**Return of Private Foundation** 

or Section 4947(a)(1) Trust Treated as Private Foundation

DLN: 93491304006119 OMB No 1545-0052

2018

| Form $9$ | 9 | 0 | - | P | F |
|----------|---|---|---|---|---|
|          |   |   |   |   |   |

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| For                | caler    | ndar year 2018, or tax year                                | beginning 01-01-20                             | )18 , a                      | nd ending 12-31-                      | 2018  |                         |
|--------------------|----------|--|--|------------------------------|---------------------------------------|---|-------------------------|
|                    |          | indation   |  |                              | A Employer id                         | entification numbe                            | r                       |
|                    | NSHINE   | ILGARD FAMILY FOUNDATION-<br>E                             |  |                              | 81-1315385                            |   |                         |
|                    |          | l street (or P O box number if mail is no<br>MMERCE STREET | ot delivered to street address)                | Room/suite                   | <b>B</b> Telephone nu                 | mber (see instructio                          | ns)                     |
|                    |          |  |  |                              | (253) 274-012:                        | 1   |                         |
|                    |          | i, state or province, country, and ZIP or<br>A 98402       | foreign postal code                            |                              | <b>C</b> If exemption                 | application is pendin                         | g, check here           |
| <b>G</b> Ch        | neck al  | l that apply 🔲 Initial return                              | $\square$ Initial return of a                  | former public charity        | <b>D 1.</b> Foreign or                | ganızatıons, check he                         | ere 🛴                   |
|                    |          | ☐ Final return   | Amended return                                 |                              |                                       | ganizations meeting                           |                         |
|                    |          | Address chan   | ge 🔲 Name change                               |                              | test, chec                            | k here and attach co                          | mputation 🕨 🔲           |
| H Ch               | eck ty   | pe of organization   | 501(c)(3) exempt private                       | foundation                   |                                       | undation status was f<br>n 507(b)(1)(A), chec |                         |
|                    |          | n 4947(a)(1) nonexempt charitable                          |  | e private foundation         | under seede                           | 11 307 (b)(1)(A), circo                       | .K Here                 |
|                    |          | ket value of all assets at end                             |  | Cash Accru                   | Jal F If the found                    | ation is in a 60-mont                         | h termination           |
|                    |          | rom Part II, col (c),<br>▶\$ <u>30,235,502</u>             | Other (specify) Note: (Part I, column (d) must |                              | under sectio                          | n 507(b)(1)(B), chec                          | k here 🕨 🗀              |
| Pa                 | rt I     | Analysis of Revenue and                                    | Expenses (The total                            |                              | <u> </u>                              |   | (d) Disbursements       |
|                    |          | of amounts in columns (b), (c), and (                      | •  | (a) Revenue and expenses per | (b) Net investment income             | (c) Adjusted net income                       | for charitable purposes |
|                    |          | equal the amounts in column (a) (see                       | e instructions) )                              | books                        | income                                | llicome                                       | (cash basis only)       |
|                    | 1        | Contributions, gifts, grants, etc , schedule)              | received (attach                               | 2,126                        | 5                                     |   |                         |
|                    | 2        | Check ► ✓ If the foundation is i                           | not required to attach                         |                              |                                       |   |                         |
|                    | 3        | Interest on savings and tempora                            | ry cash investments                            |                              |                                       |   |                         |
|                    | 4        | Dividends and interest from secu                           | irities  | 701,488                      | 732,922                               |   |                         |
|                    | 5a       | Gross rents  |  |                              |                                       |   |                         |
|                    | ь        | Net rental income or (loss)                                |  |                              |                                       |   |                         |
| e                  | 6a       | Net gain or (loss) from sale of as                         | sets not on line 10                            | 331,75                       | 1                                     |   |                         |
| Reverkie           | ь        | Gross sales price for all assets or                        | n line 6a                                      |                              |                                       |   |                         |
| ě                  | _        | ·  | 7,108,013                                      |                              |                                       |   |                         |
| Œ                  | 7        | Capital gain net income (from Pa                           | ,  |                              | 216,178                               |   |                         |
|                    | 8        | Net short-term capital gain .  Income modifications        |  |                              |                                       |   |                         |
|                    | 9        |  | 1  |                              |                                       |   |                         |
|                    | 10a<br>b | Gross sales less returns and allow Less Cost of goods sold | wances   | <u> </u>                     |                                       |   |                         |
|                    | C        | Gross profit or (loss) (attach sch                         | ļ  | <u> </u>                     |                                       |   |                         |
|                    | 11       | Other income (attach schedule)                             |  | <b>9</b>                     | 3,708                                 |   |                         |
|                    | 12       |  |  | 1,035,365                    | -,                                    |   |                         |
|                    | 13       | Compensation of officers, directo                          |  | 37,746                       | · · · · · · · · · · · · · · · · · · · |   | 37,746                  |
|                    | 14       | Other employee salaries and wag                            | ,  | 91,759                       |                                       |   | 91,759                  |
| υΛ                 | 15       | Pension plans, employee benefits                           | •  | 45,132                       | _                                     |   | 38,530                  |
| Se                 | 16a      | Legal fees (attach schedule) .                             |  | 5,66:                        |                                       |   | 5,661                   |
| Expenses           | ь        | Accounting fees (attach schedule                           |  | 13,457                       |                                       |   | 13,457                  |
| Ě                  | c        | Other professional fees (attach s                          | •  | 71,540                       | 4                                     |   | 0                       |
| and Administrative | 17       | Interest   | ,  |                              | . =,2                                 |   | -                       |
| trat               | 18       | Taxes (attach schedule) (see inst                          |  | 21,51:                       | 1 10,511                              |   | 716                     |
| <u> </u>           | 19       | Depreciation (attach schedule) a                           | •  |                              |                                       |   |                         |
| Ξ                  | 20       | Occupancy  |  | 3,054                        | 4 0                                   |   | 3,054                   |
| Ă                  | 21       | Travel, conferences, and meeting                           |  | 2,625                        |                                       |   | 2,625                   |
| Ē                  | 22       | Printing and publications                                  |  | 119                          | 9 0                                   |   | 119                     |
|                    | 23       | Other expenses (attach schedule                            |  | 10,112                       | 2 14,601                              |   | 10,112                  |
| Operating          | 24       | Total operating and administr                              | rative expenses.                               |                              |                                       |   |                         |
| Der.               |          | Add lines 13 through 23                                    | •  | 302,716                      | 96,652                                |   | 203,779                 |
| ō                  | 25       | Contributions, gifts, grants paid                          |  | 1,452,406                    | 5                                     |   | 1,452,406               |
|                    | 26       | Total expenses and disbursen                               | nents. Add lines 24 and                        | 1 755 133                    | 06.653                                |   | 1 656 105               |
|                    | 27       | Subtract line 26 from line 12                              |  | 1,755,122                    | 96,652                                |   | 1,656,185               |
|                    | a        | Excess of revenue over exper                               | ises and                                       |                              |                                       |   |                         |
|                    |          | disbursements  |  | -719,75                      |                                       |   |                         |
|                    | ь        | Net investment income (If neg                              | •  |                              | 848,740                               |   |                         |
|                    | С        | Adjusted net income (if negati                             | <u> </u>                                       |                              | <u> </u>                              | <u> </u>                                      |                         |

279,942

26,074,214

3,503,033

3,117,599

33,461,984

81

81

33,461,903

33,461,903

33,461,984

281,813

24,641,147

2,042,651

2,937,367

30,235,502

6,683

6,683

30.228.819

30,228,819

30,235,502

2 3

4

5

33,461,903 -719,757

32,742,146

2,513,327

30,228,819 Form **990-PF** (2018)

281,813

24,641,147

2,042,651

2,937,367

30,235,502

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Land, buildings, and equipment basis ▶ \_

instructions Also, see page 1, item I)

Other assets (describe > \_

Grants payable

Deferred revenue .

Other liabilities (describe ▶\_

Unrestricted . . . . .

Permanently restricted . . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize)

Other increases not included in line 2 (itemize) -

Temporarily restricted

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule) . . . . . . . .

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . .

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

**Analysis of Changes in Net Assets or Fund Balances** 

|        | 6   |
|--------|-----|
|        | 7   |
| S      | 8   |
| Assets | 9   |
| As     | 10a |
|        | Ь   |
|        |     |

C

11

12

13 14

15

16

17

18

19

20

21

22

23

24 25

28

29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

3

5

|   | e the kınd(s) of property sold (e g ,<br>rehouse, or common stock, 200 shs                             |   | (b) How acquired P—Purchase D—Donation |         | (c)<br>ate acquired<br>no , day, yr )        | (d)<br>Date sold<br>(mo , day, yr )                      |
|---|--|---|--|---------|--|--|
| 1aSee Additional Data Table   | 9  |   |  |         |  |  |
| b   |  |   |  |         |  |  |
| c   |  |   |  |         |  |  |
| d   |  |   |  |         |  |  |
| e   |  |   |  |         |  |  |
|   | (f)  |   | (g)                                    | +       |  | h)   |
| (e)<br>Gross sales price  | Depreciation allowed (or allowable)  | Cost or   | other basis<br>ense of sale            |         | Gain o                                       | r (loss)<br>) minus (g)                                  |
| a See Additional Data Table   | e  |   |  |         |  |  |
| b   |  |   |  |         |  |  |
| c   |  |   |  |         |  |  |
| d   |  |   |  |         |  |  |
| e   |  |   |  |         |  |  |
| Complete only for assets  | showing gain in column (h) and ow  | ned by the foundation                             | on 12/31/69                            |         |  | I)   |
| (i)<br>F M V as of 12/31/69   | (j) Adjusted basis as of 12/31/69  | Excess  | ( <b>k)</b><br>of col (ı)              | C       | Gains (Col(<br>ol(k), but not                | h) gain minus<br>less than -0-) <b>or</b><br>om col (h)) |
| a See Additional Data Table   |  | over cor  | ()), ii aiiy                           | +       |  | 5 co. (11))  |
| b   | -  |   |  |         |  |  |
| C   |  |   |  |         |  |  |
| d   |  |   |  | +       |  |  |
| <br>e   |  |   |  | +       |  |  |
|   | or (net capital loss)  gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi | ons) If (loss), enter -0                          | Part I, line 7                         | 3       |  | 216,178  |
| Part V Qualification L  | Jnder Section 4940(e) for Re   | educed Tax on Net                                 | Investment I                           | ncom    |  |  |
| (For optional use by domestic p<br>If section 4940(d)(2) applies, le<br>Was the foundation liable for the | rivate foundations subject to the sec  | ction 4940(a) tax on ne<br>ble amount of any year | et investment inco                     | me )    |  | es 🗸 No  |
| · · · · · · · · · · · · · · · · · · ·   | nount in each column for each year,  |   |  | ies     |  |  |
| (a) Base period years Calendar year (or tax year beginning in)  | (b) Adjusted qualifying distributions  | (c)<br>Net value of noncharitab                   | le-use assets                          | (col    | (d)<br>Distribution rati<br>(b) divided by d |  |
| 2017  | 1,601,304  |   | 31,937,062                             | (       | (.,  | 0 050139   |
| 2016  | 967,156  |   | 29,859,833                             |         |  | 0 032390   |
| 2015  | 1,521,419  |   | 30,478,151                             |         |  | 0 049918   |
| 2014  | 1,860,826  |   | 30,354,527                             |         |  | 0 061303   |
| 2013  | 1,324,094  |   | 29,050,911                             |         |  | 0 045578   |
| 2 Total of line 1, column (c  | d)   |   | 2                                      |         |  | 0 239328   |
| 3 Average distribution ratio  | for the 5-year base period—divide  | the total on line 2 by 5                          | 0, or by the                           |         |  |  |
| number of years the foun  | dation has been in existence if less   | than 5 years                                      | 3                                      |         |  | 0 047866   |
|   | ncharitable-use assets for 2018 fron   | •   |  | _       |  | 32,579,841   |
| <b>5</b> Multiply line 4 by line 3  |  |   | 5                                      |         |  | 1,559,467  |
|   | ent income (1% of Part I, line 27b)  |   |  |         |  | 8,487  |
|   |  |   |  |         |  | 1,567,954  |
| 8 Enter qualifying distributi   | ons from Part XII, line 4 ,  |   | 8                                      |         |  | 1,656,185  |
| If line 8 is equal to or gre<br>instructions  | eater than line 7, check the box in Pa   | art VI, line 1b, and com                          | plete that part us                     | ing a 1 | % tax rate Se                                | e the Part VI  |

| Form 990-PF (2018)   |  | Page <b>7</b>             |
|--|--|---------------------------|
| Part VIII Information About Officers, Directors, True and Contractors (continued)  | stees, Foundation Managers, Highly Paid E          | Employees,                |
| 3 Five highest-paid independent contractors for professiona  | Il services (see instructions). If none, enter "NO | NE".                      |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service                                | (c) Compensation          |
| MORGAN STANLEY SMITH BARNEY HOLDINGS LLC   | INVESTMENT MANAGEMENT                              | 71,540                    |
| 1 NEW YORK PLAZA 12TH FL<br>NEW YORK, NY 10004   |  |                           |
|  |  |                           |
|  |  |                           |
| Total number of others receiving over \$50,000 for professional service  | es   | 0                         |
| Part IX-A Summary of Direct Charitable Activities  |  |                           |
| List the foundation's four largest direct charitable activities during the tax year. In organizations and other beneficiaries served, conferences convened, research pap |  | Expenses                  |
| 2  |  |                           |
| 3  |  |                           |
| 4  |  |                           |
| Part IX-B Summary of Program-Related Investments   | s (see instructions)                               |                           |
| Describe the two largest program-related investments made by the foundation  | during the tax year on lines 1 and 2               | Amount                    |
| 1  |  |                           |
| 2  |  |                           |
| All other program-related investments See instructions   |  |                           |
| 3  |  | -<br>-                    |
| Total. Add lines 1 through 3   |  | • 0                       |
|  |  | Form <b>990-PF</b> (2018) |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2

За 3h

4

5

1,656,185

1.647.698

Form 990-PF (2018)

8.487

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

**b** Total for prior years

a From 2013. . . . . **b** From 2014. . . . . c From 2015. . . . d From 2016. . . . . . e From 2017. . . . .

394,476

1,226,029

Form **990-PF** (2018)

Page 9

| ,         |  |
|-----------|--|
| Part XIII |  |
|           |  |

Form 990-PF (2018)

Undistributed Income (see instructions)

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2018 from Part XII, line 4 > \$ 1,656,185 a Applied to 2017, but not more than line 2a

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . .

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . 8 Excess distributions carryover from 2013 not

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

**d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018

a Enter amount for 2017 only. . . . . .

Excess distributions carryover, if any, to 2018

(a)

Corpus

0

0

(b)

Years prior to 2017

(c)

2017

1,261,709

1,261,709

|    | Drivete Oreseting Found  | - <b>*</b> : (       | waters and Daut V      | /TT A                        |                     | Page 10          |
|----|--|----------------------|------------------------|------------------------------|---------------------|------------------|
|    | art XIV Private Operating Found  | •                    |                        | <del></del>                  |                     |                  |
| 1a | If the foundation has received a ruling or det foundation, and the ruling is effective for 20                |                      |                        | erating                      |                     |                  |
| b  | Check box to indicate whether the organizati   | on is a private oper | atıng foundatıon des   | scribed in section $\square$ | ] 4942(j)(3) or □   | (5)(ر) 4942      |
| 2a | Enter the lesser of the adjusted net   | Tax year             |                        | Prior 3 years                |                     |                  |
|    | income from Part I or the minimum  | (a) 2018             | <b>(b)</b> 2017        | (c) 2016                     | (d) 2015            | (e) Total        |
|    | Investment return from Part X for each year listed   | (a) 2010             | (B) 2017               | (6) 2010                     | (4) 2013            |                  |
| b  | 85% of line 2a   |                      |                        |                              |                     |                  |
| С  | Qualifying distributions from Part XII, line 4 for each year listed  |                      |                        |                              |                     |                  |
| d  | Amounts included in line 2c not used directly for active conduct of exempt                                   |                      |                        |                              |                     |                  |
|    | activities   |                      |                        |                              |                     |                  |
| е  | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c |                      |                        |                              |                     |                  |
| 3  | Complete 3a, b, or c for the alternative test relied upon  |                      |                        |                              |                     |                  |
| а  | "Assets" alternative test—enter  |                      |                        |                              |                     |                  |
| _  | (1) Value of all assets  |                      |                        |                              |                     |                  |
|    | (2) Value of assets qualifying under section 4942(j)(3)(B)(i)  |                      |                        |                              |                     |                  |
| Ь  | "Endowment" alternative test— enter 2/3 of minimum investment return shown in                                |                      |                        |                              |                     |                  |
| c  | Part X, line 6 for each year listed "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)  |                      |                        |                              |                     |                  |
|    | 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  | /Commiste this       |                        | <br>farradation bad          | #F 000 au au a      | <u> </u>         |
| Pa | supplementary Information assets at any time during the  |                      |                        | roundation nad               | \$5,000 or more     | ın               |
| 1  | Information Regarding Foundation Mana  |                      | ii uctions. j          |                              |                     |                  |
| _  | List any managers of the foundation who hav<br>before the close of any tax year (but only if                 | e contributed more   |                        |                              |                     | n                |
| b  | List any managers of the foundation who own  |                      |                        |                              | arge portion of the |                  |
|    | ownership of a partnership or other entity) o  |                      |                        |                              |                     |                  |
| 2  | Information Regarding Contribution, Gra  | ant, Girt, Loan, Sc  | noiarsnip, etc., Pro   | ograms:                      |                     |                  |
|    | Check here ▶ ☐ If the foundation only mak  |                      |                        |                              |                     |                  |
|    | unsolicited requests for funds. If the foundar   | , , ,                | ,                      | als or organizations         | under               |                  |
|    | other conditions, complete items 2a, b, c, ar  | ia a See instructio  | ns                     |                              |                     |                  |
| а  | The name, address, and telephone number of   | or e-mail address of | the person to whom     | applications should          | be addressed        |                  |
|    | EXCLUSIVELY ACCEPTED ONLINE VIA WWW  |                      |                        |                              |                     |                  |
|    | 1701 COMMERCE STREET   |                      |                        |                              |                     |                  |
|    | TACOMA, WA 98402   |                      |                        |                              |                     |                  |
|    | (253) 274-0121   |                      |                        |                              |                     |                  |
| b  | The form in which applications should be sub   |                      |                        | •                            |                     |                  |
|    | A LETTER OF INQUIRY IS THE FIRST STEP IN   |                      |                        | THE LETTER OF INQU           | JIRY IS REVIEWED,   | AND IF APPROVED, |
|    | THE APPLICANT WILL BE REQUESTED TO PR  | OVIDE A FULL APPL    | -ICATION               |                              |                     |                  |
| С  | Any submission deadlines   |                      |                        |                              |                     |                  |
|    | THERE IS NO DEADLINE FOR SUBMITTING A  | LETTER OF INQUI      | RY                     |                              |                     |                  |
| d  | Any restrictions or limitations on awards, sugfactors  | th as by geographic  | al areas, charitable f | fields, kinds of instit      | utions, or other    |                  |
|    | ALL APPLICANT ORGANIZATIONS MUST QUA   | LIFY AS TAX-EXEM     | PT ORGANIZATIONS       | UNDER THE INTERI             | NAL REVENUE CODE    | CERTAIN          |
|    | PROPOSALS ARE INELIGIBLE FOR FUNDING,  | SUCH AS ANNUAL       | _ FUNDS, GALAS, OR     | OTHER SPECIAL EV             | /ENT FUNDRAISING    | ACTIVITIES,      |
|    | SECTARIAN RELIGIOUS ACTIVITIES, DEBT R   |                      |                        |                              |                     |                  |
|    | DISCRIMINATE ON THE BASIS OF AGE, RAC  | E, NATIONAL UKIG     | IIN, EIMNICITY, GENI   | DEK, POLITICAL AFF           | TLIATION OR KELIG   | 1002 DELIEF      |



| Enter gross amounts unless otherwise indicated |   | Unrelated bu                            | usiness income                     | Excluded by section                    | (e)<br>Related or exempt |  |
|--|---|---|------------------------------------|--|--------------------------|--|
| _  | n service revenue   | (a)<br>Business code                    | <b>(b)</b><br>Amount               | (c)<br>Exclusion code                  | (d)<br>Amount            | function income<br>(See instructions ) |
|  |   |   |                                    |  |                          |  |
|  |   |   |                                    |  |                          |  |
|  |   |   |                                    |  |                          |  |
|  |   |   |                                    |  |                          |  |
|  |   |   |                                    |  |                          |  |
| g Fees   | and contracts from government agencies  |   |                                    |  |                          |  |
|  | rship dues and assessments  |   |                                    |  |                          |  |
| 3 Interes<br>investn                           | t on savings and temporary cash<br>nents  |   |                                    |  |                          |  |
|  | nds and interest from securities  |   |                                    | 14                                     | 701,488                  |  |
| <b>5</b> Net rer                               | ital income or (loss) from real estate  |   |                                    |  |                          |  |
|  | financed property   |   |                                    |  |                          |  |
|  | ebt-financed property   |   |                                    |  |                          |  |
|  | ntal income or (loss) from personal property  |   |                                    |  |                          |  |
|  | nvestment income  |   |                                    |  |                          |  |
| invento  | • •   |   |                                    | 18                                     | 331,751                  |  |
|  | ome or (loss) from special events   |   |                                    | 10                                     | 331,731                  |  |
|  | profit or (loss) from sales of inventory  |   |                                    |  |                          |  |
|  | revenue a   |   |                                    |  |                          |  |
|  |   |   |                                    |  |                          |  |
|  |   |   |                                    |  |                          |  |
|  |   |   |                                    |  |                          |  |
|  |   |   |                                    |  |                          |  |
|  |   |   |                                    |  |                          |  |
|  | al Add columns (b), (d), and (e).   |   | 0                                  |  | 1,033,239                |  |
| 3 Total.                                       | Add line 12, columns (b), (d), and (e)  |   |                                    |  | 1,033,239                | 1,033,239                              |
| <b>3 Total.</b><br>(See we                     | Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu   | lations )                               |                                    | 13                                     |                          |  |
| <b>3 Total.</b><br>(See we                     | Add line 12, columns (b), (d), and (e)  | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13  pt Purposes  F Part XVI-A contribu | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13  pt Purposes  F Part XVI-A contribu | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13  pt Purposes  F Part XVI-A contribu | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13  pt Purposes  F Part XVI-A contribu | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13  pt Purposes  F Part XVI-A contribu | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13  pt Purposes  F Part XVI-A contribu | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13  pt Purposes  F Part XVI-A contribu | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13  pt Purposes  F Part XVI-A contribu | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13  pt Purposes  F Part XVI-A contribu | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13  pt Purposes  F Part XVI-A contribu | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13  pt Purposes  F Part XVI-A contribu | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribu   | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribu   | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribu   | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribu   | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribu   | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribu   | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribu   | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribu   | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribu   | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13 pt Purposes F Part XVI-A contribu   | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13  pt Purposes  F Part XVI-A contribu | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13  pt Purposes  F Part XVI-A contribu | ted importantly to       |  |
| 3 Total.<br>(See wo<br>Part XVI<br>Line No.    | Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex | lations )  Accomplish  Income is report | nment of Exempled in column (e) of | 13  pt Purposes  F Part XVI-A contribu | ted importantly to       |  |

| Form 990-Pi       | F (2018)                        |  |       | Pa     | ge <b>13</b> |
|-------------------|---------------------------------|--|-------|--------|--------------|
| Part XV           | Information Re<br>Exempt Organi | garding Transfers To and Transactions and Relationships With Noncharit<br>zations  | table |        |              |
|                   |                                 | directly engage in any of the following with any other organization described in section 501 organizations) or in section 527, relating to political organizations?  |       | Yes    | No           |
| a Transfer        | s from the reporting foun       | dation to a noncharitable exempt organization of   |       |        |              |
| (1) Cas           | sh                              |  | 1a(1) |        | No           |
| (2) Oth           | ner assets                      |  | 1a(2) |        | No           |
| <b>b</b> Other tr | ansactions                      |  |       |        |              |
| <b>(1)</b> Sal    | es of assets to a nonchar       | itable exempt organization   | 1b(1) |        | No           |
| <b>(2)</b> Pur    | chases of assets from a r       | noncharitable exempt organization  | 1b(2) |        | No           |
| <b>(3)</b> Rer    | ntal of facilities, equipmer    | nt, or other assets  | 1b(3) |        | No           |
| <b>(4)</b> Rei    | mbursement arrangemen           | ts   | 1b(4) |        | No           |
| <b>(5)</b> Loa    | ans or loan guarantees.         |  | 1b(5) |        | No           |
| <b>(6)</b> Perf   | ormance of services or m        | embership or fundraising solicitations   | 1b(6) |        | No           |
| <b>c</b> Sharing  | of facilities, equipment, r     | nailing lists, other assets, or paid employees   | 1c    |        | No           |
|                   |                                 | vices given by the reporting foundation. If the foundation received less than fair market valuingement, show in column (d) the value of the goods, other assets, or services received.  (c) Name of noncharitable exempt organization. |       | naemen | ts           |
| (=, =             | (2)                             |  |       |        |              |
|                   |                                 |  |       |        |              |
|                   |                                 |  |       |        |              |
|                   |                                 |  |       |        |              |
|                   |                                 |  |       |        |              |
|                   |                                 |  |       |        |              |
|                   |                                 |  |       |        |              |
|                   |                                 |  |       |        |              |
|                   |                                 |  |       |        |              |
|                   |                                 |  |       |        |              |

|              | e goods, other assets, or ser<br>y transaction or sharing arra                         |                             |                             |                        |  |
|--------------|--|-----------------------------|-----------------------------|------------------------|--|
| (a) Line No  | (b) Amount involved  | (c) Name of noncharit       | itable exempt organization  | (d) Description of tra | ransfers, transactions, and sharing arrangements                                     |
|              | +  |                             |                             |                        |  |
|              |  |                             |                             | 1                      |  |
|              | +  |                             |                             |                        |  |
|              |  |                             |                             | Ī                      |  |
|              |  |                             |                             | <del></del>            |  |
|              | +  |                             |                             |                        |  |
|              |  |                             |                             | <u> </u>               |  |
|              | <del></del>  | <u></u>                     |                             | <del></del>            |  |
|              | +  | +                           |                             |                        |  |
|              |  |                             |                             | 1                      |  |
|              |  |                             |                             | +                      |  |
| describ      | e foundation directly or indireled in section 501(c) (others, complete the following s | er than section 501(c)(     | · ·                         |                        |  |
| ————         | (a) Name of organization   |                             | <b>(b)</b> Type of organiza | ation                  | (c) Description of relationship  |
|              |  |                             |                             |                        |  |
|              |  |                             |                             |                        |  |
|              |  |                             |                             |                        |  |
| 1            |  | ef, it is true, correct, ar |                             |                        | g schedules and statements, and to the benan taxpayer) is based on all information o |
| Sign<br>Here | *****  |                             | 2019-10-21                  | *****                  | May the IRS discuss this<br>return<br>with the preparer shown<br>below               |

F I ı

| 2a Is th                     | e found             | dation directly or indirect   | tly affiliated v            | with, or related | d to, one or more      | tax-exem  | npt organ | _                              |   |
|------------------------------|---------------------|-------------------------------|-----------------------------|------------------|------------------------|-----------|-----------|--------------------------------|---|
| desc                         | ribed ii            | n section 501(c) (other t     | han section 5               | 501(c)(3)) or ı  | n section 527? .       |           |           | 🖂                              | Yes 🗹 No  |
| b If "Y                      | es," co             | mplete the following sch      | edule                       |                  |                        |           |           |                                |   |
|                              |                     | (a) Name of organization      |                             | (E               | ) Type of organization | on        |           | (c) Description                | on of relationship  |
|                              |                     |                               |                             |                  |                        |           |           |                                |   |
|                              |                     |                               |                             |                  |                        |           | -         |                                |   |
|                              |                     |                               |                             |                  |                        |           |           |                                |   |
| -                            |                     |                               |                             | -                |                        |           |           |                                |   |
| Sign<br>Here                 | of my<br>which<br>* |                               | t is true, corr<br>ledge    |                  |                        | of prepar |           |                                | May the IRS discuss this return with the preparer shown below  (see instr )? Yes No |
| Paid<br>Preparer<br>Use Only |                     | Print/Type preparer's n       | ame P                       | reparer's Sign   | nature                 | Date 2019 | -10-21    | Check if self-<br>employed ▶ □ | PTIN P00000565  |
|                              |                     | Firm's name ▶ CLARK           | NUBER PS                    |                  |                        |           |           | 1                              | Fırm's EIN ▶91-1194016  |
|                              |                     | Firm's address ► 1090<br>BELL | DO NE 4TH ST<br>LEVUE, WA 9 |                  | 1400                   |           |           |                                | Phone no (425) 454-4919   |
|                              |                     |                               |                             |                  |                        |           |           |                                | Form <b>990-PF</b> (2018)   |
|                              |                     |                               |                             |                  |                        |           |           |                                |   |

| 2a Is the found       | dation directly or indirectly aff   | iliated with, or relat         | ed to, one or more              | tax-exempt | organı                            | zations                |  |  |
|-----------------------|---|--------------------------------|---------------------------------|------------|-----------------------------------|------------------------|--|--|
| described in          | n section 501(c) (other than s  | ection 501(c)(3)) o            | r in section 527? .             |            |                                   | $\square$              | Yes 🗹 No   |  |
| <b>b</b> If "Yes," co | mplete the following schedule   |                                |                                 |            |                                   |                        |  |  |
|                       | (a) Name of organization  |                                | <b>(b)</b> Type of organization | on         |                                   | (c) Description        | on of relationship   |  |
|                       |   |                                |                                 |            |                                   |                        |  |  |
|                       |   |                                |                                 |            |                                   |                        |  |  |
|                       |   |                                |                                 |            |                                   |                        |  |  |
|                       |   |                                |                                 |            |                                   |                        |  |  |
| of my<br>which        | r penalties of perjury, I declar<br>/ knowledge and belief, it is tr<br>n preparer has any knowledge<br>***** |                                |                                 |            | on of preparer (other than taxpay |                        | based on all information of  May the IRS discuss this return with the preparer shown |  |
| s                     | ignature of officer or trustee  |                                | Date                            |            | Title                             |                        | below (see instr )?  |  |
|                       | Print/Type preparer's name  | Preparer's Si                  | gnature                         | Date       |                                   | Check If self-         | PTIN P00000565   |  |
| Paid                  | JANE M SEARING  |                                |                                 | 2019-10-21 |                                   | employed ▶ Ш           | P00000565  |  |
| Preparer<br>Use Only  | Firm's name ► CLARK NUBER PS  |                                |                                 |            |                                   | Firm's EIN ▶91-1194016 |  |  |
| ·                     | Firm's address ► 10900 NE  BELLEVUE   | 4TH STREET SUITE<br>, WA 98004 | 1400                            |            |                                   |                        | Phone no (425) 454-4919  |  |
|                       |   |                                |                                 |            |                                   |                        | Form <b>990-PF</b> (2018)  |  |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 1 PUBLICLY TRADED SECURITIES 2017-01-01 2018-12-31 POWERSHARES DB GOLD FUND 2017-01-01 2018-12-31 AURORA OFFSHORE FUND LTD 2017-01-01 2018-12-31 **SELECTINVEST** 2017-01-01 2018-12-31 HEDGEPREMIER/RIDA FUND LP Р 2018-08-01 2018-12-31 CAPITAL GAINS DIVIDENDS Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Gain or (loss) (e) Gross sales price Depreciation allowed Cost or other basis (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 6,992,288 6,773,185 219,103 755 -755 7,885 -5,437 2,448 971 971 110,010 -110,010 112,306 112,306 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(1)** Losses (from col (h)) (i) as of 12/31/69 (k) over col (1), if any 219,103 -755 -5.437971 -110.010

112,306

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                                |                  |     |        |
|---|------------------|-----|--------|
| AHAT HOMECARE301 N L STREET<br>TACOMA, WA 98403       | PC 509<br>(1) OR | ` ' | 12,000 |
| BEACON COMMUNITIES<br>6120 STONERIDGE MALL ROAD SUITE | PC 509           |     | 42,724 |

| 6120 STONERIDGE MALL ROAD SUITE<br>100<br>PLEASANTON, CA 94588 | (1) OR (A)              | LIVING                 | 42,724 |
|--|-------------------------|------------------------|--------|
| BOYS & GIRLS CLUBS OF SOUTH PUGET SOUND                        | PC 509(A)<br>(1) OR (A) | GENERAL OPERATING FUND | 10,000 |

| PLEASANTON, CA 94588   |                         |                        |        |
|--|-------------------------|------------------------|--------|
| BOYS & GIRLS CLUBS OF SOUTH PUGET<br>SOUND<br>3875 S 66TH STREET SUITE 101<br>TACOMA, WA 98409 | PC 509(A)<br>(1) OR (A) | GENERAL OPERATING FUND | 10,000 |

1,452,406

| BOYS & GIRLS CLUBS OF SOUTH PUGET<br>SOUND<br>3875 S 66TH STREET SUITE 101<br>TACOMA, WA 98409 | PC 509(A)<br>(1) OR (A) | GENERAL OPERATING FUND | 10,000 |
|--|-------------------------|------------------------|--------|
|  |                         |                        |        |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| BOYS & GIRLS CLUBS OF SOUTH PUGET<br>SOUND<br>3875 S 66TH STREET SUITE 101<br>TACOMA, WA 98409 | PC 509(A)<br>(1) OR (A) | RACE FOR THE CLUBS | 10,000 |
|--|-------------------------|--------------------|--------|
| a Paid during the year   |                         |                    |        |

|  | DO         |                        | 15.000 |
|--|------------|------------------------|--------|
| 3875 S 66TH STREET SUITE 101<br>TACOMA, WA 98409 |            |                        |        |
| SOUND  | (1) OR (A) |                        |        |
| BOYS & GIRLS CLUBS OF SOUTH PUGET                | PC 509(A)  | GENERAL OPERATING FUND | 50,000 |

| 3875 S 66TH STREET SUITE 101<br>TACOMA, WA 98409 | (1) OK (4) |                          |        |
|--|------------|--------------------------|--------|
| BRIDGES OF LOVE NWPO BOX 731747                  | PC 509(A)  | SAFETY NET PIERCE COUNTY | 15,000 |

Total .

| TACOMA, WA 98409                                      |                         |                          |        |
|---|-------------------------|--------------------------|--------|
| BRIDGES OF LOVE NWPO BOX 731747<br>PUYALLUP, WA 98373 | PC 509(A)<br>(1) OR (A) | SAFETY NET PIERCE COUNTY | 15,000 |

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

|                              | or substantial contributor |           |                          |      |
|------------------------------|----------------------------|-----------|--------------------------|------|
| a Paid during the year       |                            |           |                          |      |
| CANCER PATHWAYS1400 BROADWAY |                            | PC 509(A) | 2019 TACOMA CAMP SPARKLE | 20.0 |

| SEATTLE, WA 98122           | (1) OR (A) | 2019 TACOMA CAMP SPARKLE |  |
|-----------------------------|------------|--------------------------|--|
| CATHERINE PLACE923 S 8TH ST | PC 509(A)  | WOMAN CENTERED SUPPORT   |  |

or substantial contributor

| CATHERINE PLACE923 S 8TH ST<br>TACOMA, WA 98405 | PC 509(A)<br>(1) OR (A) | WOMAN CENTERED SUPPORT | 10,000 |
|---|-------------------------|------------------------|--------|
| CAVALCADE OF AUTHORS WEST                       | PC 509(A)               | CAVALCADE PROGRAM      | 5.000  |

.000

| TACOMA, WA 98403  | (1) OK (A)              |                   |       |
|---|-------------------------|-------------------|-------|
| CAVALCADE OF AUTHORS WEST<br>PO BOX 73722<br>PUYALLUP, WA 98373 | PC 509(A)<br>(1) OR (A) | CAVALCADE PROGRAM | 5,000 |

| Total                              | <br>       | ▶ 3a              | 1,452,406 |
|------------------------------------|------------|-------------------|-----------|
| PO BOX 73722<br>PUYALLUP, WA 98373 | (1) OR (A) |                   | ·         |
| CAVALCADE OF AUTHORS WEST          | PC 509(A)  | CAVALCADE PROGRAM | 5,00      |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                              |                         |                         |        |
|---|-------------------------|-------------------------|--------|
| CENTERFORCE5204 SOLBERG DR SW<br>LAKEWOOD, WA 98499 | PC 509(A)<br>(1) OR (A) | COMMUNITY INCLUSION     | 10,000 |
| CURICE THE KING COMMUNITY                           | DC FOO(A)               | DEALITIEICATION DEGLECT | 20.000 |

| CHRIST THE KING COMMUNITY<br>OUTREACH<br>8609 PORTLAND AVE E<br>TACOMA, WA 98445 | PC 509(A)<br>(1) OR (A) | BEAUTIFICATION PROJECT | 38,000 |
|--|-------------------------|------------------------|--------|
| CHRIST THE KING COMMUNITY  | PC 509(A)               | FURNITURE/TV COMMON    | 12.000 |

| TACOMA, WA 98445   |                         |                               |        |
|--|-------------------------|-------------------------------|--------|
| CHRIST THE KING COMMUNITY<br>OUTREACH<br>8609 PORTLAND AVE E | PC 509(A)<br>(1) OR (A) | FURNITURE/TV COMMON<br>SPACES | 12,000 |

| TACOMA, WA JOHES  |   |                         |                               |        |
|---|---|-------------------------|-------------------------------|--------|
| CHRIST THE KING COMMUNITY OUTREACH 8609 PORTLAND AVE E TACOMA, WA 98445 |   | PC 509(A)<br>(1) OR (A) | FURNITURE/TV COMMON<br>SPACES | 12,000 |
| TACOLIA, VIA JOTTJ  | I |                         |                               |        |

| Total                                   |   |            | ▶ 3a                 | 1,452,406 |
|---|---|------------|----------------------|-----------|
| 8609 PORTLAND AVE E<br>TACOMA, WA 98445 |   | , , , ,    |                      |           |
| OUTREACH                                |   | (1) OR (A) | SPACES               | ·<br>!    |
| CHAST THE KING COMMONTH                 | , |            | TORNITORE/ IV COMMON | 12,000    |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| PENINSULA<br>PO BOX 684 | a Paid during the year |  |                            |        |
|-------------------------|------------------------|--|----------------------------|--------|
| meenly in Sessi         | PENINSULA              |  | INTEGRATED SUPPORT/HOLIDAY | 26,000 |

| VAUGHN, WA 98394   |                         |                           |        |
|--|-------------------------|---------------------------|--------|
| COMMUNITY HEALTH CARE<br>1148 BROADWAY SUITE<br>TACOMA, WA 98402 | PC 509(A)<br>(1) OR (A) | PATIENT CARE FUND         | 15,000 |
| CRISTA CAMPS<br>19303 FREMONT AVE NORTH MS-15                    | PC 509(A)<br>(1) OR (A) | PIERCE COUNTY SUMMER CAMP | 20,000 |

| 1148 BROADWAY SUITE<br>TACOMA, WA 98402                              | (1) OR (A)              |                           |        |
|--|-------------------------|---------------------------|--------|
| CRISTA CAMPS<br>19303 FREMONT AVE NORTH MS-15<br>SHORELINE, WA 98133 | PC 509(A)<br>(1) OR (A) | PIERCE COUNTY SUMMER CAMP | 20,000 |

| CRISTA CAMPS<br>19303 FREMONT AVE NORTH MS-15<br>SHORELINE, WA 98133 |  | PC 509(A)<br>(1) OR (A) | PIERCE COUNTY SUMMER CAMP | 20,000 |
|--|--|-------------------------|---------------------------|--------|
|  |  |                         |                           |        |

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                      |                         |                                 |        |
|---|-------------------------|---------------------------------|--------|
| DADS5709 RAINIER AVE S<br>SEATTLE, WA 98118 | PC 509(A)<br>(1) OR (A) | FATHERHOOD PROGRAM PIERCE<br>CO | 20,000 |
|   |                         |                                 |        |

| DEGREES OF CHANGEPO BOX 1573<br>TACOMA, WA 98401 | PC 509(A)<br>(1) OR (A) | PROFESSIONAL/ INTERNSHIP<br>PROGRAM | 50,000 |
|--|-------------------------|-------------------------------------|--------|
| DIABETES ASSOCIATION OF PIERCE COUNTY            | PC 509(A)<br>(1) OR (A) | PANTHER DAY CAMP 2019               | 22,000 |

| ,                                     | ` ' ' '                 |                       |        |
|---------------------------------------|-------------------------|-----------------------|--------|
| DIABETES ASSOCIATION OF PIERCE COUNTY | PC 509(A)<br>(1) OR (A) | PANTHER DAY CAMP 2019 | 22,000 |
| PO BOX 110427                         | (1) OK (A)              |                       |        |
| TACOMA, WA 984110427                  |                         |                       |        |

| DIABETES ASSOCIATION OF PIERCE COUNTY PO BOX 110427 TACOMA, WA 984110427 | PC 509(A)<br>(1) OR (A) | PANTHER DAY CAMP 2019 | 22,000    |
|--|-------------------------|-----------------------|-----------|
| Total  |                         | ▶ 3a                  | 1,452,406 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

| a Paid during the year   |                         |                          |        |
|--|-------------------------|--------------------------|--------|
| DONORSCHOOSEORG<br>134 WEST 37TH STREET FLOOR 11<br>NEW YORK, NY 10018 | PC 509(A)<br>(1) OR (A) | GENERAL OPERATING FUND   | 98,502 |
| FBC - WEST SOUND   | PC 509(A)               | OPERATIONS PIERCE COUNTY | 15.000 |

| EBC - WEST SOUND<br>1463 NE DAWN ROAD SUITE B<br>BREMERTON, WA 98311 | PC 509(A)<br>(1) OR (A) | OPERATIONS PIERCE COUNTY | 15,000 |
|--|-------------------------|--------------------------|--------|
| EDGE FOUNDATION  | PC 509(A)               | TACOMA AT-RISK STUDENTS  | 19,500 |

| BREMERTON, WA 98311   | (=, === (=,             |                         |        |
|---|-------------------------|-------------------------|--------|
| EDGE FOUNDATION<br>2017 FAIRVIEW AVENUE EAST SUITE I<br>SEATTLE, WA 98102 | PC 509(A)<br>(1) OR (A) | TACOMA AT-RISK STUDENTS | 19,500 |

| EDGE FOUNDATION<br>2017 FAIRVIEW AVENUE EAST SUITE I<br>SEATTLE, WA 98102 | PC 509(A)<br>(1) OR (A) | TACOMA AT-RISK STUDENTS | 19,500 |
|---|-------------------------|-------------------------|--------|
|   |                         |                         |        |

Recipient If recipient is an individual, show any relationship to status of contribution Status of status

recipient

(1) OR (A)

1,452,406

any foundation manager

or substantial contributor

Name and address (home or business)

9330 59TH AVENUE SW

LAKEWOOD, WA 98499

|   | or substantial contributor |                         |                                    |        |
|---|----------------------------|-------------------------|------------------------------------|--------|
| a Paid during the year  |                            |                         |                                    |        |
| FIRST WASHINGTON<br>21238 68TH AVENUE S<br>KENT, WA 98032                         |                            | PC 509(A)<br>(1) OR (A) | FRANKLIN PIERCE SCHOOL<br>PROGRAMS | 15,000 |
| GREATER GIG HARBOR FOUNDATION<br>6625 WAGNER WAY NW SUITE 150<br>HARBOR, WA 98335 |                            | PC 509(A)<br>(1) OR (A) | 2018 GIG HARBOR BASKET<br>BRIGADE  | 7,500  |
| GREATER LAKES MENTAL HEALTHCARE   |                            | PC 509(A)               | EMERGENCY FUNDS NEEDS              | 35,000 |

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager

recipient

PC 509(A)

(1) OR (A)

HOMELESS FAMILY

INTERVENTION

35,000

1,452,406

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

or substantial contributor

Name and address (home or business)

HELPING HAND HOUSE

4321 2ND STREET SW

PUYALLUP, WA 98373

| a Paid during the year   |                         |                           |        |
|--|-------------------------|---------------------------|--------|
| GREATER METRO PARKS FOUNDATION<br>4702 SOUTH 19TH STREET<br>TACOMA, WA 98405 | PC 509(A)<br>(1) OR (A) | BILLY RAY SHIRLEY ARTWORK | 30,000 |
| HARBOR WILDWATCH<br>3110 JUDSON STREET PBM 99<br>GIG HARBOR, WA 98335        | PC 509(A)<br>(1) OR (A) | HOP/STEM                  | 25,000 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                          |                         |                          |        |
|---|-------------------------|--------------------------|--------|
| HILLTOP ARTISTSP O BOX 6829<br>TACOMA, WA 98417 | PC 509(A)<br>(1) OR (A) | HILLTOP ARTISTS PROGRAMS | 25,000 |

| JUMPSTART ENTERPRISES<br>1615 SIXTH AVENUE<br>TACOMA, WA 98405 | PC 509(A)<br>(1) OR (A) | OPERATIONS/ PRESCRIPTION<br>PROGRAM | 5,000 |
|--|-------------------------|-------------------------------------|-------|
| ,  |                         |                                     |       |

|    | TACOMA, WA 98405                           | (1) OR (A)              | PROGRAM                  |        |
|----|--|-------------------------|--------------------------|--------|
|    | OREAN WOMEN'S ASSOCIATION<br>123 E 96TH ST | PC 509(A)<br>(1) OR (A) | SENIOR LIVABLE COMMUNITY | 36,000 |
| Ι¬ | FACOMA MA ODAJE                            | ' ' '                   |                          |        |

| KOREAN WOMEN'S ASSOCIATION<br>123 E 96TH ST<br>TACOMA, WA 98445 | PC 509(A)<br>(1) OR (A) | SENIOR LIVABLE COMMUNITY | 36,000    |
|---|-------------------------|--------------------------|-----------|
| Total   | <br>                    | ▶ 3a                     | 1,452,406 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or Recipient Foundation Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

MULTI-SERVICE CENTERPO BOX 23699

FEDERAL WAY, WA 98093

Total .

|  | or substantial contributor |                         |                          |        |
|--|----------------------------|-------------------------|--------------------------|--------|
| a Paid during the year   |                            |                         |                          |        |
| LUTHERAN COMMUNITY SERVICES NW<br>223 NORTH YAKIMA AVE<br>TACOMA, WA 98403           |                            | PC 509(A)<br>(1) OR (A) | SENIOR COMPANION PROGRAM | 25,000 |
| MULTICULTURAL CHILD & FAMILY HOPE<br>CENTER<br>2021 SOUTH 19TH ST<br>TACOMA WA 98405 |                            | PC 509(A)<br>(1) OR (A) | BRIDGE BUILT WITH HOPE   | 40,000 |

recipient

PC 509(A)

(1) OR (A)

HOMELESS HOLIDAY GIVING

5.000

|   |   |                         | I                      |      |
|---|---|-------------------------|------------------------|------|
|   | MULTICULTURAL CHILD & FAMILY HOPE<br>CENTER<br>2021 SOUTH 19TH ST<br>TACOMA, WA 98405 | PC 509(A)<br>(1) OR (A) | BRIDGE BUILT WITH HOPE | 40,0 |
| 1 |   |                         |                        |      |

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NATIONAL FOOTBALL FOUNDATION PC 509(A) GENERAL OPERATING FUND 20,000

C/O TACOMA/PIERCE COUNTY CHAPTER

Total .

| 8912 64TH STREET CT W<br>UNIVERSITY PLACE, WA 98467         |                         |                        |       |
|---|-------------------------|------------------------|-------|
| NORTHWEST ASSOCIATION FOR BLIND<br>ATHLETES<br>PO BOX 65265 | PC 509(A)<br>(1) OR (A) | 2018 CAMP ABILITIES WA | 7,500 |

(1) OR (A)

| ATHLETES PO BOX 65265 VANCOUVER, WA 98665 | (1) OR (A) | 2010 CAPIT ABILITIES WA | 7,300  |
|---|------------|-------------------------|--------|
| NORTHWEST FURNITURE BANK                  | PC 509(A)  | FURNITURE BANK PROGRAM  | 25,000 |

| VANCOUVER, WA 98665   |                         |                        |        |
|---|-------------------------|------------------------|--------|
| NORTHWEST FURNITURE BANK<br>117 PUYALLUP AVE<br>TACOMA WA 98421 | PC 509(A)<br>(1) OR (A) | FURNITURE BANK PROGRAM | 25,000 |

| NORTHWEST FURNITURE BANK<br>117 PUYALLUP AVE<br>TACOMA, WA 98421 | PC 509(A)<br>(1) OR (A) | FURNITURE BANK PROGRAM | 25,000 |
|--|-------------------------|------------------------|--------|
|  |                         |                        |        |

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient

Foundation status of recipient

recipient

Purpose of grant or contribution

a Paid during the year

| NOURISH PIERCE COUNTY<br>1702 SOUTH 72ND STREET SUITE E<br>TACOMA, WA 98408 | PC 509(A)<br>(1) OR (A) | GENERAL OPERATING FUND | 50,000 |
|---|-------------------------|------------------------|--------|
| OLIVE CREST2500 116TH AVENUE NE   | PC 509(A)               | CUSTOMER RELATIONS     | 15,000 |

| BELLEVUE, WA 98004   | (1) OR (A) |                                    | 15,555 |
|--|------------|------------------------------------|--------|
| OUR SISTER'S HOUSE<br>2714 N 21ST STREET 3<br>TACOMA, WA 98406 |            | NEW DIRECTIONS/ STEPPING<br>STONES | 45,000 |

Total .

1,452,406

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

| a Paid during the year  |                         |                    |        |
|---|-------------------------|--------------------|--------|
| PIERCE COUNTY AIDS FOUNDATION<br>3009 S 40TH ST<br>TACOMA, WA 98409 | PC 509(A)<br>(1) OR (A) | OASIS YOUTH CENTER | 15,000 |
| PIERCE COUNTY JUVENILE COURT  | PC 509(A)               | OBP AND PYD        | 20,000 |

| PIERCE COUNTY JUVENILE COURT<br>5501 SIXTH AVE<br>TACOMA, WA 98406 | PC 509(A)<br>(1) OR (A) | OBP AND PYD         | 20 |
|--|-------------------------|---------------------|----|
| PIERCE COUNTY JUVENILE COURT                                       | · ,                     | DIVERSION/COMMUNITY | 10 |

| TACOMA, WA 98406  | (1) 01(())              |                                |        |
|---|-------------------------|--------------------------------|--------|
| PIERCE COUNTY JUVENILE COURT<br>5501 SIXTH AVE<br>TACOMA WA 98406 | PC 509(A)<br>(1) OR (A) | DIVERSION/COMMUNITY<br>SERVICE | 10,000 |

| 11.001111, 1111. 30 100  |                         |                                | İ     |
|--|-------------------------|--------------------------------|-------|
| PIERCE COUNTY JUVENILE COURT<br>5501 SIXTH AVE<br>TACOMA, WA 98406 | PC 509(A)<br>(1) OR (A) | DIVERSION/COMMUNITY<br>SERVICE | 10,00 |
|  |                         |                                |       |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| RAINIER FOOTHILLS WELLNESS<br>FOUNDATION          | PC 509(A)<br>(1) OR (A) | GENERAL OPERATING FUND | 10,000 |
|---|-------------------------|------------------------|--------|
| 1675 COLE STREET PO BOX 905<br>ENUMCLAW, WA 98022 | , , , ,                 |                        |        |

| RAINIER FOOTHILLS WELLNESS                | PC 509(A)  | CARE VAN/SENIOR PROGRAM | 25,000 |
|---|------------|-------------------------|--------|
| FOUNDATION<br>1675 COLE STREET PO BOX 905 | (1) OR (A) |                         |        |
| ENUMCLAW, WA 98022                        |            |                         |        |

| 1675 COLE STREET PO BOX 905<br>ENUMCLAW, WA 98022        | (1) OR (A)              |                     |        |
|--|-------------------------|---------------------|--------|
| REBUILDING TOGETHER SOUTH SOUND<br>4019 S ORCHARD STREET | PC 509(A)<br>(1) OR (A) | YEAR-ROUND SERVICES | 20,000 |

| NUMCLAW, WA 98022   |                         |                     |        |
|---|-------------------------|---------------------|--------|
| EBUILDING TOGETHER SOUTH SOUND<br>019 S ORCHARD STREET<br>ACOMA, WA 98466 | PC 509(A)<br>(1) OR (A) | YEAR-ROUND SERVICES | 20,000 |

▶ 3a

1,452,406

Recipient
If recipient is an individual, show any relationship to any foundation manager or substantial contributor

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Purpose of grant or contribution

recipient

a Paid during the year

Total .

| CEATTLE AREA VOLUTILI FOR CURSOT  | DC F00(A)               | CENERAL OPERATING FUND | F 000 |
|---|-------------------------|------------------------|-------|
| SAFE STREETS CAMPAIGN<br>622 TACOMA AVE S STE 1<br>TACOMA, WA 984022335 | PC 509(A)<br>(1) OR (A) | GENERAL SUPPORT        | 1,000 |
|   |                         |                        |       |

| SEATTLE AREA YOUTH FOR CHRIST<br>PO BOX 75128<br>SEATTLE, WA 98175 |   | PC 509(A)<br>(1) OR (A) | GENERAL OPERATING FUND | 5,000 |
|--|---|-------------------------|------------------------|-------|
|  | 1 |                         |                        |       |

| SEATTLE, WA 98175                               | (-) = ( ( , ( , ( , ( , ( , ( , ( , ( , ( , |                |        |
|---|---|----------------|--------|
| SECOND CYCLE1205 MLK JR WAY<br>TACOMA, WA 98405 | PC 509(A)<br>(1) OR (A)                     | YOUTH PROGRAMS | 10,000 |

1,452,406

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

1,452,406

any foundation manager

or substantial contributor

Name and address (home or business)

| a Paid during the year   |                         |                         |        |
|--|-------------------------|-------------------------|--------|
| SHARED HOUSING SERVICES<br>901 SOUTH 11TH STREET<br>TACOMA, WA 984054533 | PC 509(A)<br>(1) OR (A) | YOUTH HOST HOME PROGRAM | 25,000 |
| SOUTH UMPQUA HISTORICAL SOCIETY PO BOX 1112 CANYON/JULE OR 97417         | PC 509(A)<br>(1) OR (A) | GENERAL OPERATING FUND  | 7,000  |

| SOUTH UMPQUA HISTORICAL SOCIETY<br>PO BOX 1112<br>CANYONVILLE, OR 97417 | PC 509(A)<br>(1) OR (A) | GENERAL OPERATING FUND | 7, |
|---|-------------------------|------------------------|----|
| ST CHARLES BORROMEO PARISH  | PC 509(A)               | GENERAL OPERATING FUND | 6, |

| PO BOX 1112<br>CANYONVILLE, OR 97417                                 | (1) OR (A)              |                        |       |
|--|-------------------------|------------------------|-------|
| ST CHARLES BORROMEO PARISH<br>7112 S 12TH STREET<br>TACOMA, WA 98465 | PC 509(A)<br>(1) OR (A) | GENERAL OPERATING FUND | 6,000 |

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient

Foundation status of recipient

recipient

Purpose of grant or contribution

recipient

Amount

Amount

a Paid during the year

ST FRANCIS HOUSE3220 7TH ST SE

| PUYALLUP, WA 98372  | (1) OR (A)              | ,                          | ,      |
|---|-------------------------|----------------------------|--------|
| ST LEO FOOD CONNECTION<br>710 S 13TH STREET<br>TACOMA, WA 98405 | PC 509(A)<br>(1) OR (A) | CHILDREN'S FEEDING PROGRAM | 10,000 |
| TACOMA EVENTS COMMISSION  | DC FOO(A)               | THIN ATH TACOMA EDEEDOM    | 10.000 |

PC 509(A)

PROGRAMS/CHRISTMAS CORNER

30,000

| TACOMA EVENTS COMMISSION<br>4109 BRIDGEPORT WAY W SUITE E-7<br>UNIVERSITY PLACE, WA 98466 | PC 509(A)<br>(1) OR (A) | JULY 4TH TACOMA FREEDOM<br>FAIR | 10,000    |
|---|-------------------------|---------------------------------|-----------|
| Total   | <br>                    | ▶ 3a                            | 1.452.406 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

| a Tala during the year  |                         |                        |        |
|---|-------------------------|------------------------|--------|
| TACOMA LUTHERAN RETIREMENT COMM<br>FDN<br>1301 N HIGHLANDS PKWY<br>TACOMA, WA 98406 | PC 509(A)<br>(1) OR (A) | EMERGENCY PREPAREDNESS | 19,240 |

| ,   |                         |                        |        |
|---|-------------------------|------------------------|--------|
| ACOMA LUTHERAN RETIREMENT COMM<br>DN<br>301 N HIGHLANDS PKWY<br>ACOMA, WA 98406 | PC 509(A)<br>(1) OR (A) | 2018 SENIOR TV PROJECT | 42,440 |
|   |                         |                        |        |

| 1301 N HIGHLANDS PKWY<br>TACOMA, WA 98406                            |                         |                  |        |
|--|-------------------------|------------------|--------|
| TACOMAPIERCE COUNTY HABITAT FOR<br>HUMANITY<br>4824 SOUTH TACOMA WAY | PC 509(A)<br>(1) OR (A) | HABITAT CONNECTS | 25,000 |

| TACOMA, WA 98406   |                         |                  |        |
|--|-------------------------|------------------|--------|
| TACOMAPIERCE COUNTY HABITAT FOR<br>HUMANITY<br>4824 SOUTH TACOMA WAY<br>TACOMA, WA 98409 | PC 509(A)<br>(1) OR (A) | HABITAT CONNECTS | 25,000 |

| Total                                     | <br>       | ▶ 3a             | 1,452,406 |
|---|------------|------------------|-----------|
| 4824 SOUTH TACOMA WAY<br>TACOMA, WA 98409 |            |                  |           |
| HUMANITY                                  | (1) OR (A) |                  |           |
| TACOMAPIERCE COUNTY HABITAT FOR           | PC 509(A)  | HABITAT CONNECTS | 25,000    |

Recipient If recipient is an individual, show any relationship to status of 
recipient

1,452,406

any foundation manager

Name and address (home or business)

| Name and address (nome of business)  | or substantial contributor |                         |                                 |        |
|--|----------------------------|-------------------------|---------------------------------|--------|
| a Paid during the year   |                            |                         |                                 |        |
| TEAMCHILD<br>1225 SOUTH WELLER ST SUITE 420<br>SEATTLE, WA 98144             |                            | PC 509(A)<br>(1) OR (A) | PIERCE COUNTY SUPPORT           | 20,000 |
| THE TEARS FOUNDATION<br>11102 SUNRISE BLVD E SUITE 112<br>PUYALLUP, WA 98374 |                            | PC 509(A)<br>(1) OR (A) | SUPPORT BEREAVEMENT WA<br>STATE | 25,000 |
| THRIVE WASHINGTON<br>2815 SECOND AVE SUITE 210<br>SEATTLE, WA 98121          |                            | PC 509(A)<br>(1) OR (A) | OPERATING SUPPORT               | 5,000  |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

| a Paid during the year  |                         |                           |        |
|---|-------------------------|---------------------------|--------|
| TOY RESCUE MISSION<br>607 SO WINNIFRED ST<br>TACOMA, WA 98464 | PC 509(A)<br>(1) OR (A) | OPERATING EXPENSES        | 35,000 |
| TRINITY PRESBYTERIAN CHURCH                                   | PC 509(A)               | TRINITY OUTREACH PROGRAMS | 10,000 |

recipient

| TRINITY PRESBYTERIAN CHURCH<br>1615 6TH AVE<br>TACOMA, WA 98405 | (1) OR (A)              | TRINITY OUTREACH PROGRAMS | 10,00 |
|---|-------------------------|---------------------------|-------|
| UNIVERSITY OF PUGET SOUND<br>1080 1500 N WARNER                 | PC 509(A)<br>(1) OR (A) | SUMMER ACADEMIC CHALLENGE | 25,00 |

| TACOMA, WA 98405  |                         |                           |        |
|---|-------------------------|---------------------------|--------|
| UNIVERSITY OF PUGET SOUND<br>1080 1500 N WARNER<br>TACOMA, WA 98416 | PC 509(A)<br>(1) OR (A) | SUMMER ACADEMIC CHALLENGE | 25,000 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

| a Paid during the year                 |                         |                         |        |
|--|-------------------------|-------------------------|--------|
| WE CHARITY<br>509 OLIVE WAY SUITE 1234 | PC 509(A)<br>(1) OR (A) | WE SCHOOLS PIERCE CO WA | 40,000 |

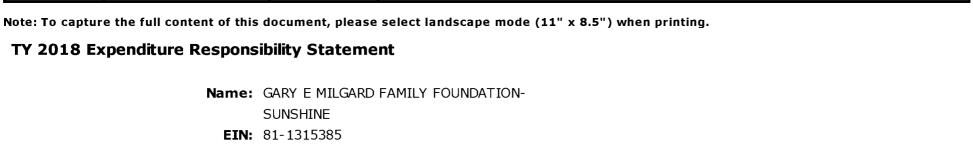
| SEATTLE, WA 98101                                  | (-)                     |                        |        |
|--|-------------------------|------------------------|--------|
| YWCA PIERCE COUNTY405 BROADWAY<br>TACOMA, WA 98402 | PC 509(A)<br>(1) OR (A) | ANNUAL LUNCHEON PLEDGE | 10,000 |

| YWCA PIERCE COUNTY405 BROADWAY<br>TACOMA, WA 98402 | PC 509(A)<br>(1) OR (A) | ANNUAL LUNCHEON PLEDGE | 10,000 |
|--|-------------------------|------------------------|--------|
| ZEESPEED2201 SO TACOMA WAY                         | PC 509(A)               | YOUTH ENDURANCE CAMP   | 25.000 |

| TACOMA, WA 98402                               | (1) OR (A)              |                      |        |
|--|-------------------------|----------------------|--------|
| ZEESPEED2201 SO TACOMA WAY<br>TACOMA, WA 98409 | PC 509(A)<br>(1) OR (A) | YOUTH ENDURANCE CAMP | 25,000 |

| ZEESPEED2201 SO TACOMA WAY<br>TACOMA, WA 98409 | PC 509(A)<br>(1) OR (A) | YOUTH ENDURANCE CAMP | 25,00 |
|--|-------------------------|----------------------|-------|
|  |                         |                      |       |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349130400611 |                     |                          |                        |   |  |  |  |
|---|---------------------|--------------------------|------------------------|---|--|--|--|
| TY 2018 Accounting Fees Schedule  |                     |                          |                        |   |  |  |  |
| _   |                     |                          |                        |   |  |  |  |
| N   | ame: GARY E         | MILGARD FAMILY FO        | -NOITADNUC             |   |  |  |  |
| SUNSHINE  |                     |                          |                        |   |  |  |  |
|   | <b>EIN:</b> 81-1315 | 385                      |                        |   |  |  |  |
| <u> </u>  |                     | <del></del>              |                        | 1   |  |  |  |
| Category  | Amount              | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |  |
| ACCOUNTING FEES   | 13,457              | 0                        |                        | 13,457                                      |  |  |  |



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| Grantee's<br>Name               | Grantee's<br>Address                    | Grant Date | Grant<br>Amount | Grant Purpose  | Amount<br>Expended<br>By Grantee | Any<br>Diversion<br>By Grantee? | Dates of<br>Reports By<br>Grantee | Date of<br>Verification | Results of Verification   |
|---------------------------------|---|------------|-----------------|--|----------------------------------|---------------------------------|-----------------------------------|-------------------------|---|
| TRUFANT<br>FAMILY<br>FOUNDATION | PO BOX<br>110639<br>TACOMA,<br>WA 98411 | 2017-09-20 | 10,000          | FUNDS WILL BE USED TO PROVIDE INITIAL AND RENEWAL COLLEGE SCHOLARSHIPS THE FUNDS WILL BE USED TO SUPPORT THE FOOTBALL PROGRAM BY PROVIDING SCHOLARSHIPS TO YOUTH WHO NEED HELP WITH EQUIPMENT AND UNIFORM COSTS THE FUNDS WILL ALSO BE USED TO PROVIDE BACKPACKS AND SCHOOL SUPPLIES TO YOUTH IN ORDER TO ENSURE THAT THEY HAVE THE SUPPLIES NEEDED TO HELP THEM SUCCEED IN SCHOOL | 10,000                           | NONE                            | 7/31/2018                         |                         | THE FOUNDATION HAS NO REASON<br>TO DOUBT THE ACCURACY OR<br>RELIABILITY OF THE REPORT FROM<br>THE GRANTEE THEREFORE, NO<br>INDEPENDENT VERIFICATION OF THE<br>REPORT WAS MADE |

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## **TY 2018 Investments Corporate Bonds Schedule**

Name: GARY E MILGARD FAMILY FOUNDATION-

SUNSHINE

| EIN: 81-1315385 Investments Corporate Bonds Schedule |                           |                                  |
|--|---------------------------|----------------------------------|
| Name of Bond   | End of Year Book<br>Value | End of Year Fair<br>Market Value |
| 6,000.000 SHS T-MOBILE USA INC                       | 180                       | 180                              |
| 6,000.000 SHS T-MOBILE USA INC                       | 69                        | 69                               |
| 8,000.000 SHS ENSCO PLC                              | 4,586                     | 4,586                            |
| 5,000.000 SHS FNMA POOL MA3306                       | 4,775                     | 4,775                            |
| 4,000.000 SHS FED NAT MORT ASCN POOL BK6578          | 4,133                     | 4,133                            |
| 3,000.000 SHS FNMA POOL MA3489                       | 2,946                     | 2,946                            |
| 4,000.000 SHS FNMA POOL MA3443                       | 3,986                     | 3,986                            |
| 3,000.000 SHS FNMA POOL MA3358                       | 2,895                     | 2,895                            |
| 4,000.000 SHS FNMA POOL MA3183                       | 3,660                     | 3,660                            |
| 4,000.000 SHS FNMA POOL MA3277                       | 3,786                     | 3,786                            |
| 9,000.000 SHS FNMA POOL AS0907                       | 2,967                     | 2,967                            |
| 2,000.000 SHS FNMA POOL AX4887                       | 898                       | 898                              |
| 23,000.000 SHS FHLMC 30 YR GOLD G08659               | 13,516                    | 13,516                           |
| 15,000.000 SHS FHLMC PC GOLD POOL C09071             | 5,635                     | 5,635                            |
| 10,000.000 SHS PC GOLD POOL G08624                   | 4,298                     | 4,298                            |
| 1,000.000 SHS FNMA POOL AW8992                       | 507                       | 507                              |
| 8,000.000 SHS FNMA POOL AS4168                       | 3,848                     | 3,848                            |
| 24,000.000 SHS FHLMC 30 YR GOLD V81760               | 11,792                    | 11,792                           |
| 2,000.000 SHS FNMA POOL AL6715                       | 856                       | 856                              |
| 12,000.000 SHS PC GOLD POOL G08623                   | 6,108                     | 6,108                            |

**Investments Corporate Bonds Schedule** 

| Name of Bond                           | End of Year Book<br>Value | End of Year Fair<br>Market Value |
|--|---------------------------|----------------------------------|
| 75,000.000 SHS FHLMC 30G A89385        | 8,057                     | 8,057                            |
| 21,000.000 SHS PC GOLD POOL G07961     | 12,666                    | 12,666                           |
| 8,000.000 SHS FNMA POOL 310151         | 3,138                     | 3,138                            |
| 9,000.000 SHS FNMA POOL                | 3,023                     | 3,023                            |
| 5,000.000 SHS FNMA POOL AV6368         | 1,308                     | 1,308                            |
| 5,000.000 SHS FNMA POOL AX7732         | 2,578                     | 2,578                            |
| 2,000.000 SHS FHLMC 30 YR GOLD G60201  | 870                       | 870                              |
| 41,000.000 SHS FHLMC 30 YR GOLD A86314 | 1,805                     | 1,805                            |
| 22,000.000 SHS FNMA POOL BC2849        | 18,503                    | 18,503                           |
| 3,000.000 SHS FNMA POOL AS6520         | 2,132                     | 2,132                            |
| 2,000.000 SHS FHLMC 30 YR GOLD G08682  | 1,093                     | 1,093                            |
| 2,000.000 SHS FNMA POOL AZ7916         | 766                       | 766                              |
| 3,000.000 SHS FHLMC 30 YR GOLD Q25332  | 1,018                     | 1,018                            |
| 1,000.000 SHS FNMA POOL AZ6973         | 612                       | 612                              |
| 84,000.000 SHS FED NATL MTG ASSN       | 78,582                    | 78,582                           |
| 4,000.000 SHS FNMA POOL AS6408         | 2,735                     | 2,735                            |
| 2,000.000 SHS FNMA POOL AS3955         | 757                       | 757                              |
| 3,000.000 SHS FNMA POOL BA2889         | 1,103                     | 1,103                            |
| 3,000.000 SHS FNMA POOL AX3613         | 1,703                     | 1,703                            |
| 12,000.000 SHS FNMA POOL MA2920        | 10,363                    | 10,363                           |

Investments Corporate Bonds Schedule

| Name of Bond                                    | End of Year Book<br>Value | End of Year Fair<br>Market Value |
|---|---------------------------|----------------------------------|
| 61,000.000 SHS FNMA POOL 995628                 | 2,332                     | 2,332                            |
| 31,000.000 SHS FNMA POOL MA2671                 | 22,071                    | 22,071                           |
| 32,000.000 SHS FNMA POOL AS6675                 | 19,512                    | 19,512                           |
| 19,000.000 SHS FHLMC 30 YR GOLD G08747          | 16,257                    | 16,257                           |
| 27,000.000 SHS FHLMC 30 YR GOLD G08600          | 8,156                     | 8,156                            |
| 7,000.000 SHS FNMA POOL AL8238                  | 3,872                     | 3,872                            |
| 25,000.000 SHS FNMA POOL MA3026                 | 21,876                    | 21,876                           |
| 8,000.000 SHS FNMA POOL BM1066                  | 5,848                     | 5,848                            |
| 21,000.000 SHS FEDL NATL MORTGAGE ASSOCIATION   | 27,097                    | 27,097                           |
| 7,000.000 SHS FNMA POOL MA3120                  | 6,417                     | 6,417                            |
| 3,000.000 SHS FNMA POOL AS8700                  | 2,028                     | 2,028                            |
| 2,000.000 SHS FNMA POOL AS9518                  | 1,710                     | 1,710                            |
| 2,000.000 SHS FNMA POOL MA3143                  | 1,837                     | 1,837                            |
| 4,000.000 SHS FNMA POOL MA3149                  | 3,561                     | 3,561                            |
| 38,000.000 SHS FNMA POOL MA3148                 | 34,760                    | 34,760                           |
| 13,000.000 SHS FNMA POOL AS9994                 | 10,260                    | 10,260                           |
| 15,000.000 SHS FEDL NATL MTG ASSOC 10 YR MA1732 | 4,086                     | 4,086                            |
| 31,000.000 SHS FNMA POOL MA2960                 | 24,906                    | 24,906                           |
| 20,000.000 SHS FNMA POOL MA3082                 | 18,281                    | 18,281                           |
| 3,000.000 SHS FNMA POOL MA3239                  | 2,809                     | 2,809                            |

Investments Corporate Bonds Schedule

Name of Bond

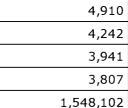
5,000.000 SHS FHLMC 30 YR GOLD G08741

148,999.192 SHS METROPOLITAN WEST TOT RET BD FD

6,000.000 SHS FNMA POOL BJ4916 5.000.000 SHS FNMA POOL MA3442

4,000.000 SHS FNMA POOL MA3466

4,000.000 SHS FNMA POOL BH9277



End of Year Book

Value

5,720

**End of Year Fair** 

Market Value

5,720

4,910

4,242

3,941

3,807

1,548,102

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## **TY 2018 Investments Corporate Stock Schedule**

Name: GARY E MILGARD FAMILY FOUNDATION-

SUNSHINE

**EIN:** 81-1315385

| Investments Corporation Stock Schedule                     |                           |                                  |
|--|---------------------------|----------------------------------|
| Name of Stock  | End of Year Book<br>Value | End of Year Fair<br>Market Value |
| 6,775.000 SHS VANGUARD MID-CAP VIPERS                      | 936,169                   | 936,169                          |
| 6,839.000 SHS VANGUARD SMALL-CAP VIPERS                    | 902,680                   | 902,680                          |
| 26,892.000 SHS VANGUARD FTSE DEVELOPED MKTS E              | 997,693                   | 997,693                          |
| 37,348.704 SHS FRANKLIN FLOAT RATE DLY A-AD                | 314,476                   | 314,476                          |
| 35,867.605 SHS EATON VANCE FLOATING RATE INST              | 311,689                   | 311,689                          |
| 33,950.000 SHS ISHARES TRUST CURRENCY HEDGED MSCI EAFE ETF | 886,129                   | 886,129                          |
| 17,362.000 SHS ISHARES MSCI EMERGING MARKETS               | 678,160                   | 678,160                          |
| 47,336.534 SHS VOYA GLOBAL REAL ESTATE I                   | 642,830                   | 642,830                          |
| 16,680.000 SHS VANGUARD DIVIDEND APPREC ETF                | 1,633,806                 | 1,633,806                        |
| 14,673.000 SHS VANGUARD HIGH DIV YIELD ETF                 | 1,144,347                 | 1,144,347                        |
| 31,904.000 SHS SPDR S&P 500 ETF TRUST                      | 8,019,244                 | 8,019,244                        |
| 17,816.603 SHS OPPENHEIMER DEVELOP MKTS Y                  | 669,726                   | 669,726                          |
| 408.000 SHS INVESCO DB GOLD FUND                           | 16,132                    | 16,132                           |
| 8,273.000 SHS SPROTT PHYSICAL GOLD TRUST                   | 85,295                    | 85,295                           |
| 1,953.000 SHS SPDR GOLD TR GOLD SHS                        | 236,801                   | 236,801                          |
| 15,552.000 SHS ISHARES GOLDTRUST ETF                       | 191,134                   | 191,134                          |
| 239,729.516 SHS DOUBLELINE TOTAL RET BD I                  | 2,497,982                 | 2,497,982                        |
| 34,765.614 SHS MATTHEWS ASIA DIVIDEND INV                  | 557,988                   | 557,988                          |
| 37,620.000 SHS FIXED INCOME SHARES M MF                    | 381,467                   | 381,467                          |
| 38,040.000 SHS FIXED INCOME SHARES C MF                    | 378,118                   | 378,118                          |
| 64,163.869 SHS BLACKSTONE ALTERNATIVE MULTI                | 665,379                   | 665,379                          |
| 18,093.836 SHS CLEARBRIDGE INTL GROWTH I                   | 752,704                   | 752,704                          |
| 173,599.008 SHS PUTNAM SHORT DURATION INCOME Y             | 1,741,198                 | 1,741,198                        |

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| TY 2018 Investments Government Obligations Schedule                        |                 |                        |                     |  |  |  |  |
|  |                 |                        |                     |  |  |  |  |
| Name:  | GARY E MILGA    | ARD FAMILY FOUNDATION- |                     |  |  |  |  |
|  | SUNSHINE        |                        |                     |  |  |  |  |
| EIN:   | 81-1315385      |                        |                     |  |  |  |  |
| US Government Securities - End of Year Book Value:                         |                 | 281,813                |                     |  |  |  |  |
| US Government Securities - End of Year Fair Market Value:                  |                 | 281,813                |                     |  |  |  |  |
| State & Local Government<br>Securities - End of Year Book<br>Value:        |                 | 0                      |                     |  |  |  |  |
| State & Local Government<br>Securities - End of Year Fair<br>Market Value: |                 | 0                      |                     |  |  |  |  |

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| TY 2018 Investments - Other Schedule |                 |                     |  |  |  |  |  |
| No see a co                          | CADV E MILCADO  | FAMILY FOLINDATION  |  |  |  |  |  |

Name: GARY E MILGARD FAMILY FOUNDATION-

SUNSHINE

04 4345305

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| <b>EIN:</b> 81-13153                                 | 85                    |            |                                  |
|--|-----------------------|------------|----------------------------------|
| Investments Other Schedule 2                         |                       |            |                                  |
| Category/ Item                                       | Listed at Cost or FMV | Book Value | End of Year Fair<br>Market Value |
| HEDGEPREMIER/RIDA LP                                 | FMV                   | 1,251,681  | 1,251,681                        |
| AURORA OFFSHORE FUND LTD. II                         | FMV                   | 1,236      | 1,236                            |
| PINEHURST INSTITUTIONAL, LTD                         | FMV                   | 1,671,179  | 1,671,179                        |
| MERIDIAN PERF PTRS LTD CL A                          | FMV                   | 135        | 135                              |
| RIVERVIEW GLOBAL MACRO FUND (CAYMAN) LP<br>PLACEMENT | FMV                   | 13,136     | 13,136                           |

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|-------------------------------------|-----------------------|--------------------------|------------------------|---|
| TY 2018 Legal Fees Schedu           | ile                   |                          |                        |   |
|                                     |                       |                          |                        |   |
| Nan                                 | ne: GARY E MIL        | GARD FAMILY FOU          | INDATION-              |   |
|                                     | SUNSHINE              |                          |                        |   |
| E)                                  | <b>IN:</b> 81-1315385 |                          |                        |   |
| Category                            | Amount                | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
| LEGAL FEES                          | 5,661                 | 0                        |                        | 5,661                                       |

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|--------------------------------------|-----------------|------------------------|---------------------|--|--|
| TY 2018 Other Decreases Schedule     |                 |                        |                     |  |  |
|                                      |                 |                        |                     |  |  |
| Name:                                | GARY E MILGA    | ARD FAMILY FOUNDATION- |                     |  |  |
|                                      | SUNSHINE        |                        |                     |  |  |
| EIN:                                 | 81-1315385      |                        |                     |  |  |
| Di                                   | escription      |                        | Amount              |  |  |
| UNREALIZED LOSSES                    |                 |                        | 2,513,327           |  |  |

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|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|
| TY 2018 Other Expenses Sche          | dule                                 |                          |                        |   |  |
|                                      |                                      |                          |                        |   |  |
| Name:                                | GARY E MILGAR                        | RD FAMILY FOUND          | DATION-                |   |  |
|                                      | SUNSHINE                             |                          |                        |   |  |
| <b>EIN:</b> 81-1315385               |                                      |                          |                        |   |  |
| Other Expenses Schedule              |                                      |                          |                        |   |  |
| Description                          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |
| INSURANCE                            | 4,719                                | 0                        |                        | 4,719                                       |  |
| COMPUTER EXPENSE                     | 1,051                                | 0                        |                        | 1,051                                       |  |

1,608

2,102

527

105

0

0

0

0

14,601

1,608

2,102

527

105

0

OFFICE EXPENSE

EQUIPMENT RENTAL

**REPAIRS & MAINTENANCE** 

**DUES & SUBSCRIPTIONS** 

DEDUCTIONS FROM PARTNERSHIP INVESTMENTS

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| TY 2018 Other Income Schedul         | le              |                     |

Name: GARY E MILGARD FAMILY FOUNDATION-

SUNSHINE

**EIN:** 81-1315385

| Other Income Schedule                     |                                   |                          |                     |  |  |
|---|-----------------------------------|--------------------------|---------------------|--|--|
| Description                               | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |  |  |
| OTHER INCOME                              |                                   | 148                      |                     |  |  |
| OTHER INCOME FROM PARTNERSHIP INVESTMENTS |                                   | -3 856                   |                     |  |  |

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|----------------------------------|---|--------------------------|------------------------|---|
| TY 2018 Other Profession         | nal Fees Sched                                | ule                      |                        | _   |
| <u> </u>                         | Name: GARY E MI<br>SUNSHINE<br>EIN: 81-131538 |                          | JNDATION-              |   |
| Category                         | Amount  | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
| INVESTMENT MANAGEMENT FEES       | 71,54   | 71,540                   |                        | 0   |

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|---------------------------------|----------------------|--------------------------|------------------------|---|--|
| TY 2018 Taxes Schedule          |                      |                          |                        |   |  |
|                                 |                      |                          |                        |   |  |
|                                 | Name: GARY E MILO    | GARD FAMILY FOU          | NDATION-               |   |  |
| SUNSHINE                        |                      |                          |                        |   |  |
| <b>EIN:</b> 81-1315385          |                      |                          |                        |   |  |
| Category                        | Amount               | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |
| EXCISE TAX                      | 10,500               | 0                        |                        | 0   |  |
| FOREIGN TAXES                   | 10,295               | 10,511                   |                        | 0   |  |
| STATE TAXES                     | 716                  | 0                        |                        | 716   |  |