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# 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.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2013

Open to Public Inspection

Ford	alen	dar year 2013 or tax year beginning		, and ending		
Nan	ne of	foundation			A Employer identification	number
_T	he_	Hartford-Pope Foundati	.on		46-2502407	
Num	ber a	nd street (or P.O. box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_ 2	<u>10</u>	18 NE 17th St			253 383-58	55
City	or to	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
_S	am	mamish, WA 98074		<del></del>		
G C	heck	all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return		2 Foreign organizations ma	oting the 85% test
		Address change	Name change		Foreign organizations me check here and attach co	mputation
H C	٦.	type of organization: $X$ Section 501(c)(3) ex			E If private foundation state	tus was terminated
<u> </u>		· · · · · · · · · · · · · · · · · · ·	Other taxable private founda		under section 507(b)(1)	(A), check here
		rket value of all assets at end of year   J   Accounti	•	Accrual	F If the foundation is in a	
			ther (specify)		under section 507(b)(1)	(B), check here $ ightharpoonup$
<u></u>		12,439. (Part I, colu		basis )		
Pa	rt 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))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	137,289.		N/A	(443.7 245.5 57.7)
	2	Check If the foundation is not required to attach Sch. 8	201,203		21/22	
ĺ	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
j	•	Gross rents			RECE	VED
		Net rental income or (loss)				<del></del>
	_	Net gain or (loss) from sale of assets not on line 10	<del> </del>	,		1001
Je	Ь	Gross sales price for all assets on line fa				7 2014 C
Revenue	7	Capital gain net income (from Part IV, line 2)		0.	<u> </u>	<u> </u>
۳	8	Net short-term capital gain			OGDE	M IIT
	9	Income modifications				¥, U
	10a	Gross sales less returns				
		Less Cost of goods sold				
		Gross profit or (loss)		!		
İ	11	Other income				
	12	Total. Add lines 1 through 11	137,289.	0.		
	13	Compensation of officers, directors, trustees, etc	0.	0.	<del></del>	0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
Šes	16a	Legal fees Stmt 1	1,088.	0.	,	0.
ğ	b	Accounting fees Stmt 2	1,110.	0.		0.
Ж	c	Other professional fees Stmt 3	5.	0.	1	0.
ě	17	Interest				
<u>4</u>	18	Taxes				
	19	Depreciation and depletion				
ا <u>آ</u> م	20	Occupancy				
-P	21	Travel, conferences, and meetings				-
and L	22	Printing and publications				
ک ق	23	Other expenses Stmt 4	2,647.	0 .		0.
SCANNED JUL 1 6 2014 Operating and Administrative Expens	24	Total operating and administrative				
ī ē		expenses. Add lines 13 through 23	4,850.	0 .		0.
들이	25	Contributions, gifts, grants paid	120,000.			120,000.
7	26	Total expenses and disbursements.				
ري		Add lines 24 and 25	124,850.	0.		120,000.
"	27	Subtract line 26 from line 12:				
	а	Excess of revenue over expenses and disbursements	12,439.			
	b	Net investment income (if negative, enter -0-)		0.		<i>0</i>
	C	Adjusted net income (if negative, enter -0-)		<u> </u>	N/A	L

<u>For</u>	m 99	0-PF(2013) The Hartford-Pope Found		46-2	2502407 Page 2
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only				End of	·
		Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		12,439.	12,439.
	1	Savings and temporary cash investments			<del></del>
	3	Accounts receivable ▶	_		
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►	<u> </u>		
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
ets	1	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
•	1	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	1	Investments - corporate bonds			·· ·
	11	Investments - land, buildings and equipment basis	_		
		Less accumulated depreciation			
	12	Investments - mortgage loans	· · · · · · · · · · · · · · · · · · ·		
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	1	Other assets (describe )			
	16	Total assets (to be completed by all filers - see the		40.400	40.400
_		instructions. Also, see page 1, item 1)	0.	12,439.	12,439.
	1	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iat	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
Ş		and complete lines 24 through 26 and lines 30 and 31.			
nce	24	Unrestricted			
ā	25	Temporarily restricted			
d B	26	Permanently restricted			
2		Foundations that do not follow SFAS 117, check here	1		
ğ		and complete lines 27 through 31.	0.	0.	
ets	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets or Fund Balances	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	12,439.	
et /	29	Retained earnings, accumulated income, endowment, or other funds  Total net assets or fund balances	0.	12,439.	
Ž	30	total net assets of fund datances	0.	14,433.	
	24	Total liabilities and not passes found belongs	0.	12,439.	
_	31	Total liabilities and net assets/fund balances	<del></del>	14,433.	
P	art	Analysis of Changes in Net Assets or Fund E	Balances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	0.
2	•	r amount from Part I, line 27a		2	12,439.
		r increases not included in line 2 (itemize)		3	0.
-		lines 1, 2, and 3		4	12,439.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	12,439.
			<del></del>		Form <b>990-PF</b> (2013)

Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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120,000.

0.

7 Add lines 5 and 6

6

7

8

Enter 1% of net investment income (1% of Part I, line 27b)

orm 990- Part VI	PF (2013) The Hartford-Pope Foundation Excise Tax Based on Investment Income (Section 4940)	(a), 49	40(b), 4940(e), or 4		25024 see in			Page 4 1 <b>S)</b>
1a Exem	pt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and ente	er "N/A" o	on line 1.					
Date	of ruling or determination letter: (attach copy of letter if neces	sary-se	e instructions)					
<b>b</b> Dome	estic foundations that meet the section 4940(e) requirements in Part V, check here $lacksquare$	and	d enter 1%	1				0.
of Pa	rt I, line 27b		·	!				
c All ot	her domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% o	of Part I, I	line 12, col. (b).					
2 Tax u	inder section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Othe	ers enter	-0-)	2				0.
<b>3</b> Add I	ines 1 and 2			3				0.
4 Subti	tle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ers enter	· -0-)	4				0.
5 Tax b	ased on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5				0.
6 Credi	ts/Payments:	1						
<b>a</b> 2013	estimated tax payments and 2012 overpayment credited to 2013	6a						
<b>b</b> Exem	pt foreign organizations - tax withheld at source	6b						
c Tax p	aid with application for extension of time to fife (Form 8868)	6c						
d Back	up withholding erroneously withheld	6d						
7 Total	credits and payments Add lines 6a through 6d			7				0.
8 Enter	any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	ed		8				
9 Tax o	lue. If the total of lines 5 and 8 is more than line 7, enter amount owed		<b>•</b>	9				0.
10 Over	payment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		. ▶	10				
	the amount of line 10 to be: Credited to 2014 estimated tax		Refunded >	11				
	II-A Statements Regarding Activities							
<b>1a</b> Durin	ig the tax year, did the foundation attempt to influence any national, state, or local legislate	tion or di	d it participate or intervene	ın			Yes	
any p	olitical campaign?					1a		<u> </u>
<b>b</b> Did it	spend more than \$100 during the year (either directly or indirectly) for political purposes	s (see in:	structions for the definition	)?		1b		_X_
If the	e answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and o	copies (	of any materials publishe	ed or				
distr	buted by the foundation in connection with the activities.							
c Did tl	ne foundation file Form 1120-POL for this year?				ļ	1c		_X_
	the amount (if any) of tax on political expenditures (section 4955) imposed during the years.							
(1)	On the foundation. $\blacktriangleright$ \$ (2) On foundation managers. $\blacktriangleright$	<b>&gt;</b> \$	0.					
e Enter	the reimbursement (if any) paid by the foundation during the year for political expenditure	re tax ım	posed on foundation					
mana	gers. ► \$0 .				ļ			
2 Has t	he foundation engaged in any activities that have not previously been reported to the IRS	37			]	2		_X_
If "Ye	es," attach a detailed description of the activities.							
3 Has t	he foundation made any changes, not previously reported to the IRS, in its governing ins	strument,	, articles of incorporation, o	r				
bylav	vs, or other similar instruments? If "Yes," attach a conformed copy of the changes	;			- [	3_		<u>X</u>
	ne foundation have unrelated business gross income of \$1,000 or more during the year?	•				4a		<u>X</u>
<b>b</b> If "Ye	s," has it filed a tax return on Form 990-T for this year?			N	/A	4b		
5 Was	there a liquidation, termination, dissolution, or substantial contraction during the year?				ļ	5		<u>X</u> _
If "Ye	es," attach the statement required by General Instruction T.							
6 Are t	he requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eithe	er:						
	language in the governing instrument, or							
<ul> <li>By</li> </ul>	state legislation that effectively amends the governing instrument so that no mandatory of	direction	s that conflict with the state	law				
	in in the governing instrument?					6		<u> </u>
7 Did t	he foundation have at least \$5,000 in assets at any time during the year? If "Yes," <code>comp</code>	olete Pa	rt II, col (c), and Part XV	,	ļ	7	X	
8a Enter	the states to which the foundation reports or with which it is registered (see instructions	s) 🕨						
WA								
	answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the $\operatorname{Atto}$	orney Ge	neral (or designate)		ļ			
	ch state as required by General Instruction G? If "No," attach explanation				ļ	8b	X	
	e foundation claiming status as a private operating foundation within the meaning of secti			ndar	ļ			
-	2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," cor				}	9		<u>X</u>
10 Did a	ny persons become substantial contributors during the tax year? ir "Yes," attach a schedule	listing the	ir names and addresses			10		<u> </u>

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		
(2) Influence the outcome of any specific public election (see section 4955); or					
any voter registration drive?		s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	Ye	s X No			
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	<del></del>	C227		ŀ
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		(TE)		
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	n Regulations	NT / 3	F.	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	<del></del>
Organizations relying on a current notice regarding disaster assistance check hi					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			. —		
expenditure responsibility for the grant?		I∕A ∐Ye	s  No		
If "Yes," attach the statement required by Regulations section 53 4945	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p a personal benefit contract?	day premiums on		s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	oreonal hanofit contract?	TE	IS LALINO	6b	x
If "Yes" to 6b. file Form 8870.	ersonal Denemi Contract?		-	00	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ v <sub>e</sub>	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	_
Part VIII Information About Officers, Directors, Truste		nagers Highly		70	
Paid Employees, and Contractors	ooo, roundation we	inagoro, mgm,	,		
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense
(a) Name and address	nours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	acco	ount, other lowances
	•	1			
See Statement 5		0.	0.	. 1	,347.
	<u>.</u>				
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	Τ.,	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	l acci	) Expense ount, other
	devoted to position	(0)	compensation	all	lowances
NONE					
				┼	
	<u> </u>			+	
		1			
				+	
				+	
Total number of other employees paid over \$50,000	L			ــــــــــــــــــــــــــــــــــــــ	0
I OLAI HUHINGI DI DUIGI GIIIDIOYEES PAIN OVEL DOU,UUU					

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Part VIII Information About Officers, Directors, Trustees, Foundation I Paid Employees, and Contractors (continued)	Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NON	IE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensat	tion
NONE			
			_
· · · · · · · · · · · · · · · · · · ·			
<del></del>			
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 info	ormation such as the		—
number of organizations and other beneficiaries served, conferences convened, research papers produced, e		Expenses	
1			
' <del></del>			
See Statement 6			0.
2	*****		<del></del>
· · · · · · · · · · · · · · · · · · ·			
3		<del></del>	
· · · · · · · · · · · · · · · · · · ·	-		
4	<del></del>		
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount	
1 N/A			
• • • • • • • • • • • • • • • • • • • •			
<u> </u>			
2			
All other program-related investments. See instructions.			
3			
<u> </u>			
Total. Add lines 1 through 3	<b>•</b>		0.
		Form <b>990-PF</b> (20	

Р	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e 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	<u>0.</u> 20,667.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	20,667.
е	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	20,667.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	310.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	20,357.
6	Minimum investment return Enter 5% of line 5	6	1,018.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
	foreign organizations check here  and do not complete this part.)	<del>,,</del>	1 010
1	Minimum investment return from Part X, line 6	1	1,018.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		_
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,018.
4	Recoveries of amounts treated as qualifying distributions	4_	0.
5	Add lines 3 and 4	5	1,018.
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	1,018.
Р	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		4.00.000
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	120,000.
	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:		
	Suitability test (prior IRS approval required)	3a	
þ	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	120,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	120,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	e section

4940(e) reduction of tax in those years.

### Part XIII Undistributed Income (see instructions)

2. Undestrobuted mome for 2012 only b Total for pror years:  3. Excess distributions carryover, if any, to 2013: a From 2008 b From 2009 c From 2010 d From 2010 d From 2011 e From 2012 f Total of lines 3a through a C Undellying distributions for 2013 from Part XII, line 4: b S 120,000 a Applied to 2013, but not more that line 2 a b Applied to undistributed mome of prior years (Election required - see instructions) c Frazel as distributions and of corpus (Election required - see instructions) d From 2013 off an immost appears in coloring for the series amount distributed out of corpus of the series amount distributed out of prior years undistributed out of prior years undistributed out of prior years undistributed income for which a notice of distinctions below the series of the series amount distributed income for which a notice of distinctions are series.  118,982.  118,982.  118,982.  118,982.					
1. Districtubble amount for 2013 From Part X, line? 2. Unicarishould income, if any, is at the ward of 2013 a Entire amount for 2012 only. 5. Total of Part 2010 6. From 2008 6. From 2010					
2. Undestrobuted motions, future, see of the seed of 2019	1 Distributable amount for 2013 from Part XI,		1 0 a 1 0 p 1 0 1 to 2 0 1 2	2012	2010
a Enter amount for 2012 only b Total for prior years:  2 Excess distributions carryover, if any, to 2013; a From 2008 b From 2010 d From 2011 e From 2011 e From 2012 f Total of lines 3a through e  1 Caulalying distributions for 2013 from Part XII, line 4 ▶ 5 120,000. a Appleto to 2012, but not more than time 2a b Appleto to 2012, but not more than time 2a b Appleto to 2012, but not more than time 2a b Appleto to 2012, but not more than time 2a b Appleto for 2013 distributed momen of prior years (Election required - see instructions) 0.  1 Treated as distributions out of corpus (Election required - see instructions) 0.  2 Treated as distributions out of corpus (Election required - see instructions) 0.  4 Remaining amount distributed amount e Remaining amount distributed out of corpus 118, 982.  5 Depart Altambeton service regarded in 2013 for its invativations are service regarded in 2013 for its invativations are service regarded in 2013 for its invativation and the column as indicated below a Corpus Add lines 34 cs., and se Subreat in as 118, 982.  5 Denot Altambetor Up from years' undistributed momen for which a notice of deficiency has been previously assessed 0.  4 Subtract line 6 form line 60. Taxable amount - see instructions 0.  Lindistributed momen for 2012. Subtract line 4 strom line 2a. Taxable amount - see instr. 1 Undistributed momen for 2012. Subtract lines 4 strom line 2a. Taxable amount - see instructions 0.  Lines 4 strom line 1. This amount must be distributed in come for 2012. Subtract lines 4 strom line 2a. Taxable amount - see instructions 0.  Lines 4 strom line 1. This amount must be distributed in come for 2012. Subtract lines 4 strom line 2a. Taxable amount - see instructions 0.  Lines 4 strom line 1. This amount must be distributed in 2014 0.  Amounts treated as distributions carryover from 2008 not applied on line 6a 118, 982.  118, 982.  118, 982.  118, 982.	line 7				1,018.
Series distributions carryover, if any, to 2013:   Series distributions carryover, if any, to 2013:   From 2008	2 Undistributed income, if any, as of the end of 2013				
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e Excess from 2013 118, 982.	c Excess from 2011				
	e Excess from 2013 118,982.				

	tford-Pope				02407 Page 10
Part XIV   Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo			▶ ∟		
<b>b</b> Check box to indicate whether the found	<u>lation is a private operatii</u>	ng foundation described	n section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	•	
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
<ul> <li>a "Assets" alternative test - enter:</li> <li>(1) Value of all assets</li> </ul>					
(2) 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					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income				<u> </u>	
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see insti	ructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by the	e foundation before the clo	se of any tax
None					<u></u>
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation	(or an equally large port	ion of the ownership of a p	artnership or
other entity) of which the foundation has	s a 10% or greater interes	st.			
None					
2 Information Regarding Contribute	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here 🕨 🗶 If the foundation of					
the foundation makes gifts, grants, etc.	(see instructions) to indiv	riduals or organizations u	nder other conditions, o	complete items 2a, b, c, and	d d.
a The name, address, and telephone num	ber or e-mail address of t	he person to whom appl	cations should be addre	essed:	
<b>b</b> The form in which applications should b	e submitted and informa	tion and materials they sl	nould include:		
c Any submission deadlines:		<u></u>		M = 1 - 1	
d Any restrictions or limitations on award	e cuch se hy gengraphic	al areas charitable fields	kinds of institutions or	other factors:	
w may restrictions of minitations on awards	o, odon do by goograpillo	a. arodo, ondriduoto noido,	ao or monduone, or	2	

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual.		Durposs of grant as	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ainier Scholars	n/a	PC	Academic enrichment	
100 24th Ave S, Ste. 360			and leadership	
eattle, WA 98144			development to	
			talented, motivated	
			minority students from	10,000
entral Washington Comprehensive ental Health O Box 959	n/a	PC	Mental health services	
akima, WA 98907		-		10,000
Nouse of Charity	n/a	PC	Housing homelss men	
10 S 8th St	,,, 4		and women and feeding	
inneapolis MN 55404			center	10,000
			55,1002	10,000
he Gideons International	n/a	PC	Distribution of bibles	
0 Century Blvd.				40.000
ashville, TN 37214				10,000
illsaps College Scholarship Fund 701 N State St.	n/a	PC	College scholarships	
ackson MS 39202	1			10,000
b Approved for future payment	ntinuation shee	et(s)	<b>▶</b> 3a	120,000
None				
•				
Total	<u>, , , , , , , , , , , , , , , , , , , </u>		<b>▶</b> 3b	

#### Part XVI-A **Analysis of Income-Producing Activities**

			101		-  (e)
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	3330		1		
b					
C					
d					
	4		1		
e	-	,			
g Fees and contracts from government agencies	_				
Membership dues and assessments			<del> </del>		-
Interest on savings and temporary cash	<u> </u>	· · · · · · · · · · · · · · · · · · ·	-		-
investments					
Dividends and interest from securities			<del> </del>		<del></del>
Net rental income or (loss) from real estate:			<del> </del>		
	*				
a Debt-financed property		_	<del> </del>		
b Not debt-financed property			-		
Net rental income or (loss) from personal					
property	<u> </u>				
Other investment income			1		
Gain or (loss) from sales of assets other					
than inventory	ļ		1		ļ
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b	_				
b c				-	
c					
d					
cd de		0.		0.	
c d E Subtotal. Add columns (b), (d), and (e)		0.			
c d G B B B B B B B B B B B B B B B B B B		0.			
c d Total Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.	.)	·	_	13 _	
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.  ART XVI-B Relationship of Activities	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	(
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.  Relationship of Activities	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	(
c d d E Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  Relationship of Activities  The No Explain below how each activity for which in	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	(
c d d E Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  Relationship of Activities  ne No Explain below how each activity for which in	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	
C d d E Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  ART XVI-B Relationship of Activities  The No Explain below how each activity for which in	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.  Art XVI-B Relationship of Activities  The No Explain below how each activity for which in	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations.  Relationship of Activities  The No Explain below how each activity for which in	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations.  Belationship of Activities  The No Explain below how each activity for which in	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations.  Belationship of Activities  The No Explain below how each activity for which in	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.  Art XVI-B Relationship of Activities  The No Explain below how each activity for which in	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	
C d d E Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  ART XVI-B Relationship of Activities  The No Explain below how each activity for which in	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	
C d d E Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  ART XVI-B Relationship of Activities  The No Explain below how each activity for which in	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	
C d d E Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  ART XVI-B Relationship of Activities  The No Explain below how each activity for which in	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	
c d d E Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  Relationship of Activities  The No Explain below how each activity for which in	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	
c d d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  art XVI-B Relationship of Activities  ne No Explain below how each activity for which in	s to the Acco	omplishment of Ex	kemp	13 _ ot Purposes	

orm 990		013) The H	<u> artford-1</u>	<u>Pope Fo</u>	undation		46-250	<b>2407</b>	Page 13
Part )	(VII		egarding Trai		and Transactions	and Relations			
1 Did	the org	anization directly or indi	rectly engage in any	y of the following	ng with any other organizati	on described in secti	on 501(c) of	Y	es No
the	Code (	other than section 501(c)	)(3) organizations)	or in section 52	27, relating to political orga	nizations?			
		rom the reporting found:							
(1)	Cash							1a(1)	<u> </u>
(2)	Other	assets						1a(2)	X
<b>b</b> Oth	er trans	sactions:							
(1)	Sales	of assets to a noncharita	ble exempt organiz	ation				1b(1)	x
		ases of assets from a no						1b(2)	Х
		of facilities, equipment,	· ·					1b(3)	X
		ursement arrangements						1b(4)	X
		or loan guarantees						1b(5)	X
, ,		mance of services or me	mbership or fundra	aisina solicitatio	ons			1b(6)	X
		facilities, equipment, ma						1c	X
					edule. Column (b) should al	ways show the fair m	narket value of the goods		
					ed less than fair market val				<b>'</b> '
		the value of the goods,				do in any tranocotion	or onaring arrangement,	311011 111	
(a) Line no		b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, and	sharing arrang	nements
(-/			(0)	N/A	o onempt organization	(a) becomplied	or transfero, transactions, and	ona mg ar ang	gomento
	1			11/22					
	+		-						
	-				·				
		<del></del> -	<del></del>	<del></del> .				<del></del>	
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			·	<del> </del>			<del></del>		
	+								
	+							<del></del>	<del></del>
	-								
			<u> </u>						
		•	•	· ·	or more tax-exempt organ	izations described	_	_	
ın s	ection :	501(c) of the Code (other	r than section 501(r	c)(3)) or in sect	tion 527?			Yes	X No
b If "Y	es," co	mplete the following sch			1 '	1			
		(a) Name of org	janization		(b) Type of organization	(	c) Description of relations	hip	
		N/A							
							<del></del>		
					ng accompanying schedules and		Ma	ay the IRS disc	uss this
Sign	and be	ilet, it is true, correct, and con	npiete Deciaration of p	oreparer (other tha	in taxpayer) is based on all inform	mation of which preparer	100	urn with the pr own below (se	reparer e instr )?
Here		Kuthle	Scho	ub	6/30/14	Presid	lent[	X Yes	☐ No
	Sign	ature of officer or trustee	1		Date	Title			
		Print/Type preparer's na	ame/	Preparer's s	ignature	Date	Check if PTIN		
	ļ			PAP	di can		self- employed		
Paid		Steven C.	Garber	Me	ANUL YA	06/25/14	P0	00806	79
Prepa	ırer	Firm's name ► Gar		hez CPA	s Inc PS	<u></u>	Firm's EIN ▶ 91-1		
Use C									
	•	Firm's address ▶ ₽	0 Box 20	670					

323622 10-10-13

Seattle, WA 98102-1670

Phone no. (206)325-0987

#### Schedule B (Form 990, 990-EZ, or 990-RF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Employer identification number

	Th	e Hartfor	d-Pope Found	lation		46-2502407		
Organiz	ation type (check or							
Filers of	f:	Section:						
Form 99	0 or 990-EZ	501(c)(	) (enter number) organi	zation				
		4947(a)(1)	nonexempt charitable tri	ust <b>not</b> treated as a pr	vate foundation			
		527 politic	al organization					
Form 99	0-PF	<b>X</b> 501(c)(3) 6	xempt private foundation	า				
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) t	axable private foundation	ı				
	For an organization contributor Compl		990-EZ, or 990-PF that re	ceived, during the yea	r, \$5,000 or more (ın m	oney or property) from any one		
Special	Rules							
	509(a)(1) and 170(b	o)(1)(A)(vi) and rec	iling Form 990 or 990-EZ eived from any one conti /III, line 1h, or (ii) Form 99	ributor, during the year	, a contribution of the	ulations under sections greater of (1) \$5,000 or (2) 2%		
	total contributions	of more than \$1,0	ganization filing Form 99i 00 for use <i>exclusively</i> for or animals Complete Pa	religious, charitable, s		- ·		
	contributions for us If this box is check purpose Do not co	se exclusively for red, enter here the omplete any of the		purposes, but these owere received during the last received during the last received this at Rule applies to this	ontributions did not to ne year for an <i>exclusive</i>			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

The H	artford-Pope Foundation	46	<u>5-2502407</u>
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Estate of Doris Hartford  PO Box 1435  Tacoma, WA 98401	\$ 137,289.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>.                                    </u>		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

## The Hartford-Pope Foundation

46-2502407

(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_   _			Date received
<del></del>		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
  		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organ	nization		Employer identification number		
The Har Part III	rtford-Pope Foundation  Exclusively religious, charitable, etc., individing year Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional states.	contributions of \$1,000 or less for	46-2502407 (7), (8), or (10) organizations that total more than \$1,000 for the as completing Part III, enter the year. (Enter this information once)  \$ \		
(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		

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor World Vision n/a PC Christian humanitarian 34834 Weyerhaeuser Way S organization dedicated Federal Way, WA 98063 to working with children, families and their communities 10,000, Schools for Salone n/a PC Revitalizing Sierra PO Box 25314 Leonean communities. Seattle, WA 98165 empowers children and improves socioeconomic conditions for 10,000. Mabton Young Life Team n/a PC Community work and 420 N Cascade Ave other activities Colorado Springs, CO 80901 within the Christian purpose of Young Life 10,000. Union Gospel Mission h/a PC Emergency care and 3800 S Othello St. long-term recovery Seattle, WA 98118 services to hurting and homeless people in the greater Seattle 10,000. Hermanville United Methodist Church n/a PC Christian church 1049 Highway 548 services and outreach Hermanville, MS 39086 10,000. Communities in Schools in Washington n/a Dropout prevention bc 708 G Street working in public Tacoma, WA 98405 10,000. schools Transitions Womens Hearth n/a Programs to end 920 W 2nd Ave poverty and Spokane, WA 99201 homelessness for women and children in 10,000. Spokane 70.000. Total from continuation sheets

Form 990-PF	Legal	Fees	S	tatement	1
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitak Purpose	
Legal	1,088.	0.			0.
To Fm 990-PF, Pg 1, ln 16a =	1,088.	0.			0.
Form 990-PF	Accounti	ng Fees	S	tatement	2
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charital Purpose	
Accounting	1,110.	0.		-	0.
To Form 990-PF, Pg 1, ln 16b	1,110.	0.			0.
Form 990-PF O	ther Profes	sional Fees	S	tatement	3
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charital Purpose	
Fees, Licnese and Publications Admin	0.	0.			0.
To Form 990-PF, Pg 1, ln 16c =	5.	0.			0.
Form 990-PF	Other Expenses		Statement 4		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitak Purpose	
Trustees' travel expenses Other travel expenses	1,347. 1,300.	0.			0.
	2,647.	0.			0.

Name and Address  Janice Caryle Cook 1234 Vine St Sunnyside, WA 98944	Title and Avrg Hrs/Wk  Trustee 0.00	Compen- sation	Employee Ben Plan Contrib	Expense Account
1234 Vine St Sunnyside, WA 98944		0 -		
		••	0.	0.
Jennifer Romasko 1525 S Madison Spokane, WA 99203	Secretary/Treas	surer 0.	0.	200.
Kathleen Schreiber 21018 NE 17th St. Sammamish, WA 98074	President 0.00	0.	0.	297.
Jeffrey Looney 11887 W Bowles Circle Littleton, CO 80127	Trustee 0.00	0.	0.	450.
Denise Lee Peeler 22411 - 53rd Ave SE Bothell, WA 98021	Trustee 0.00	0.	0.	200.
Michael Whelan 1110 N 27th St. Tacoma, WA 98403	Vice President 0.00	0.	0.	200.
Totals included on 990-PF, Page 6	- , Part VIII =	0.	0.	1,347.
Form 990-PF Summary of Dire	ect Charitable A	ctivities	State	ement 6
Activity One			·	
Distribution of Bibles, domestical medical research, missionary ender the formation and support of new assemblies.	avors, scholarsh	ips, and		
			Ex	penses
To Form 990-PF, Part IX-A, line 1				0.