

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation CARRICO FAMILY FOUNDATION		A Employer identification number 46-1237162	
Number and street (or P.O. box number if mail is not delivered to street address) P O BOX 4436		Room/suite	B Telephone number (see instructions) (541) 779-7641
City or town, state or province, country, and ZIP or foreign postal code MEDFORD, OR 97501		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <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) ▶ \$ 56,413,851	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		
		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 (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	575,575	575,575		
	5a Gross rents . . . . .	2,022,077	2,022,077		
	b Net rental income or (loss) 1,484,783				
	6a Net gain or (loss) from sale of assets not on line 10	268,692			
	b Gross sales price for all assets on line 6a 9,335,822				
	7 Capital gain net income (from Part IV, line 2) . . .		268,692		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	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 . . . . .	2,866,344	2,866,344		
	13 Compensation of officers, directors, trustees, etc.	91,000	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	1,251	0		0
	b Accounting fees (attach schedule) . . . . .	17,696	0		0
	c Other professional fees (attach schedule) . . . . .	156,227	147,842		0
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	186,581	179,339		0
	19 Depreciation (attach schedule) and depletion . . . . .	537,294	537,294		
	20 Occupancy . . . . .	1,145	1,145		0
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	731,044	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	1,722,238	865,620		0
	25 Contributions, gifts, grants paid . . . . .	2,439,466			2,439,466
	26 Total expenses and disbursements. Add lines 24 and 25	4,161,704	865,620		2,439,466
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-1,295,360			
	b Net investment income (if negative, enter -0-)		2,000,724		
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
Assets	1 Cash—non-interest-bearing . . . . .	364,731	890,131	890,131
	2 Savings and temporary cash investments . . . . .			
	3 Accounts receivable ▶ <u>309,119</u>			
	Less: allowance for doubtful accounts ▶ _____	491	309,119	309,119
	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) ▶ <u>17,908</u>			
	Less: allowance for doubtful accounts ▶ <u>0</u>	17,908	17,908	17,908
	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) . . . . .	16,524,506	18,695,740	18,695,740
	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) . . . . .	14,745,492	11,865,721	36,455,076	
14 Land, buildings, and equipment: basis ▶ _____				
Less: accumulated depreciation (attach schedule) ▶ _____				
15 Other assets (describe ▶ _____)	110,877	45,877	45,877	
16 <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	31,764,005	31,824,496	56,413,851	
Liabilities	17 Accounts payable and accrued expenses . . . . .	2,400	2,400	
	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 ▶ _____)	116,973	110,875	
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	119,373	113,275	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	24 Net assets without donor restrictions . . . . .	31,644,632	31,711,221	
	25 Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds . . . . .			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 <b>Total net assets or fund balances</b> (see instructions) . . . . .	31,644,632	31,711,221	
	30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	31,764,005	31,824,496	

**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	31,644,632
2 Enter amount from Part I, line 27a . . . . .	2	-1,295,360
3 Other increases not included in line 2 (itemize) ▶ _____	3	1,361,949
4 Add lines 1, 2, and 3 . . . . .	4	31,711,221
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	31,711,221

(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.)
<b>1 a PUBLICLY TRADED SECURITIES</b>	P		
<b>b BOSCH VIEW PROPERTIES</b>	P		
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col. (h) gain minus col. (k), but not less than -0-) <b>or</b> Losses (from col.(h))
<b>(i)</b> F.M.V. as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col. (i) over col. (j), if any	
<b>a</b>			-159,064
<b>b</b>			427,756
<b>c</b>			
<b>d</b>			
<b>e</b>			

## 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**

(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)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Reserved.	<b>1</b>	27,810
<b>c</b>	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2.	<b>3</b>	27,810
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	<b>5</b>	27,810
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020	<b>6a</b>	25,400
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	0
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	25,400
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	267
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .	<b>9</b>	2,677
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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?	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <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>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <input type="text"/> \$ <u>0</u> <b>(2)</b> On foundation managers. <input type="text"/> \$ <u>0</u>		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="text"/> \$ <u>0</u>		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	No
<b>3</b> 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>	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • 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?	<b>6</b>	No
<b>7</b> 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>	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="text"/> <b>OR</b> <input type="text"/>		
<b>b</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>	<b>8b</b>	Yes
<b>9</b> 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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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 . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>MAGNA CARRICO LOWMAN</u> Telephone no. ► <u>(541) 779-7641</u>			

Located at ► 839 ALDER CREEK DR MEDFORD OR ZIP+4 ► 97504

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2020, 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? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	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.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 . . . . . <input type="checkbox"/>	<b>1b</b>	
<b>c</b>	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 2020? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	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)):		
<b>a</b>	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2020 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 2020.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</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 2020?	<b>4b</b>	<b>No</b>

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

		Yes	No
<b>5a</b>	During the year did the foundation pay or incur any amount to:		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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 . . . . .		<b>5b</b>
<b>c</b>	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? . . . . . If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . If "Yes" to 6b, file Form 8870.		<b>6b</b> No
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .		<b>7b</b>
<b>8</b>	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"/> Yes <input checked="" type="checkbox"/> No	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(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
MAGNA CARRICO LOWMAN 839 ALDER CREEK DR MEDFORD, OR 97504	DIRECTOR/PRESIDENT 5.00	0	0	0
JAMES LOWMAN 839 ALDER CREEK DR MEDFORD, OR 97504	DIRECTOR/SECRETARY 5.00	0	0	0
MONTE D WILLIAMS 839 ALDER CREEK DR MEDFORD, OR 97504	DIRECTOR 1.00	0	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(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				
<b>Total number of other employees paid over \$50,000.</b> . . . . .				0

**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		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . .		<b>0</b>

**Part IX-A Summary of Direct Charitable Activities**

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

1	Expenses

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

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

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	16,403,952
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	815,052
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	53,341,332
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	70,560,336
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	17,770,520
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	52,789,816
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	791,847
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	51,997,969
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	2,599,898

**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.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	2,599,898
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	27,810
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	27,810
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	2,572,088
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	2,572,088
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	2,572,088

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	2,439,466
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	2,439,466
<b>5</b>	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. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	2,439,466

**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
<b>1</b> Distributable amount for 2020 from Part XI, line 7				2,572,088
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .			2,439,224	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .				
<b>b</b> From 2016. . . . .				
<b>c</b> From 2017. . . . .				
<b>d</b> From 2018. . . . .				
<b>e</b> From 2019. . . . .				
<b>f</b> Total of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ 2,439,466				
<b>a</b> Applied to 2019, but not more than line 2a			2,439,224	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2020 distributable amount. . . . .				242
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2020.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:	0			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				2,571,846
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a. . . . .	0			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .				
<b>b</b> Excess from 2017. . . . .				
<b>c</b> Excess from 2018. . . . .				
<b>d</b> Excess from 2019. . . . .				
<b>e</b> Excess from 2020. . . . .				

**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 2020, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

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

**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:

MAGNA CARRICO LOWMAN  
839 ALDER CREEK DR  
MEDFORD, OR 97504  
(541) 779-7641

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

FOUNDATION APPLICATION MUST BE SUBMITTED BY APPLICANTS

**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:

NONE

**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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	2,439,466
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated.

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions.)
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . . .			14	575,575	
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property. . . . .	531120	1,484,783			
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	268,692	
<b>9</b> Net income or (loss) from special events:					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .		1,484,783		844,267	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)			<b>13</b>		2,329,050

[illegible]

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

<b>1</b> 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?			<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:				
<b>(1)</b> Cash. . . . .		<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .		<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions:				
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .		<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .		<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .		<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .		<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .		<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .		<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .		<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> the value of the goods, other assets, or services received.				

[illegible]

**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.

<b>(a)</b> Name of organization	<b>(b)</b> Type of organization	<b>(c)</b> Description of relationship

<b>Sign Here</b>	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.		
	*****	2021-10-28	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN  P00033826
	MONTE WILLIAMS				
	Firm's name ▶ ISLER MEDFORD LLC				Firm's EIN ▶ 20-4749363
	Firm's address ▶ 839 ALDER CREEK DR MEDFORD, OR 97504				Phone no. (541) 779-7641

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)				
<b>a</b> <i>Paid during the year</i>				
ACCESSP O BOX 4666 MEDFORD, OR 97501		NON PROFIT	FIRE RELIEF FUNDS	70,000
ACCESS FOOD SHAREP O BOX 4666 MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	5,000
ALS ASSOC OF OR AND SW WA 700 NE MULTNOMAH ST PORTLAND, OR 97232		NON PROFIT	GENERAL FUND	7,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN CANCER SOCIETY 0330 SW CURRY STREET PORTLAND, OR 97239		NON PROFIT	GENERAL FUND	7,500
ASHLAND YMCA540 YMCA WAY ASHLAND, OR 97520		NON PROFIT	GENERAL FUND	10,000
BIOLA UNIVERSITY13800 BIOLA AVE LA MIRANDA, CA 90639		NON PROFIT	GENERAL FUND	5,500
<b>Total . . . . . ▶ 3a</b>				2,439,466

**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)				
<b>a</b> <i>Paid during the year</i>				
BOYS & GIRLS CLUB OF THE RV 203 SE 9TH STREET GRANTS PASS, OR 97526		NON PROFIT	GENERAL FUND, FIRE RELIEF FUNDS	42,500
BRITT FESTIVALSPO BOX 1124 MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	10,000
CASA OF JACKSON COUNTY 409 N FRONT ST MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	25,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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)				
<b>a</b> <i>Paid during the year</i>				
CHILDRENS ADVOCACY CENTER OF JACKSON COUNTY 816 W 10TH ST MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	20,000
COLLEGE DREAMSPO BOX 1407 GRANTS PASS, OR 97528		NON PROFIT	GENERAL FUND	10,000
COMMUNITY WORKS 2594 E BARNETT RD SUITE C MEDFORD, OR 97504		NON PROFIT	GENERAL FUND	10,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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)				
<b>a</b> <i>Paid during the year</i>				
CONSUMER CREDIT COUNSELING SVC OF SOUTHERN OR 820 CRATER LAKE AVE MEDFORD, OR 97504		NON PROFIT	GENERAL FUND	5,000
CRATERIAN PERFORMANCES 23 S CENTRAL AVE MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	10,000
DOGS FOR BETTER LIVES 10175 WHEELER RD CENTRAL POINT, OR 97502		NON PROFIT	GENERAL FUND	10,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

**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)				
<b>a</b> <i>Paid during the year</i>				
LOGOS CHARTER SCHOOL 1203 N ROSS LN MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	40,000
GIRL SCOUTS OF OR & SW WA 9620 S BARBUR BLVD PORTLAND, OR 97219		NON PROFIT	GENERAL FUND	3,000
GOSPEL RESCUE MISSION 125 W JACKSON ST MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	10,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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)				
<b>a</b> <i>Paid during the year</i>				
FAMILY NURTURING CENTER 212 N OAKDALE AVE MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	55,000
GUANACASTE DRY FOREST CONSERVATION FUND 4780 MAIN ROAD HUNTINGTON, VT 05462		NON PROFIT	GENERAL FUND	30,000
HEARTS WITH A MISSION 711 MEDFORD CENTER 334 MEDFORD, OR 97504		NON PROFIT	GENERAL FUND	40,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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)				
<b>a</b> <i>Paid during the year</i>				
HOPE EQUESTIANPO BOX 396 EAGLE POINT, OR 97524		NON PROFIT	GENERAL FUND	20,000
HOPE RANCH YOUTH MINISTRIES PO BOX 595 SPRINGFIELD, OR 97477		NON PROFIT	GENERAL FUND	30,000
JACKSONVILLE COMMUNITY CENTER 160 E MAIN ST JACKSONVILLE, OR 97530		NON PROFIT	GENERAL FUND	4,450
<b>Total . . . . . ▶ 3a</b>				2,439,466

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)				
<b>a</b> <i>Paid during the year</i>				
GRACE CASCADE CHRISTIAN SCHOOLS 855 CHEVY WAY MEDFORD, OR 97504		NON PROFIT	GENERAL FUND	300,000
KID TIME106 N CENTRAL AVE MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	250,000
KIDS UNLIMITED821 N RIVERSIDE AVE MEDFORD, OR 97501		NON PROFIT	GENERAL FUND, FIRE RELIEF FUND	270,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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)				
<b>a</b> <i>Paid during the year</i>				
LA CLINICA1301 WEST MAIN ST MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	50,000
MAKE A WISH FOUNDATION 2000 SW 1ST AVE 410 PORTLAND, OR 97201		NON PROFIT	GENERAL FUND	12,500
MASLOW PROJECTPO BOX 999 MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	10,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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)				
<b>a</b> <i>Paid during the year</i>				
MEDICAL TEAMS INTERNATIONAL 14150 SW MILTON COURT TIGARD, OR 97224		NON PROFIT	GENERAL FUND	10,000
REBUILDING TOGETHERPO BOX 1837 JACKSONVILLE, OR 97530		NON PROFIT	GENERAL FUND	5,000
MT ASHLAND ASSOCIATIONPO BOX 220 ASHLAND, OR 97520		NON PROFIT	GENERAL FUND	15,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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)				
<b>a</b> <i>Paid during the year</i>				
OPTIONS FOR HELPING RESIDENTS OF ASHLAND PO BOX 1133 ASHLAND, OR 97520		NON PROFIT	GENERAL FUND	5,000
OREGON SHAKESPEARE FESTIVAL 15 S PIONEER ST ASHLAND, OR 97520		NON PROFIT	GENERAL FUND	10,000
PATHWAY ENTERPRISES 1600 SKY PARK DRIVE 101 MEDFORD, OR 97504		NON PROFIT	GENERAL FUND	12,000
<b>Total . . . . .</b> ► <b>3a</b>				2,439,466

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)				
<b>a</b> <i>Paid during the year</i>				
OASIS CENTER FOR THE ROGUE VALLEY 1025 E MAIN STREET MEDFORD, OR 97504		NON PROFIT	GENERAL FUND	8,700
PROVIDENCE COMMUNITY HEALTH FOUNDATION 940 ROYAL AVE SUITE 410 MEDFORD, OR 97504		NON PROFIT	GENERAL FUND	30,000
PARKER HOUSE PROJECT2895 OR-66 ASHLAND, OR 97520		NON PROFIT	GENERAL FUND	3,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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)				
<b>a</b> <i>Paid during the year</i>				
RCC FOUNDATION3345 REDWOOD HWY GRANTS PASS, OR 97527		NON PROFIT	GENERAL FUND	10,000
SOUTHERN OREGON CHILD & FAMILY COUNCIL 1001 BEALL LANE CENTRAL POINT, OR 97502		NON PROFIT	GENERAL FUND	12,000
ROGUE COMMUNITY HEALTH 900 E MAIN ST MEDFORD, OR 97504		NON PROFIT	GENERAL FUND	10,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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)				
<b>a</b> <i>Paid during the year</i>				
ROGUE GALLERY & ART CENTER 40 S BARTLETT ST MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	2,000
ROGUE RETREAT 711 E MAIN ST SUITE 25 MEDFORD, OR 97504		NON PROFIT	GENERAL FUND	25,000
SOUTHERN OREGON LAND CONSERVANCY 84 4TH STREET ASHLAND, OR 97520		NON PROFIT	GENERAL FUND	2,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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)				
<b>a</b> <i>Paid during the year</i>				
ROGUE VALLEY ADVENTIST ACADEMY 3675 SOUTH STAGE RD MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	25,000
SOUTHERN OREGON HUMANE SOCIETY 2910 TABLE ROCK RD MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	4,700
SOUTHERN OREGON ESD 101 N GRAPE ST MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	5,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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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)				
<b>a</b> <i>Paid during the year</i>				
ROGUE VALLEY YMCA522 W 6TH ST MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	15,000
ROGUE WORLD MUSIC 2305-C ASHLAND ST 421 ASHLAND, OR 97520		NON PROFIT	GENERAL FUND	3,000
ROOTS AND WINGS COMMUNITY PRESCHOOL 3703 INTERNATIONAL WAY STE B MEDFORD, OR 97504		NON PROFIT	GENERAL FUND	7,500
<b>Total . . . . . ▶ 3a</b>				2,439,466

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST VINCENT DE PAUL GRANTS PASS 132 SE H STREET GRANTS PASS, OR 97526		NON PROFIT	GENERAL FUND	10,000
SALVATION ARMY304 BEATTY ST MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	30,000
SET FREE CHRISTIAN FELLOWSHIP 1032 W MAIN STREET MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	10,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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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)				
<b>a</b> <i>Paid during the year</i>				
SMART READING PROGRAM 670 SUPERIOR CT STE 108 MEDFORD, OR 97504		NON PROFIT	GENERAL FUND	12,000
SOUTHERN OREGON FRIENDS OF HOSPICE 217 S MODOC AVE MEDFORD, OR 97504		NON PROFIT	GENERAL FUND	120,916
ST ANNE CATHOLIC SCHOOL 1131 NE 10TH STREET GRANTS PASS, OR 97526		NON PROFIT	GENERAL FUND	20,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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)				
<b>a</b> <i>Paid during the year</i>				
ST JOHN THE BAPTIST SCHOOL 10956 SE 25TH AVE PORTLAND, OR 97222		NON PROFIT	GENERAL FUND	10,000
THE NEIGHBORHOOD FOOD PROJECT PO BOX 8723 MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	2,500
ST MARY'S FUND816 BLACK OAK DRIVE MEDFORD, OR 97504		NON PROFIT	GENERAL FUND	200,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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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)				
<b>a</b> <i>Paid during the year</i>				
ST VINCENT DE PAUL MEDFORD PO BOX 1663 MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	12,000
THE PREGNANCY CENTER 2019 AERO WAY SUITE 103 MEDFORD, OR 97504		NON PROFIT	GENERAL FUND	7,200
UNITED WAY OF JACKSON COUNTY 60 HAWTHORNE WAY MEDFORD, OR 97501		NON PROFIT	GENERAL FUND, FIRE RELIEF FUND	95,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

**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)				
<b>a</b> <i>Paid during the year</i>				
WALKING TALL SOUTHERN OREGON PO BOX 3789 CENTRAL POINT, OR 97502		NON PROFIT	GENERAL FUND	17,500
WILDERNESS TRAILS INCPO BOX 4655 MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	10,000
UPPER ROGUE COMMUNITY CENTER 22465 OR-62 SHADY COVE, OR 97539		NON PROFIT	GENERAL FUND, FIRE RELIEF FUND	43,000
<b>Total . . . . .</b> ▶ <b>3a</b>				2,439,466

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YOUTH 71 FIVE MINISTRIES 529 EDWARDS ST MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	100,000
YOUTH SYMPHONY OF SOUTHERN OREGON PO BOX 4291 MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	10,000
ALLCARE COMMUNITY FOUNDATION 1701 NE 7TH ST GRANTS PASS, OR 97526		NON PROFIT	GENERAL FUND	10,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ASANTE FOUNDATION 229 N BARTLETT ST MEDFORD, OR 97501		NON PROFIT	GENERAL FUND, FIRE RELIEF FUNDS	80,000
ASHLAND EMERGENCY FOOD BANK 560 CLOVER LANE ASHLAND, OR 97520		NON PROFIT	GENERAL FUND, FIRE RELIEF FUNDS	10,000
ASHLAND HIGH ARTS ADVOCATES 201 SOUTH MOUNTAIN AVE ASHLAND, OR 97520		NON PROFIT	GENERAL FUNDGENERAL FUND	2,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ASHLAND INDEPENDENT FILM FESTIVAL 389 E MAIN ST ASHLAND, OR 97520		NON PROFIT	GENERAL FUND	5,000
ROGUE VALLEY MENTORING 2931 S PACIFIC HWY MEDFORD, OR 97501		NON PROFIT	GENERAL FUND	10,000
SAMARITAN'S PURSEPO BO 3000 BOONE, NC 28607		NON PROFIT	GENERAL FUND	5,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

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)				
<b>a</b> <i>Paid during the year</i>				
SANCTUARY ONE 13195 UPPER APPLGATE RD JACKSONVILLE, OR 97530		NON PROFIT	GENERAL FUND	5,000
SHEPHERD OF THE VALLEY CATHOLIC CHURCH 600 BEEBE RD CENTRAL POINT, OR 97502		NON PROFIT	GENERAL FUND	10,000
<b>Total . . . . . ▶ 3a</b>				2,439,466

**TY 2020 Accounting Fees Schedule****Name:** CARRICO FAMILY FOUNDATION**EIN:** 46-1237162

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	17,696	0		0

**TY 2020 Investments Corporate Stock Schedule****Name:** CARRICO FAMILY FOUNDATION**EIN:** 46-1237162**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
	18,695,740	18,695,740

## TY 2020 Investments - Other Schedule

**Name:** CARRICO FAMILY FOUNDATION

**EIN:** 46-1237162

### Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
	AT COST	10,981,457	35,570,812
	AT COST	884,264	884,264

**TY 2020 Legal Fees Schedule****Name:** CARRICO FAMILY FOUNDATION**EIN:** 46-1237162

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	1,251	0		0

**TY 2020 Other Assets Schedule****Name:** CARRICO FAMILY FOUNDATION**EIN:** 46-1237162**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ESCROW DEPOSIT	65,000	0	0
VEHICLES	45,877	45,877	45,877

**TY 2020 Other Expenses Schedule****Name:** CARRICO FAMILY FOUNDATION**EIN:** 46-1237162**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
POSTAGE	218	0		0
BANK FEES	57	0		0
INSURANCE	34,504	0		0
RENTAL EXPENSES	256,305	0		0
OTHER COSTS	439,838	0		0
OTHER BUSINESS EXP	122	0		0

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TY 2020 Other Increases Schedule			
Name: CARRICO FAMILY FOUNDATION			
EIN: 46-1237162			
Other Increases Schedule			
Description			Amount
UNREALIZED GAIN/LOSS			1,361,949

**TY 2020 Other Liabilities Schedule****Name:** CARRICO FAMILY FOUNDATION**EIN:** 46-1237162

Description	Beginning of Year - Book Value	End of Year - Book Value
	116,973	110,875

**TY 2020 Other Professional Fees Schedule****Name:** CARRICO FAMILY FOUNDATION**EIN:** 46-1237162

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FINANCIAL SERVICES	147,842	147,842		0
OUTSIDE CONTRACTORS	8,385	0		0

**TY 2020 Taxes Schedule****Name:** CARRICO FAMILY FOUNDATION**EIN:** 46-1237162**Taxes Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROPERTY	179,304	179,339		0
PAYROLL	7,277	0		0