	878,460			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ _____ 234,674				
a Applied to 2019, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2020 distributable amount.				37,786
e Remaining amount distributed out of corpus	196,888			
5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)				0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,075,348			
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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2021. 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 2015 not applied on line 5 or line 7 (see instructions).	124,211			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	951,137			
10 Analysis of line 9:				
a Excess from 2016.	239,659			
b Excess from 2017.	175,287			
c Excess from 2018.	166,201			
d Excess from 2019.	173,102			
e Excess from 2020.	196,888			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

<p>1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. ▶</p>					
<p>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)</p>					
<p>2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed</p>	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<p>b 85% of line 2a</p>					
<p>c Qualifying distributions from Part XII, line 4 for each year listed</p>					
<p>d Amounts included in line 2c not used directly for active conduct of exempt activities</p>					
<p>e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c</p>					
<p>3 Complete 3a, b, or c for the alternative test relied upon:</p>					
<p>a "Assets" alternative test—enter:</p>					
<p>(1) Value of all assets</p>					
<p>(2) Value of assets qualifying under section 4942(j)(3)(B)(i)</p>					
<p>b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.</p>					
<p>c "Support" alternative test—enter:</p>					
<p>(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</p>					
<p>(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).</p>					
<p>(3) Largest amount of support from an exempt organization</p>					
<p>(4) Gross investment income</p>					

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).)
 RICHARD SMITH

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. 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:
 DEACON CHARITABLE FOUNDATION
 7745 GREENBACK LANE SUITE 250
 CITRUS HEIGHTS, CA 95610
 (916) 969-0900

b The form in which applications should be submitted and information and materials they should include:
 DEACON CHARITABLE FOUNDATION DOES NOT ACCEPT ANY MAILED GRANT APPLICATIONS. VISIT THE FOLLOWING WEBSITE FOR PROPOSAL GUIDELINES: [HTTP://WWW.DEACONCHARITABLEFOUNDATION.ORG/REQUESTING-A-GRANTDONATION/](http://WWW.DEACONCHARITABLEFOUNDATION.ORG/REQUESTING-A-GRANTDONATION/)

c Any submission deadlines:
 NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
 VISIT THE FOLLOWING WEBSITE FOR PROPOSAL GUIDELINES: [HTTP://WWW.DEACONCHARITABLEFOUNDATION.ORG/REQUESTING-A-GRANTDONATION/](http://WWW.DEACONCHARITABLEFOUNDATION.ORG/REQUESTING-A-GRANTDONATION/)

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				220,419
b <i>Approved for future payment</i>				
Total ▶ 3b				0

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ANITA JAIN 8343 154TH AVE NE SUITE 210 REDMOND, WA 98052	DIRECTOR 2.00	0	0	0
STEVE DEACON 901 NE GLISAN SUITE 100 PORTLAND, OR 97232	PRESIDENT 2.00	0	0	0
RICHARD SMITH 7745 GREENBACK LANE SUITE 250 CITRUS HEIGHTS, CA 95610	VICE PRESIDENT, SECRETARY 2.50	0	0	0
PAUL CUNHA 7745 GREENBACK LANE SUITE 250 CITRUS HEIGHTS, CA 95610	DIRECTOR 2.00	0	0	0
KENDRA HOWELL LACKEY 726 NW SKYLINE CREST RD PORTLAND, OR 97229	DIRECTOR 2.00	0	0	0
BRIAN KING 2001 LOS ANGELES AVE BERKELEY, CA 94707	DIRECTOR 2.00	0	0	0
JEANINE FULLER 17880 FITCH IRVINE, CA 92614	DIRECTOR 2.00	0	0	0
JULIE EARNEST 901 NE GLISAN SUITE 100 PORTLAND, OR 97232	EXECUTIVE DIR. 10.00	0	0	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
916 INK3301 37TH AVE SACRAMENTO, CA 95824		NC	EDUCATION	4,000
A PASSION FOR PAWS RESCUE INC 1665 CAMINITO ASTERISCO LA JOLLA, CA 92037		NC	ANIMALS	100
AC PORTLAND 7831 SE STARK STREET 208 PORTLAND, OR 97215		NC	CHILDREN & FAMILIES	3,000
Total				220,419

▶ 3a

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALEX'S LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BOULEVARD SUITE 203 BALA CYNWYD, PA 19004		NC	CHILDREN & FAMILIES	300
ALL ABOUT EQUINE 2201 FRANCISCO DRIVE EL DORADO HILLS, CA 95762		NC	ANIMAL WELFARE	1,000
ALL ANIMAL RESCUE & FRIENDS PO BOX 941 SAN MARTIN, CA 95046		NC	ANIMAL WELFARE	700
Total	▶ 3a			220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALLEN TEMPLE CME CHURCH 4236 NE 8TH AVE PORTLAND, OR 97211		NC	CHILDREN & FAMILIES	1,000
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231		NC	MEDICAL / WELLNESS	83
AMERICAN RED CROSS - WESTERN WILDFIRES PO BOX 37839 BOONE, IA 50037		NC	DISASTER RELIEF	500
Total				220,419

▶ 3a

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ARTULA INSTITUTE FOR ART AND ENVIRONMENTAL EDUCATION PO BOX 1139 BANDON, OR 97411		NC	ENVIRONMENT	600
ATLANTIC STREET CENTER 2103 S ATLANTIC STREET SEATTLE, WA 98144		NC	CHILDREN & FAMILIES	5,000
BERKELEY FOOD NETWORK 1569 SOLANO AVE 243 BERKELEY, CA 94707		NC	HUNGER	2,170
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BERKELEY FOOD NETWORK 1569 SOLANO AVE 243 BERKELEY, CA 94707		NC	HUNGER	740
BLADDER CANCER ADVOCACY NETWORK 4520 EAST WEST HIGHWAY SUITE 610 BETHESDA, MD 20814		NC	MEDICAL / WELLNESS	40
BOYS & GIRLS CLUBS OF GARDEN GROVE 10540 CHAPMAN AVENUE GARDEN GROVE, CA 92840		NC	CHILDREN & FAMILIES	2,000
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BRIDGE RECEIVING CENTER 9900 WILLOWS RD NE REDMOND, WA 98052		NC	CHILDREN & FAMILIES	800
BRIDGES TO HOUSING INC 909 SPIVA AVE YUBA CITY, CA 95991		NC	HOUSING / HOMELESSNESS	6,000
BRIGHT FUTURES FOR YOUTH (FORMERLY FRIENDSHIP CLUB) 200 LITTON DRIVE SUITE 308 GRASS VALLEY, CA 95945		NC	CHILDREN & FAMILIES	6,000
Total				220,419

▶ 3a

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BROADWAY SACRAMENTO 1510 J ST STE 200 SACRAMENTO, CA 95814		NC	EDUCATION	4,000
CARMICHAEL SDA CHURCH 4600 WINDING WAY SACRAMENTO, CA 95841		NC	CHILDREN & FAMILIES	900
CAUSA OREGON WORKER RELIEF FUND 700 MARION ST NE SALEM, OR 97301		NC	CHILDREN & FAMILIES	2,060
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHANGEMAKER PROJECT 1798 WALNUT ST BERKELEY, CA 94709		NC	CHILDREN & FAMILIES	340
CHILDREN'S CANCER ASSOCIATION 1200 NW NAITO PARKWAY SUITE 140 PORTLAND, OR 97209		NC	CHILDREN & FAMILIES	120
CHILDRENS MIRACLE NETWORK 205 W 700 S SALT LAKE CTY, UT 84101		NC	MEDICAL / WELLNESS	54
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CITYTEAM2306 ZANKER ROAD SAN JOSE, CA 95131		NC	HOUSING / HOMELESSNESS	1,960
CITYTEAM2306 ZANKER ROAD SAN JOSE, CA 95131		NC	HOUSING / HOMELESSNESS	700
COLUMBIA GORGE REFUGE STEWARDS PO BOX 827 WASHOUGAL, WA 98671		NC	ENVIRONMENT	2,000
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY PRESBYTERIAN CHURCH 222 W EL PINTADO DANVILLE, CA 94526		NC	CHILDREN & FAMILIES	1,000
COMMUNITY TRANSITIONAL SCHOOL 6601 NE KILLINGSWORTH ST PORTLAND, OR 97218		NC	EDUCATION	5,750
CONSERVATION NW 1829 10TH AVE W SUITE B SEATTLE, WA 98119		NC	ENVIRONMENT	4,000
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CONSTRUCTING HOPE PRE-APPRENTICESHIP PROGRAM 405 NE CHURCH ST PORTLAND, OR 97211		NC	EDUCATION	5,000
CRACKED POTS1 N KILLINGSWORTH PORTLAND, OR 97217		NC	ENVIRONMENT	2,000
CRACKED POTS INC 1 N KILLINGSWORTH PORTLAND, OR 97217		NC	ENVIRONMENT	1,000
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DAVID CAMPBELL MEMORIAL ASSOCIATION 55 SW ASH ST PORTLAND, OR 97204		NC	ARTS	200
DAVORI PRODUCTIONSPO BOX 2035 NORTH MANKATO, MN 56002		NC	ARTS	100
DEITY ANIMAL RESCUE AND FOUNDATION 148 S DOHENY DR BEVERLY HILLS, CA 90211		NC	ANIMAL WELFARE	5,000
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EASTSIDE LEGAL ASSISTANCE 1239 120TH AVE NE BELLEVUE, WA 98005		NC	CHILDREN & FAMILIES	4,000
EFFIE YEAW NATURE CENTER (AMERICAN RIVER NATURAL HISTORY ASSOCIATION) 2850 SAN LORENZO WAY CARMICHAEL, CA 95608		NC	ENVIRONMENT	4,500
EL DORADO COMMUNITY FOUNDATION 312 MAIN STREET SUITE 201 PLACERVILLE, CA 95667		NC	DISASTER RELIEF	406
Total	▶ 3a			220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EVERY BODY ATHLETICS 10940 SW BARNES RD 259 PORTLAND, OR 97225		NC	CHILDREN & FAMILIES	2,000
FACIAL PAIN ASSOCIATION 7778 MCGINNIS FERRY ROAD 256 SUWANEE, GA 30024		NC	MEDICAL / WELLNESS	200
FIRST IMAGE1315 SE 20TH AVE STE 2 PORTLAND, OR 97214		NC	CHILDREN & FAMILIES	400
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FIRST RESPONDERS FAMILY FOUNDATION 3313 WINDWARD GATE LN BUFORD, GA 30519		NC	CHILDREN & FAMILIES	100
FOOD BANK OF EL DORADO COUNTY 4550 BUSINESS DRIVE CAMERON PARK, CA 95682		NC	HUNGER	200
FOSTERHOPE SACRAMENTO 4144 WINDING WAY SACRAMENTO, CA 95841		NC	CHILDREN & FAMILIES	250
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FOSTERHOPE SACRAMENTO 4144 WINDING WAY SACRAMENTO, CA 95841				
FOSTERHOPE SACRAMENTO 4144 WINDING WAY SACRAMENTO, CA 95841				
GIVING CHILDREN HOPE 8332 COMMONWEALTH AVE BUENA PARK, CA 90621				
Total	▶ 3a			220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GROWING GARDENS3114 SE 50TH AVE PORTLAND, OR 97206				
HABITAT FOR HUMANITY PORTLAND METRO EAST 1478 NE KILLINGSWORTH STREET PORTLAND, OR 97211				
HARBOR WILDWATCH 3207 HARBORVIEW DRIVE GIG HARBOR, WA 98335				
Total	▶ 3a			220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HARMONY HILL 7362 E STATE ROUTE 106 UNION, WA 98592		NC	MEDICAL / WELLNESS	2,000
HEARING SPEECH & DEAF CENTER 1625 19TH AVE SEATTLE, WA 98122		NC	EDUCATION	4,000
HEARTS LANDING RANCH 8902 QUAIL LANE GRANITE BAY, CA 95746		NC	CHILDREN & FAMILIES	5,000
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOPE FOR HIEPO BOX 250472 WEST BLOOMFIELD, MI 48325		NC	EDUCATION	2,510
INFINITE TRAINING 3786 SAN JUAN DRIVE PITTSBURG, CA 94565		NC	CHILDREN & FAMILIES	3,000
INFINITE TRAINING 3786 SAN JUAN DRIVE PITTSBURG, CA 94565		NC	CHILDREN & FAMILIES	2,000
Total				220,419

▶ 3a

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JUMPSTART MINISTRIES 243 S ESCONDIDO BLVD 302 ESCONDIDO, CA 92025		NC	CHILDREN & FAMILIES	50
KIDS & ART FOUNDATION 1443 HOWARD AVE SUITE 218 BURLINGAME, CA 94010		NC	CHILDREN & FAMILIES	4,900
KUOW PUGET SOUND PUBLIC RADIO 4518 UNIVERSITY WAY NE SUITE 310 SEATTLE, WA 98105		NC	EDUCATION	80
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LEARN TO BE FOUNDATION 1268 N LAKEVIEW AVE SUITE 201 ANAHEIM, CA 92807		NC	EDUCATION	480
LEFT BEHIND K-9 RESCUEPO BOX 8601 COVINGTON, WA 98042		NC	ANIMAL WELFARE	50
LINES FOR LIFE 5100 SW MACADAM AVE STE 400 PORTLAND, OR 97239		NC	MEDICAL / WELLNESS	3,500
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LOS ANGELES JAZZ SOCIETY 5903 NOBLE AVE VAN NUYS, CA 91411				
LOVE YOUR FERAL FELINES PO BOX 1333 BONSALL, CA 92003				
MARY'S PLACE PO BOX 1711 SEATTLE, WA 98111				
Total	▶ 3a			220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MARY'S PLACE PO BOX 1711 SEATTLE, WA 98111		NC	HOUSING / HOMELESSNESS	3,000
MARY'S PLACE (TOY DRIVE 2020) PO BOX 1711 SEATTLE, WA 98111		NC	HOUSING / HOMELESSNESS	1,610
MIGHTYCAUSE CHARITABLE FOUNDATION NATIONAL CRIME VICTIM LAW INSTITUTE PO BOX 160 MARIANNA, FL 32447		NC	CHILDREN & FAMILIES	200
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MY VOICE MUSICPO BOX 28043 PORTLAND, OR 97228		NC	EDUCATION	3,500
NATIONAL BLACK FARMERS ASSOCIATION INCORPORATED 68 WIND ROAD BASKERVILLE, VA 23915		NC	HUNGER	200
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017		NC	MEDICAL / WELLNESS	550
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATIVE AMERICAN YOUTH AND FAMILY CENTER 5135 NE COLUMBIA BLVD PORTLAND, OR 97218		NC	CHILDREN & FAMILIES	200
NEXT MOVE HOMELESS SERVICES 8001 FOLSOM BOULEVARD SACRAMENTO, CA 95826		NC	HOUSING / HOMELESSNESS	600
NORTH COAST LAND CONSERVANCY PO BOX 67 SEASIDE, OR 97138		NC	ENVIRONMENT	200
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHEAST PORTLAND TOOL LIBRARY 5431 NE 20TH AVENUE PORTLAND, OR 97211		NC	CHILDREN & FAMILIES	500
NORTHWEST EDUCATION ACCESS 6920 ROOSEVELT WAY NE 355 SEATTLE, WA 98115		NC	EDUCATION	4,000
NORTHWEST YOUTH RODEO ASSOCIATION PO BOX 532 YAMHILL, OR 97148		NC	ANIMAL WELFARE	2,000
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OHSU FOUNDATION 1121 SALMON ST SUITE 100 PORTLAND, OR 97205		NC	MEDICAL / WELLNESS	200
OREGON FOOD BANK 7900 NE 33RD DRIVE PORTLAND, OR 97211		NC	HUNGER	600
OUR DAILY BREAD MINISTRIES TRUST PO BOX 2222 GRAND RAPIDS, MI 49501		NC	CHILDREN & FAMILIES	100
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PORTLAND AUDUBON SOCIETY 5151 NORTHWEST CORNELL ROAD PORTLAND, OR 97210				
PORTLAND RESCUE MISSION PO BOX 3713 PORTLAND, OR 97208				
PORTLAND YOUTHBUILDERS 4816 SW 92ND AVE PORTLAND, OR 97266				
Total	▶ 3a			220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PORTLAND YOUTHBUILDERS 4816 SE 92ND AVENUE PORTLAND, OR 97266		NC	EDUCATION	3,500
PRIDE INDUSTRIES FOUNDATION 10030 FOOTHILLS BLVD ROSEVILLE, CA 95747		NC	CHILDREN & FAMILIES	500
R & R NEW OPTIONS EQUINE INC PO BOX 2126 GRESHAM, OR 97030		NC	ANIMAL WELFARE	2,000
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
REAL CHANGE HOMELESS EMPOWERMENT PROJECT 219 1ST AVE S SEATTLE, WA 98104		NC	HOUSING / HOMELESSNESS	4,000
ROOM REDUX SACRAMENTO 7810 EL VERANO AVE ELVERTA, CA 95626		NC	CHILDREN & FAMILIES	3,000
SACRAMENTO CHILDREN'S HOME 2750 SUTTERVILLE RD SACRAMENTO, CA 95820		NC	CHILDREN & FAMILIES	3,000
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SACRAMENTO FOOD BANK & FAMILY SERVICES 3333 THIRD AVENUE SACRAMENTO, CA 95817		NC	HUNGER	200
SACRAMENTO FOOD BANK & FAMILY SERVICES 3333 THIRD AVENUE SACRAMENTO, CA 95817		NC	HUNGER	250
SACRAMENTO FOOD BANK & FAMILY SERVICES RUN TO FEED THE HUNGRY 3333 THIRD AVENUE SACRAMENTO, CA 95817		NC	HUNGER	460
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SACRAMENTO LOAVES & FISHES PO BOX 13495 SACRAMENTO, CA 95813		NC	HUNGER	1,000
SACRAMENTO LOAVES & FISHES PO BOX 13495 SACRAMENTO, CA 95813		NC	HUNGER	6,000
SCHOOL ON WHEELS INC PO BOX 23371 VENTURA, CA 93002		NC	EDUCATION	4,000
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SGT PATRICK ROWE FOUNDATION SILVER PAW RANCH 7404 WINDJAMMER WAY CITRUS HEIGHTS, CA 95621		NC	MEDICAL / WELLNESS	8,000
SHARE2306 NE ANDRESEN RD VANCOUVER, WA 98661		NC	HUNGER	2,000
SIGMA KAPPA FOUNDATION INC 695 PRO MED LN STE 300 CARMEL, IN 46032		NC	EDUCATION	154
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SKATE XPPO BOX 9297 BERKELEY, CA 94709		NC	CHILDREN & FAMILIES	920
SOUL RIVER INC 1926 N KILPATRICK ST SUITE B PORTLAND, OR 97217		NC	ENVIRONMENT	5,750
SOUTH ASIAN HELPLINE AND REFERRAL AGENCY (SAHARA) 17100 PIONEER BLVD 260 ARTESIA, CA 90701		NC	CHILDREN & FAMILIES	3,000
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SPECIAL OLYMPICS 3480 BUSKIRK AVENUE SUITE 340 PLEASANT HILL, CA 94523		NC	CHILDREN & FAMILIES	50
SR3 SEALIFE RESPONSE REHABILITATION AND RESEARCH 2003 S 216TH ST 98811 DES MOINES, WA 98198		NC	ANIMALS	7,500
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105		NC	MEDICAL / WELLNESS	50
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105		NC	MEDICAL / WELLNESS	600
SUTTER BAY MEDICAL FOUNDATION 2200 RIVER PLAZA DR SACRAMENTO, CA 95833		NC	MEDICAL / WELLNESS	80
THE PONGO FUNDPO BOX 9000 PORTLAND, OR 97207		NC	ANIMAL WELFARE	2,000
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE SAN FRANCISCO-MARIN FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107		NC	HUNGER	200
TOGETHER WE RISE1608 E ST NE APT 1 WASHINGTON, DC 20002		NC	CHILDREN & FAMILIES	700
TRACY COMMUNITY CHURCH 1790 SEQUOIA BLVD TRACY, CA 95376		NC	CHILDREN & FAMILIES	860
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TWIN HARBORS WILDLIFE CENTER 4 OLD BEACON ROAD MONTESANO, WA 98563		NC	ANIMALS	3,000
UC DAVIS FOUNDATION CHILDREN'S HOSPITAL FUND 202 COUSTEAU PLACE SUITE STE 185 DAVIS, CA 95618		NC	MEDICAL / WELLNESS	50
UCSF FOUNDATION PO BOX 45339 SAN FRANCISCO, CA 94145		NC	MEDICAL / WELLNESS	80
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNDERDOG ANIMAL RESCUE PO BOX 1518 LAFAYETTE, CA 94549		NC	ANIMALS	6,000
UNITED SERVICES ORGANIZATION (USO) 2111 WILSON BLVD 1200 ARLINGTON, VA 22201		NC	VETERANS	200
VETERANS OF FOREIGN WARS 406 WEST 34TH STREET SUITE 920 KANSAS CITY, MO 64111		NC	VETERANS	200
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VINE MAPLE PLACEPO BOX 1092 MAPLE VALLEY, WA 98038		NC	CHILDREN & FAMILIES	400
WEAVE1900 K STREET SACRAMENTO, CA 95811		NC	DOMESTIC VIOLENCE	200
WILDLAND FIREFIGHTER FOUNDATION 2393 W AIRPORT WAY BOISE, ID 83705		NC	DISASTER RELIEF	110
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WISEPLACE1411 N BROADWAY SANTA ANA, CA 92706		NC	HOUSING / HOMELESSNESS	3,000
WITH LOVE OREGON 14555 SW 74TH AVE TIGARD, OR 97224		NC	CHILDREN & FAMILIES	40
WOMEN'S CANCER RESOURCE CENTER 2908 ELLSWORTH ST BERKELEY, CA 94705		NC	MEDICAL / WELLNESS	1,000
Total ▶ 3a				220,419

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YOLO BASIN FOUNDATION 45211 COUNTY ROAD 32B CHILES ROAD DAVIS, CA 95618		NC	ANIMALS	3,600
Total ▶ 3a				220,419

TY 2020 Accounting Fees Schedule**Name:** DEACON CHARITABLE FOUNDATION**EIN:** 20-5702192

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	2,585	0	0	2,585

TY 2020 Distribution from Corpus Election

Name: DEACON CHARITABLE FOUNDATION

EIN: 20-5702192

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

TY 2020 Legal Fees Schedule**Name:** DEACON CHARITABLE FOUNDATION**EIN:** 20-5702192

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	504	0	0	504

TY 2020 Other Expenses Schedule**Name:** DEACON CHARITABLE FOUNDATION**EIN:** 20-5702192**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANNUAL REPORT FEE	35	0	0	35
ATTORNEY GENERAL REGISTRY	75	0	0	75
ADVERTISING/WEBSITE	520	0	0	520
OFFICE SUPPLIES	512	0	0	512
CONFERENCES	8,584	0	0	8,584
MEMBERSHIP/DUES/SUBSCRIPTIONS	1,440	0	0	1,440

TY 2020 Other Increases Schedule**Name:** DEACON CHARITABLE FOUNDATION**EIN:** 20-5702192**Other Increases Schedule**

Description	Amount
SDD REIMBURSED EXPENSES	11,056

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

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020

Name of the organization
DEACON CHARITABLE FOUNDATION

Employer identification number
20-5702192

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
DEACON CHARITABLE FOUNDATION

Employer identification number
20-5702192

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEACON CONSTRUCTION LLC 901 NE GLISAN ST PORTLAND, OR 97232	\$ 374,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	RICHARD SMITH 7745 GREENBACK LANE SUITE 250 CITRUS HEIGHTS, CA 95610	\$ 10,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization DEACON CHARITABLE FOUNDATION	Employer identification number 20-5702192
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization
DEACON CHARITABLE FOUNDATION

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

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

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

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

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