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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

CANNED SEP 1 6

E1-305

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2010, or tax year beginning , 2010, and ending G Check all that apply Initial return Initial Return of a former public charity Final return Amended return Address change Name change Employer identification number THE LARSON LEGACY 91-1859861 14404 SE KRAUSE LANE R Telephone number (see the instructions) HAPPY VALLEY, OR 97086-6534 (503) 593-5674 If exemption application is pending, check here D 1 Foreign organizations, check here Н 2 Foreign organizations meeting the 85% test, check here and attach computation Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated Fair market value of all assets at end of year J Accounting method: X Cash Accrual under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination 3,034,259 (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part I Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) expenses per books income income for charitable purposes (cash basis only) (see the instructions).) Contributions, gifts, grants, etc, received (att sch) 100,000 Ck ► If the foundn is **not** req to att Sch B 2 Interest on savings and temporary 49,118 cash investments 49,118 N/A 22,909 Dividends and interest from securities 22,909 5a Gross rents b Net rental income or (loss) 145,988 6a Net gain/(loss) from sale of assets not on line 10 Pross sales price for all assets on line[6a 6,430,515 et income (from Part IV, line 2) 145,988 Net shorterm capital gain 9) fincome @odifications .

10'a Gross salestiess returns and allowances. Gross profit? (loss) (att sch) Other income (attach schedule) SEE STATEMENT 1 3,305 3,305 Total. Add lines 1 through 11 320 221, 320 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) . b Accounting fees (attach sch) SEE ST 2 24,850. 12,425. 12,425 c Other prof fees (attach sch) 17 Interest 10,459 10,459 18 Taxes (attach schedule)(see instr.) . . SEE STM 3 4,304. 42. 383. Depreciation (attach 19 sch) and depletion 20 Occupancy 21 Travel, conferences, and meetings 33,9<u>86</u> 33,986. 22 Printing and publications EXPENSES 560 <u>560</u>. 23 Other expenses (attach schedule) SEE STATEMENT 4 4,533 4,445 88. Total operating and administrative expenses. Add lines 13 through 23 78,692 27,371 47,442 Contributions, gifts, grants paid PART XV 61. 424 61,424 Total expenses and disbursements. 240,116 27,371 Add lines 24 and 25 208,866 Subtract line 26 from line 12: a Excess of revenue over expenses 81,204. and disbursements 193,949 b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)

| Par | ŧΠ | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | E | nd of | year |
|-------------------|-------|---|----------------------------|---|-------|---|
| | | (See instructions) | (a) Book Value | (b) Book Value | : | (c) Fair Market Value |
| | 1 | | | _ | | |
| | 2 | Savings and temporary cash investments . | 156,596. | | | |
| | 3 | Accounts receivable | | | | ं ह |
| | ĺ | Less ⁻ allowance for doubtful accounts ▶ |] | | | |
| A | 4 | Pledges receivable | | v | | |
| | | Less allowance for doubtful accounts ► |] | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) | | | | |
| | 7 | Other notes and loans receivable (attach sch) | | *************************************** | | |
| | | Less. allowance for doubtful accounts | | - | - | * · · - |
| S | 8 | Inventories for sale or use . | | | | |
| A S E T | 9 | Prepaid expenses and deferred charges | | | | |
| Š | l l | a Investments — U.S. and state government | | | | |
| _ | '' | obligations (attach schedule) | 95,861. | | | |
| | | b Investments — corporate stock (attach schedule) STATEMENT 5 | 477,350. | 1,924,19 | 94. | 2,249,657. |
| | , | c Investments — corporate bonds (attach schedule) STATEMENT 6 | 1,129,602. | 761,12 | 23. | 784,602. |
| | 11 | Investments — land, buildings, and equipment basis | | K Table | | |
| | | Less: accumulated depreciation (attach schedule) | | | | , |
| | 12 | Investments – mortgage loans. | | | | |
| | | Investments – other (attach schedule) | 438,769. | | | |
| | 1 | Land, buildings, and equipment basis | 430,703. | | | . , , , , , , , , , , , , , , , , , , , |
| | '- | Less: accumulated depreciation (attach schedule) | | * * * * * | | i i i i i i i i i i i i i i i i i i i |
| | 15 | Other assets (describe) | 5,105. | | -+ | |
| | | Total assets (to be completed by all filers – see instructions. Also, see page 1, item I) | 2,303,283. | 2,685,31 | 17 | 3,034,259. |
| L | 17 | Accounts payable and accrued expenses | 2/303/203. | 2,000,00 | | 3,034,233. |
| Ĭ | 18 | Grants payable | | | | |
| A B | 19 | Deferred revenue | | | | 45.0 |
| - ! | 20 | Loans from officers, directors, trustees, & other disqualified persons | | | | |
| ī | 21 | Mortgages and other notes payable (attach schedule) | | , | | |
| Ţ | 22 | Other liabilities (describe SEE STATEMENT 7) | 52,831. | 350,63 | 35. | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Ė | | | | • | | I see that |
| <u> </u> | 23 | Total liabilities (add lines 17 through 22) | 52,831. | 350,63 | 35. | • • • • • • |
| | | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. |] | | | |
| ŊΓ | 24 | Unrestricted | | | | |
| N F E U T N | 25 | Temporarily restricted | | | | |
| D | 26 | Permanently restricted | | | | ' 1 |
| A S B S A | | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | | | |
| E L | 27 | Capital stock, trust principal, or current funds | | | | |
| S N C | 28 | Paid-in or capital surplus, or land, building, and equipment fund | | | | |
| ΟĔ | 29 | Retained earnings, accumulated income, endowment, or other funds | 2,250,452. | 2,334,68 | | |
| R S | 30 | Total net assets or fund balances (see the instructions) | 2,250,452. | 2,334,68 | 32. | |
| | 31 | Total liabilities and net assets/fund balances (see the instructions) | 2,303,283. | 2,685,31 | 17. | |
| Part | t III | Analysis of Changes in Net Assets or Fund Balanc | es | | | |
| 1 | Tota | I net assets or fund balances at beginning of year – Part II, coli | umn (a), line 30 (must ad | iree with | ŀ | |
| - | end- | of-year figure reported on prior year's return) | . (.), (, 0.9 | | 1 | 2,250,452. |
| 2 | Ente | r amount from Part I, line 27a | | . <u>L</u> | 2 | 81,204. |
| 3 | Other | increases not included in line 2 (itemize) SEE STATEMENT | 8 | | 3 | 3,026. |
| 4 | Add | lines 1, 2, and 3 | | | 4 | 2,334,682. |
| | | ases not included in line 2 (itemize) | | | 5 | |
| 6 | Tota | l net assets or fund balances at end of year (line 4 minus line 5 |) – Part II, column (b), I | ne 30 | 6 | 2,334,682. |

| , | (a) List and describe | the kınd(s) of property sold (e g , r e; or common stock, 200 shares ML | eal estate, | (b) How acc | nase | (C) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|----------|---|--|---|----------------|-------------------------|---|-------------------------------------|
| | · · · · · · · · · · · · · · · · · · · | | | D — Dona | various VARIOUS VARIOUS | | MADTOUC |
| | PUBLICLY TRADED SEC | | | P P | | | VARIOUS |
| | PUBLICLY TRADED SECTION FOR PUBLICLY PASS | | | <u>P</u> | | | VARIOUS |
| | | | | | | | 12/31/10 |
| | EIN 87-0778062 PASS SECURITIES LITIGATION | | | <u>P_</u> P | | VARIOUS VARIOUS | 12/31/10 VARIOUS |
| <u>e</u> | (e) Gross sales price | (f) Depreciation allowed | (g) Cost or other bas | | | (h) Gain or | |
| | (e) Gloss sales plice | (or allowable) | plus expense of sal | | | (e) plus (f) m | |
| a | 279,047. | | 265 | 5,868. | | | 13,179. |
| b | 6,148,022. | | 6,018 | 8,655. | | | 129,367. |
| c | | | | 2. | | | -2. |
| d | l | | | 2. | | | -2. |
| е | 3,446. | | | | | | 3,446. |
| | Complete only for assets show | ng gain in column (h) and owned by | | | | (I) Gains (Colu | |
| | (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column over column (j), if ai | (i) ny | | (), but not less om column (h)) | |
| a | | | | | | | 13,179. |
| b | · | | | | | <u></u> | 129,367. |
| c | | | | | | | -2. |
| d | | | | | | | -2. |
| e | | | — <u> </u> | | _ | | 3,446. |
| 2 | Capital gain net income or (net | capital loss). | enter in Part I, line 7 ter -0- in Part I, line 7 | | 2 | | 145,988. |
| Par | ın Part I, line 8 | 8, column (c) (see the instructions | | ent Inco | 3 me | | 129,365. |
| | s,' the foundation does not qual | tion 4942 tax on the distributable an ify under section 4940(e) Do not co | mplete this part | <u> </u> | | Yes | X No |
| _1_ | Enter the appropriate amount in | n each column for each year; see th | e instructions before makin | g any ent | ries | | |
| | (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use ass | sets | (coli | (d) Distributior umn (b) divided | |
| | 2009 | 361,821. | 2,42 | 9,527. | | | 0.148927 |
| | 2008 | 434,123. | 3,15 | 9,981. | | | 0.137382 |
| | 2007 | 916,443. | 3,85 | 7,888. | | | 0.237550 |
| | 2006 | 596,552. | 4,01 | 5,896. | | | 0.148548 |
| | 2005 | 123,535. | 4,16 | 5,264. | | | 0.029658 |
| | | | | | | | |
| 2 | Total of line 1, column (d) | | | | 2 | | 0.702065 |
| 3 | Average distribution ratio for th number of years the foundation | e 5-year base period – divide the to i has been in existence if less than | otal on line 2 by 5, or by the 5 years | | 3 | | 0.140413 |
| 4 | Enter the net value of nonchari | | | i | 4 | | 2,335,390. |
| 5 | Multiply line 4 by line 3 | table-use assets for 2010 from Part | X, line 5 | | | | |
| - | | table-use assets for 2010 from Part | X, line 5 | í | 5 | ł | 327.919. |
| e | • | | X, line 5 | | 5 | | 327,919. |
| 6 | Enter 1% of net investment inc | | X, line 5 | | 6 | | 1,939. |
| 6 7 | • | | X, line 5 | | | | 1,939. 329,858. |
| | Enter 1% of net investment inc Add lines 5 and 6 Enter qualifying distributions fro | ome (1% of Part I, line 27b) | | | 6 7 8 | | 1,939. 329,858. 208,866. |

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|---|--------------------------|
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instru | ctions) |
| 1 a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter 'N/A' on line 1 | |
| Date of ruling or determination letter (attach copy of letter if necessary — see instr.) | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, | 3,879. |
| check here ▶ ☐ and enter 1% of Part I, line 27b | |
| c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b) | , |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | ٠ - |
| foundations only Other's enter -0-) | 0. |
| 3 Add lines 1 and 2 | 3,879. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 3,879. |
| 6 Credits/Payments: | |
| a 2010 estimated tax pmts and 2009 overpayment credited to 2010 | Factor and |
| b Exempt foreign organizations — tax withheld at source 6b 6c | 2 5 7 4- 5 3 |
| c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 6d | |
| | 5,241. |
| / Total credits and payments. And times of through of | J, 241. |
| 2 Enter any penalty for and payment of detailed tax | 0. |
| Tax day, if the coal of fines of the coal | 1,362. |
| 1 262 | 0. |
| Part VII-A Statements Regarding Activities | |
| | Yes No |
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | 1a X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | 1b X |
| If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | |
| c Did the foundation file Form 1120-POL for this year? | 1c X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. | |
| (1) On the foundation ►\$ 0. (2) On foundation managers ►\$ 0 | <u>.</u> . . |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | |
| foundation managers . • \$ 0. | 2 X |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | Z |
| If 'Yes,' attach a detailed description of the activities | · · · · ; |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | 3 X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a X |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 4b N/A |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 X |
| If 'Yes,' attach the statement required by General Instruction T | 1 |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. | ' |
| By language in the governing instrument, or | 1 1 1 |
| | |
| By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | 6 X |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | 7 X |
| 8a Enter the states to which the foundation reports or with which it is registered (see the instructions) | - |
| OR | |
| b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If 'No,' attach explanation . | 8b X |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV | 9 X |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses | 10 X |
| | orm 990-PF (2010) |

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|--|--|--|--|---------------------------------------|
| Part VII-B Statements Regarding Activiti | | 14720 May Be Requ | uired (continued) | |
| 5a During the year did the foundation pay or incu | - | | | |
| (1) Carry on propaganda, or otherwise attempt | ot to influence legislatio | n (section 4945(e))? | Yes X | No |
| (2) Influence the outcome of any specific publion, directly or indirectly, any voter registra | tic election (see section | 4955), or to carry | Yes X | No . |
| (3) Provide a grant to an individual for travel, | study, or other similar | purposes? | Yes X | No |
| (4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section | nan a charitable, etc, or 4940(d)(2)? (see instru | rganization described uctions) | Yes X | No |
| (5) Provide for any purpose other than religion educational purposes, or for the prevention | us, charitable, scientific n of cruelty to children | c, literary, or or animals? | Yes X | No |
| b If any answer is 'Yes' to 5a(1)-(5), did any of indescribed in Regulations section 53 4945 or in (see instructions)? | the transactions fail to the acurrent notice regard . | qualify under the except ding disaster assistance | tions | 5b N/A |
| Organizations relying on a current notice rega | rding disaster assistand | ce check here | ▶ 🗌 | |
| c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure response | the foundation claim ex sibility for the grant? | emption from the | N/A Yes | No |
| If 'Yes,' attach the statement required by Regi | ulations section 53 494 | 5-5(d) | | 101 |
| 6a Did the foundation, during the year, receive ar on a personal benefit contract? | • | | Yes X | |
| b Did the foundation, during the year, pay premi | iums, directly or indirec | tly, on a personal bene | fit contract? | 6b X |
| If 'Yes' to 6b, file Form 8870. | dation a norty to a arab | whited toy shalter transa | ction? Yes X | No |
| 7a At any time during the tax year, was the foundb If yes, did the foundation receive any proceed | | | | I/A 7b |
| Part VIII Information About Officers, D | | | | -, |
| and Contractors | irectors, rrustees, | i odiidadon manaç | jers, riiginiy r ala e | inproyees, |
| 1 List all officers, directors, trustees, foundation | n managers and their | compensation (see inst | ructions). | |
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other allowances |
| | | | compensation | |
| _LELAND_E.GLARSON | PRESIDENT | 0. | 0. | 0. |
| 14404 SE KRAUSE LANE | 20.00 | | | |
| HAPPY VALLEY, OR 97086-6534 | 770 | | | |
| KATHLEEN C. LARSON | VP | 0. | 0. | 0. |
| 10961 SE RIMROCK DRIVE | 5.00 | | | |
| PORTLAND, OR 97236-7032 | CEC /TDEAC | 0. | 0. | 0. |
| DAVID M. LARSON | SEC/TREAS | 0. | 0. | 0. |
| 18345 BERNARDO TRAILS DRIVE | 5.00 | | | } |
| SAN DIEGO, CA 92128-1104 | | | <u> </u> | |
| | | | | |
| 2 Compensation of five highest-paid employee | es (other than those in | l cluded on line 1— see in | structions). If none, e | nter 'NONE.' |
| (a) Name and address of each employee | (b) Title and average | (c) Compensation | (d) Contributions to | (e) Expense account, |
| paid more than \$50,000 | hours per week devoted to position | (c) compensation | employee benefit plans and deferred compensation | other allowances |
| NONE | | | | |
| | | | | |
| | | • | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | 1 |
| | <u> </u> | | | |
| Total number of other employees paid over \$50,000 | TEFA03061 | 07/23/10 | | Form 990-PF (2010) |

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| Par | X Minimum Investment Return (All domestic foundations must complete this part. For see instructions.) | reign | i foundations, |
|--------------|---|---------|---|
| 1 a | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: Average monthly fair market value of securities. | 1 a | 2,576,069. |
| | Average of monthly cash balances | 1 b | 107,512. |
| | Fair market value of all other assets (see instructions) | 1 c | , , , <u>, , , , , , , , , , , , , , , , </u> |
| c | Total (add lines 1a, b, and c) | 1 d | 2,683,581. |
| | Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| | (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 312,627. |
| 3 | Subtract line 2 from line 1d . | 3 | 2,370,954. |
| 4 | Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 35,564. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 2,335,390. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 116,770. |
| Par | | | foundations |
| | and certain foreign organizations check here ► and do not complete this pa | 1 _ 1 | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 116,770. |
| | Tax on investment income for 2010 from Part VI, line 5 . 2a 3,879. | , _ | |
| | Income tax for 2010 (This does not include the tax from Part VI) | | 2 070 |
| 2 | Add lines 2a and 2b | 2c | 3,879. 112,891. |
| 5 | Distributable amount before adjustments Subtract line 2c from line 1 | 4 | 112,091. |
| 5 | Recoveries of amounts treated as qualifying distributions . Add lines 3 and 4 | 5 | 112,891. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 112,001. |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 112,891. |
| _ | | | |
| Par | t XII Qualifying Distributions (see instructions) | | ***** |
| 1 a | Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1 a | 208,866. |
| | Program-related investments – total from Part IX-B | 1ь | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes. | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) | 3a | |
| E | Cash distribution test (attach the required schedule) | 3 b | |
| 4 | Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 208,866. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 208,866. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years | r the f | oundation |
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Part XIII Undistributed Income (see instructions)

| | | | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|----|--|-----------------------|---|---|---|---|
| 1 | Distributable amount for 2010 from line 7 | n Part XI, | , , , , , , - | | , , , , | 112,891. |
| 2 | Undistributed income, if any, as of the end | of 2010. | : | - | · | 112,031. |
| ä | Enter amount for 2009 only | | r, | | 0. | |
| i | Total for prior years. 20, 20, | 20 | | 0. | · | 7 , 7, |
| 3 | Excess distributions carryover, if any, to 20 | 10. | | , · · · · · · · · · · · · · · · · · · · | | |
| | From 2005 . | | | | , | , |
| | | 101,609. | | | , | |
| | | 733,623. | | | 4 - 4 | |
| | · · · · · · · · · · · · · · · · · · · | 277,252. | | - - | _ · · | |
| | | 240,663. | | · · · · · · · · · · · · · · · · · · · | ' | |
| | Total of lines 3a through e | . . | 1,653,147. | | ···- | · · · · · · · · · · · · · · · · · · · |
| 4 | Qualifying distributions for 2010 fr | | | , | - | · · · · · · |
| _ | | <u>,866.</u> | | , | | |
| | Applied to 2009, but not more that | | | | 0. | |
| ł | Applied to undistributed income of (Election required — see instruction) | f prior years ons) | - , - | 0. | | |
| c | Treated as distributions out of cor | pus | | , | - | · - |
| | (Election required – see instruction | · · | 0. | * 4. | -, - | 110 001 |
| | Applied to 2010 distributable amou | | 05 075 | | - | 112,891. |
| | Remaining amount distributed out | · | 95,975. 0. | 2.50 | | |
| 5 | Excess distributions carryover applied to 20 (If an amount appears in column is | (d), the | <u> </u> | | | 0, |
| | same amount must be shown in c | olumn (a)) | | | | |
| _ | | | | , , , " | - ~. - | |
| 6 | Enter the net total of each column indicated below: | n as | | ·, | _ * * | |
| a | Corpus Add lines 3f, 4c, and 4e Subtract li | ine 5 | 1,749,122. | | | |
| | | l | 27 8 | | , . | · · |
| | Prior years' undistributed income line 4b from line 2b | ļ | | 0. | | , |
| c | : Enter the amount of prior years' u ed income for which a notice of de | ndistribut- | | | , , | |
| | has been issued, or on which the | section | | _ | - | |
| | 4942(a) tax has been previously a | ssessed | * | <u> </u> | , , | ···- |
| c | Subtract line 6c from line 6b Taxa | able | | 0 | - | |
| | amount - see instructions | ŀ | | 0. | | , - |
| € | Undistributed income for 2009. Subtract lin line 2a. Taxable amount — see instructions | | | | 0. | |
| | mie za. Taxable amount — see mstructions | ' | F 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | , | 0. | |
| f | Undistributed income for 2010. Su | | | , | - | |
| | 4d and 5 from line 1. This amount distributed in 2011 | must be | ·, | | ÷ | 0. |
| 7 | Amounts treated as distributions of | out of | | | | |
| | corpus to satisfy requirements imp | oosed | | | , | ÷ , |
| | by section 170(b)(1)(F) or 4942(g) (see instructions) | (3) | 0. | | , , , , , , , , , , , , , , , , , , , | |
| | , | 20051 | | | | ,-,- |
| 0 | Excess distributions carryover from applied on line 5 or line 7 (see ins | tructions) | 0. | | - | |
| Q | Excess distributions carryover to | | | | - | |
| 3 | Subtract lines 7 and 8 from line 6 | 2011. | 1,749,122. | | -r , | , |
| 10 | Analysis of line 9 | | | - | | |
| а | | 01,609. | | | * | |
| E | | 33,623. | | | | - |
| c | | 77,252. | | - | | |
| c | | 40,663. | - | | , - | |
| е | Excess from 2010 | 95,975. | 1 2 | <u> </u> | - | • |

| Form 990-PF (2010) THE LARSON LEGACY | | | | 91-185986 | | | |
|---|--|---|--------------------------|------------------------|-------------------|--|--|
| Part XIV Private Operating Foundation | | | | | N/A | | |
| 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling | | | | | | | |
| b Check box to indicate whether the foundat | | rating foundation of | | 4942(J)(3) or | 4942(j)(5) | | |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | (t.) 2000 | Prior 3 years | (-I) 0007 | (-) T. A-1 | | |
| investment return from Part X for each year listed | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total | | |
| b 85% of line 2a | | | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | | | |
| Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | · | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | | | |
| a 'Assets' alternative test - enter | | | | | | | |
| (1) Value of all assets | | | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | | | |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | | | |
| c 'Support' alternative test – enter: | | | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) | | | | | | | |
| (3) Largest amount of support from an exempt organization . | | | | | | | |
| (4) Gross investment income | | <u> </u> | <u> </u> | 1.55.000 | <u> </u> | | |
| Part XV Supplementary Information assets at any time during th | (Complete this e vear – see in | part only if the structions.) | organization ha | ad \$5,000 or mo | re ın | | |
| Information Regarding Foundation Managers of the foundation who had a List any managers of the foundation who had a list any managers of the foundation who had a list any managers of the foundation who had a list any managers of the foundation who had a list any managers of the foundation who had a list any managers of the foundation who had a list any managers of the foundation who had a list any managers of the foundation who had a list any managers of the foundation who had a list any managers of the foundation who had a list any managers of the foundation who had a list any managers of the foundation who had a list any managers of the foundation who had a list any managers of the foundation who had a list any managers of the foundation who had a list any managers of the foundation who had a list any managers of the foundation who had a list and had a list | nave contributed me | ore than 2% of the | total contributions r | eceived by the foun | dation before the | | |
| close of any tax year (but only if they have LELAND E.G. LARSON | contributed more | than \$5,000) (See | section 507(d)(2)) | · | | | |
| b List any managers of the foundation who ca partnership or other entity) of which the NONE | own 10% or more of foundation has a 1 | f the stock of a cor 0% or greater inter | rporation (or an equiest | ally large portion of | the ownership of | | |
| | | | | | ·_· | | |
| 2 Information Regarding Contribution, Gran Check here Inf the foundation only in requests for funds. If the foundation makes complete items 2a, b, c, and d | nakes contributions | to preselected cha | arıtable organization | | | | |
| a The name, address, and telephone number | r of the person to | whom applications | should be addresse | d | | | |
| | | | | | | | |
| SEE STATEMENT 9 | SEE STATEMENT 9 | | | | | | |
| b The form in which applications should be s | submitted and infor | mation and materia | als they should inclu | ıde: | | | |
| SEE STATEMENT FOR LINE 2A | | | | ··· | | | |
| c Any submission deadlines: | | | | | | | |
| SEE STATEMENT FOR LINE 2A d Any restrictions or limitations on awards, s | such as by geograp | hical areas, charita | able fields, kinds of | institutions, or other | factors | | |
| , | ac aj googiup | | | | | | |
| SEE STATEMENT FOR LINE 2A | | | | | 000 PE (0010) | | |

Page 11

| 3 Grants and Contributions Paid During the Ye | ar or Approved for Fut | ure Paymen | t | |
|--|--|----------------------|----------------------------------|----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | substantial contributor | recipient | 301111340011 | |
| Name and address (home or business) a Paid during the year SEE SUPPLEMENTAL SCHEDULE | substantial contributor NONE | PUBLIC | SEE SUPPLEMENTAL SCHEDULE | 161,424. |
| Total . | | | ▶ 3a | 161,424. |
| b Approved for future payment | · | Ι | 1 | 101,124. |
| N/A | | | | |
| Total | | | ▶ 31 | 0 |

Part XVI-A Analysis of Income-Producing Activities

| Enter gross | s amounts unless otherwise indicated | Lincolata | d business income | Evoluded by | section 512 513 or 514 | |
|--|--|--|---------------------------------------|--|---|--|
| | | (a) Business code | d business income (b) Amount | (c) Exclusion | section 512, 513, or 514 (d) Amount | (e) Related or exempt function income (see the instructions) |
| | am service revenue: | | | code | | <u> </u> |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| f | | | | | | |
| g Fees | and contracts from government agencies | | | <u> </u> | | |
| _ | pership dues and assessments | | | | | |
| 3 Interes | t on savings and temporary cash investments | | | 14 | 49,118. | |
| | ends and interest from securities | | | 14 | 22,909. | |
| | ental income or (loss) from real estate: | | | | - | |
| | financed property | | | | | |
| | ebt-financed property | | | | | |
| | ntal income or (loss) from personal property | | | 14 | 2 205 | |
| | r (loss) from sales of assets other than inventory | | | 18 | 3,305. 145,988. | |
| | r (loss) from sales of assets other than inventory ncome or (loss) from special events. | | | | 143,700. | |
| | s profit or (loss) from sales of inventory | | | | | |
| | revenue. | , , | , | | | |
| | | | · · · · · · · · · · · · · · · · · · · | 1 | | |
| | | † | | | . | |
| | | | | | | |
| | | | | | | |
| е | | | | | | |
| | | | | | | |
| 12 Subto | otal Add columns (b), (d), and (e) | | | <u> </u> | 221,320. | |
| 13 Total | . Add line 12, columns (b), (d), and (e) | | | | 221,320. 13 | |
| 13 Total | | ons) | | | | |
| 13 Total (See works | . Add line 12, columns (b), (d), and (e) | | shment of Exem | pt Purpose | 13 | |
| 13 Total (See works | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |
| 13 Total (See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption. | e Accompli | | | 13 es | 221,320. |

Form 990-PF (2010) THE LARSON LEGACY 91-1859861 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | Yes | No |
|---|---------------------------------|-------------|-------------|
| a Transfers from the reporting foundation to a noncharitable exempt organization of | | | |
| (1) Cash | 1a (1) | | <u>X</u> |
| (2) Other assets | 1 a (2) | | X |
| b Other transactions: | | | |
| (1) Sales of assets to a noncharitable exempt organization | 1 b (1) | | <u>X</u> |
| (2) Purchases of assets from a noncharitable exempt organization | 1 b (2) | | <u>X</u> |
| (3) Rental of facilities, equipment, or other assets | 1 b (3) | | X |
| (4) Reimbursement arrangements | 1 b (4) | | <u>X</u> |
| (5) Loans or loan guarantees | 1 b (5) | | _X |
| (6) Performance of services or membership or fundraising solicitations | 1 b (6) | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. | 1 c | | X |
| d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair mark any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received | market val et value in ed | ue of | |
| (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and | | | s |
| N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If 'Yes,' complete the following schedule. | Yes | s [X] | No |
| (a) Name of organization (b) Type of organization (c) Description of re | lationship | | |
| N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge. Sign Here | dge and belief, | it is trui | e, |
| Signature of officer or trustee Date Title | | | |
| Print/Type preparer's name Preparer's signature Date Check if If | PTIN | | |
| Paid DALE B. AUSTEN 8/31/11 self-employed | P0007 | <u>5584</u> | |
| Preparer Firm's name AUSTEN & CO., P.O., CPA'S Firm's EIN > 93-0 | 0860208 | | |
| Jse Only Supply address 13800 SE WEBSTER ROAD | | | |
| Firm's address MILWAUKIE, OR 97267 Phone no (50) | 3) 659 - | 9434 | 1 |
| BAA | Form 99 | 0-PF | (2010) |

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2010

| Name of the organization | | Employer identification number | | | | |
|---|---|---|--|--|--|--|
| THE LARSON LEGACY | | 91-1859861 | | | | |
| Organization type (check one) | | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization | | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as 501(c)(3) taxable private foundation | a private foundation | | | | |
| Check if your organization is covered by the Note . Only a section 501(c)(7), (8), or (10) or | General Rule or a Special Rule. ganization can check boxes for both the General Rule a | nd a Special Rule. See instructions | | | | |
| General Rule X For an organization filing Form 990, 990-Econtributor (Complete Parts I and II.) | EZ, or 990-PF that received, during the year, \$5,000 or r | nore (in money or property) from any one | | | | |
| Special Rules | | | | | | |
| 509(a)(1) and 170(b)(1)(A)(vi), and receive | Form 990 or 990-EZ, that met the 33-1/3% support test red from any one contributor, during the year, a contribu art VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Par | ition of the greater of (1) \$5,000 or | | | | |
| For a section 501(c)(7), (8), or (10) organ aggregate contributions of more than \$1,000 the prevention of cruelty to children or an | nzation filing Form 990 or 990-EZ, that received from an 000 for use <i>exclusively</i> for religious, charitable, scientific imals. Complete Parts I, II, and III | y one contributor, during the year, ;, literary, or educational purposes, or | | | | |
| For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contribution, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 if this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively | | | | | | |
| religious, charitable, etc, contributions of | \$5,000 or more during the year | . ► \$ | | | | |
| 990-PF) but it must answer 'No' on Part IV. In | Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | | | | | |
| BAA For Paperwork Reduction Act Notice, 990EZ, or 990-PF. | see the Instructions for Form 990, Sc | chedule B (Form 990, 990-EZ, or 990-PF) (2010) | | | | |

| | B (Form 990, 990-EZ, or 990-PF) (2010) | | Page 1 | of 1 | of Part I |
|---------------|---|------------------------------|-------------|--|---------------------------------|
| Name of org | anization ARSON LEGACY | | 1 ' ' | identification number | • |
| Part I | Contributors (see instructions.) | | 121 10 | 757001 | |
| | | 4. | | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggrega contributi | te ons | (d) Type of cont | ribution |
| 1 | LELAND E.G. LARSON | | | Person X Payroll | |
| | 14404 SE KRAUSE LANE | \$ <u>100</u> | 0,000. | Noncash | |
| | HAPPY_VALLEY,_OR_97086~6534 | | | (Complete Par is a noncash co | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggrega contributi | te ons | (d) Type of cont | ribution |
| | | \$ | . — — — | Person Payroll Noncash (Complete Paris a noncash complete) | t II if there ontribution) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggrega contributi | te ons | (d) Type of cont | ribution |
| | | \$ | | Person Payroll Noncash (Complete Paris a noncash co | t II if there ontribution) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggrega contributi | ite ions | (d) Type of cont | ribution |
| | | \$ | · ! | Person Payroll Noncash (Complete Paris a noncash co | rt II if there ontribution) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggrega contributi | ite ions | (d) Type of cont | tribution |
| | | \$ | | Person Payroll Noncash (Complete Paris a noncash co | rt II if there |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggrega contributi | ite ions | (d) Type of cont | tribution |
| | | \$ | | Person Payroll Noncash (Complete Paris a noncash co | t II if there ontribution) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

| lame of organi | (Form 990, 990-EZ, or 990-PF) (2010) Ization SON LEGACY | | Page - | | 1 of Part I ottfication number |
|---------------------------|---|-----------------|---------------------|-----------------------------------|-----------------------------------|
| Part II | Noncash Property (see instructions) | | | | |
| (a) No. from Part I | (b) Description of noncash property given | | FMV (or (see ins | (c) estimate) structions) | (d) Date received |
| | N/A | | | | |
| | | \$_ | | | |
| (a) No. from Part I | (b) Description of noncash property given | | FMV (or (see ins | (c) estimate) structions) | (d) Date received |
| | | | | | |
| - | | \$_ | | | |
| (a) No. from Part I | (b) Description of noncash property given | | FMV (or (see ins | (c) estimate) structions) | (d) Date received |
| | | | | | |
| | | \$_ | | ···· | |
| (a) No. from Part I | (b) Description of noncash property given | | FMV (or | (c) r estimate) structions) | (d) Date received |
| | | | | | |
| | | \$ _. | | | |
| (a) No. from Part I | (b) Description of noncash property given | | FMV (or | (c) r estimate) structions) | (d) Date received |
| | | \dashv | | | |
| | | \$ | | | |
| ì | | | | | |

BAA

(a) No. from Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

(d) Date received

(c) FMV (or estimate) (see instructions)

(b)
Description of noncash property given

(e)

| 2010 | FEDERAL STATEMENTS | PAGE 1 |
|--|---|--|
| | THE LARSON LEGACY | 91-185986 |
| STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME | | |
| OTHER INVESTMENT INCOME | (A) (B) NET REVENUE INVESTMENT PER BOOKS INCOME \$ 3,305.\$ 3,305.\$ TOTAL \$ 3,305.\$ 3,305.\$ | (C) ADJUSTED NET INCOME 0. |
| STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES | | |
| SEE SUPPLEMENTAL SCHEDULE | (A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 24,850. \$ 12,425. TOTAL \$ 24,850. \$ 12,425. | (D) CHARITABLE PURPOSES \$ 12,425. \$ 12,425. |
| STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES | | |
| FEDERAL EXCISE TAX ON INVEST FOREIGN TAX PAID ON INVEST I OREGON CORPORATE LICENSE | NCOME 42. \$ 42. 50. | (D) CHARITABLE PURPOSES \$ 50. |
| OREGON REVENUE FEE/FUND BALA | TOTAL \$ 4,304. \$ 42. | 333. \$ 383. |
| STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES | | |
| BANK SERVICE CHARGES | (A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 65. | (D) CHARITABLE PURPOSES \$ 65. |
| FIDUCIARY FEES INVESTMENT EXPENSES - EIN 87 INVESTMENT EXPENSES - OTHER | . 407. \$ 407. -0778062 9. 9. 9. . 4. 4. | |

| 010 FEDERAL ST | ATEMENTS | | PAGE 2 |
|--|---------------------|--------------------------|---|
| THE LARSO | N LEGACY | | 91-185986 |
| STATEMENT 5 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS | | | |
| CORPORATE STOCKS | VALUATION METHOD | BOOK VALUE | FAIR MARKETVALUE |
| SEE SUPPLEMENTAL SCHEDULE | COST \$ TOTAL \$ | 1,924,194. 1,924,194. | |
| STATEMENT 6 FORM 990-PF, PART II, LINE 10C INVESTMENTS - CORPORATE BONDS | | | |
| CORPORATE BONDS | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| SEE SUPPLEMENTAL SCHEDULE | COST \$ TOTAL \$ | 761,123. 761,123. | |
| STATEMENT 7 FORM 990-PF, PART II, LINE 22 OTHER LIABILITIES INVESTMENT MARGIN LOAN EXPENSES REIMBURSABLE TO LEE LARSON FEDERAL EXCISE TAX ON INVESTMENTS OREGON REVENUE FEE/FUND BALANCE FEE CASH OVERDRAFT | | TOTAL | \$ 312,627. 32,771. 3,638. 333. 1,266. \$ 350,635. |
| STATEMENT 8 FORM 990-PF, PART III, LINE 3 OTHER INCREASES NET BALANCE SHEET ADJUSTMENTS | | TOTAL | \$ 3,026. \$ 3,026. |

APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

LELAND E.G. LARSON

NAME: CARE OF:

STREET ADDRESS: 14404 SE KRAUSE LANE
CITY, STATE, ZIP CODE: HAPPY VALLEY, OR 97086-6534
TELEPHONE: (503) 593-5674
FORM AND CONTENT: SEE ATTACHMENTS
SUBMISSION DEADLINES: SEE ATTACHMENTS

2010

FEDERAL STATEMENTS

PAGE 3

THE LARSON LEGACY

91-1859861

STATEMENT 9 (CONTINUED) FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

RESTRICTIONS ON AWARDS: SEE ATTACHMENTS

| 010 | FEDERAL SUPPORTI | NG DETAIL | PAGE 1 |
|---|-----------------------------|-----------|-------------------------------|
| | THE LARSON LEG | ACY | 91-185986 |
| NET INVESTMENT INCOME OTHER INVESTMENT INCO | / ADJ. NET INCOME ME | | |
| SUBSTITUTE PAYTS IN LINVESTMENT PROMOTION | | S TOTAL S | 1,437. 1,868. 3,305. |
| OPERATING & ADMINISTR TRAVEL, CONFERENCES, | ATIVE EXP. (990-PF) ETC. | | |
| TRAVEL & LODGING MEETINGS & CONFERENCE: | 5 | \$ TOTAL | 21,799. 12,187. 33,986. |
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| THE LARSON LEGA | CY | - | | | | EIN 9 | 1-185986 ⁻ |
|----------------------|-------------|---------------|--------------|--|--------------|-------|-----------------------|
| Form 990-PF | T | | | | | FYE | 12-31-1 |
| Part I, LINE 16b | | | | | | | |
| Accounting Fees | | | | | | | |
| | | | | | | | |
| | | | - | | | | |
| Decorder of Comings | Augton 9 C |) D.C | | | | | |
| Provider of Services | Austen & C | 0, P.U. | Intente | | | | |
| | Certilled P | ublic Accol | Titalits | | - | | |
| Nature of Services. | 2009 accou | inting and | nrenaration | of 2009 fe | deral Form | | |
| IVALUIE OF SETVICES. | 990-PF an | d Oregon F | orm CT-12 | 01 2000 10 | derail oilli | | |
| | 000 . 1 a | u orogonii | 1 | T | | | |
| | Special pro | ject for clie | ent regardin | g accumul | ated grants | | |
| | | | | 1 | | | |
| | | | | | | | |
| Amount | 24,850 | | | | | | |
| | | | | | | | |
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| i i | į. | | | 1 | 1 | | |

| mber of hares 4,150 5,000 200 800 300 5,300 | Valuation Method Cost Cost Cost Cost Cost | (b) Book Value 1,123,970 126,440 25,707 | (c) Fair Marke Value 1,338,624 146,900 19,306 |
|--|--|---|--|
| 4,150 5,000 200 800 300 5,300 | Cost Cost Cost Cost Cost | Book Value 1,123,970 126,440 25,707 | Fair Marke Value 1,338,624 146,900 |
| 4,150 5,000 200 800 300 5,300 | Cost Cost Cost Cost Cost | Book Value 1,123,970 126,440 25,707 | Fair Marke Value 1,338,624 146,900 |
| 4,150 5,000 200 800 300 5,300 | Cost Cost Cost Cost Cost | Book Value 1,123,970 126,440 25,707 | Fair Marke Value 1,338,624 146,900 |
| 4,150 5,000 200 800 300 5,300 | Cost Cost Cost Cost Cost | Book Value 1,123,970 126,440 25,707 | Fair Marke Value 1,338,624 146,900 |
| 4,150 5,000 200 800 300 5,300 | Cost Cost Cost Cost Cost Cost | Value 1,123,970 126,440 25,707 | Value 1,338,624 146,900 |
| 4,150 5,000 200 800 300 5,300 | Cost Cost Cost | 1,123,970 126,440 25,707 | 1,338,624 146,900 |
| 5,000 200 800 300 5,300 | Cost Cost Cost | 126,440 25,707 | 146,900 |
| 5,000 200 800 300 5,300 | Cost Cost | 126,440 25,707 | 146,900 |
| 200 800 300 5,300 | Cost | 25,707 | |
| 300 5,300 | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 5,300 | | 33,540 | 34,840 |
| | Cost | 166,832 | 178,19 ⁻ |
| | Cost | 131,012 | 159,954 |
| 1,815 | Cost | 205,987 | 251,77 |
| 4,000 | Cost | 131,740 | 143,12 |
| | | 1,945,228 | 2,272,71 |
| (500) | Cost | (21,034) | (23,05 |
| | | 1,924,194 | 2,249,65 |
| | | | |
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| THE LARSON LEGACY | | | | EII | N 91-1859861 |
|-------------------------------|------------|--------|-----------|---------|--------------|
| Form 990-PF | | | | | FYE 12-31-10 |
| Part II, Line 10c | | | | | |
| Investments - Corporate Bonds | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Par | | (b) | (c) |
| | | Value/ | | Ending | Ending |
| | Maturity | Units | Valuation | Book | Fair Market |
| Description | Date | Shares | Method | Value | Value |
| | | | | | |
| Bear Stearns & Co Inc Global | 11/15/2014 | 25,000 | Cost | 27,031 | 27,469 |
| Bear Stearns & Co Inc Global | 11/15/2014 | 50,000 | Cost | 54,387 | 54,937 |
| Cisco System Inc | 02/22/2016 | 25,000 | Cost | 26,652 | 28,528 |
| Conocophillips GTD NT | 01/15/2015 | 50,000 | Cost | 51,401 | 54,497 |
| GE Capital Corp MTN | 01/08/2016 | 75,000 | Cost | 77,349 | 80,055 |
| Goldman Sachs Group Inc | 01/15/2011 | 50,000 | Cost | 48,860 | 50,081 |
| Goldman Sachs Group Inc | 10/01/2016 | 75,000 | Cost | 79,393 | 81,668 |
| Medtronic Inc SR NT | 03/15/2014 | 25,000 | Cost | 25,000 | 27,136 |
| Morgan Stanley | 03/01/2013 | 75,000 | Cost | 78,900 | 79,922 |
| Morgan Stanley | 05/13/2014 | 50,000 | Cost | 53,742 | 54,024 |
| Oracle Corp | 01/15/2016 | 50,000 | Cost | 52,394 | 56,214 |
| SBC Communications Inc | 09/15/2014 | 75,000 | Cost | 81,386 | 82,058 |
| Schwab Charles Corp SR NT | 06/01/2014 | 75,000 | Cost | 80,033 | 81,557 |
| Wells Fargo & Co New SR NT | 01/31/2013 | 25,000 | Cost | 24,595 | 26,456 |
| | | | | | |
| | | | | 761,123 | 784,602 |
| | | | | | |
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| THE LARSON LEGACY | | IN 91-1859861 |
|---|--|---------------|
| Form 990-PF | | FYE 12-31-10 |
| Part XV, Line 3a | | |
| Grants and Contributions Paid During the Ye | ar | |
| | | |
| Recipient | Purpose | Amount |
| | | |
| UNITED STATES PUBLIC CHARITIES | | |
| <u>Charitable</u> | | |
| American Red Cross | Funding for Haitian earthquake emergency relief assistance | 500 |
| Washington, DC | | |
| California Community Partners for Youth | General funding for the organization's community mentoring programs | 8,500 |
| San Jose, CA | | |
| Clackamas Service Center | General funding for the organization's programs providing food, | 1,500 |
| Clackamas, OR | clothing, and other assistance to the poor, needy and homeless | |
| | of Clackamas County | |
| | | 250 |
| Columbia Riverkeeper | General funding for the organization's efforts to protect and restore | 250 |
| Hood River, OR | the water quality of the Columbia River | |
| Dalai Lama Foundation, The | General funding the organization's dedication to ethics and peace | 1,000 |
| Redwood City, CA | | |
| Dignity Village | Funding for the organization's outreach events for the local homeless | 1,735 |
| Portland, OR | community and general funding (total includes direct costs of \$735) | |
| Dress for Success Oregon | Funding for the organization's Celebrate Success special matching | 10,000 |
| Portland, OR | challenge fundraising event | |
| Family Assistance Foundation | Funding the organization's bowl-a-thon fundraising event | 180 |
| Oregon City, OR | | |
| Illahee Society | Funding for the organization's Illahee Lecture Series providing | 3,000 |
| Portland, OR | a forum for science-based policy-relevant environmental inquiry | |
| | | |
| Oregon Food Bank | General funding for the organization's emergency food assistance | 1,000 |
| Portland, OR | programs to the local community | |
| Partners in Health | Funding for medical supplies in emergency response to recent Haitian | 4,000 |
| Boston, MA | earthquake and hurricane disasters | |
| OF) / A F | Finding for the experience projects to accept victims of the 2010 | 20,759 |
| SEVA Foundation Berkeley, CA | Funding for the organization's projects to assist victims of the 2010 Tibetan earthquake and general support (total includes direct costs | 20,73 |
| Berkeley, CA | of \$759) | |
| Street Roots | General funding for non-profit grassroots newspaper assisting | 3,50 |
| Portland, OR | people experiencing homelessness and poverty by creating | 3,30 |
| 1 0110110, 011 | flexible income opportunities. | |
| Sycamore Lane Therapeutic Riding Center | General funding for the organization's hippotherapy and therapeutic | 500 |
| Oregon City, OR | services | |
| Total Charitable | | 56,424 |
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| THE LARSON LEGACY | <u> </u> | N 91-1859861 |
|--|--|--------------|
| Form 990-PF | | FYE 12-31-10 |
| Part XV, Line 3a | | |
| Grants and Contributions Paid During the Ye | ar (Continued) | |
| | | |
| | | |
| <u>Recipient</u> | Purpose | Amount |
| | | |
| <u>Educational</u> | | |
| A-WOL | Funding for A-WOL Aeros | 300 |
| Portland, OR | Tanang 10.77 TVOL 70.100 | |
| | | |
| Bus Project, The | Funding for programs that engage young people to become interested | 12,000 |
| Portland, OR | in politics at the grass roots level | ļ |
| Committee of 100 for Tibet | Funding for the documentary project 50 Years in Exile The | 25,000 |
| Belmont, CA | Tibetan Refugee Story and general funding | 25,000 |
| Boillorit, O/V | Thouan Notages oldry and general fariating | |
| Fractured Atlas | Funding the organization's Socially Responsible Filmmaking projects | 600 |
| New York, NY | | |
| | | |
| GreenHome NYC New York, NY | Funding for the King Corn truck farm mobil exhibit and general | 3,000 |
| New York, NY | support. | |
| Hood River High School | Funding for transporation of music department student volunteers to a | 500 |
| Hood River, OR | Dignity Village -related event | |
| | | |
| Institute for Justice & Democracy in Haiti | General funding for organization providing human rights and legal | 8,000 |
| Joseph, OR | advocacy assistance to the poor in Haiti | |
| New Directions Education Project | Funding for 2010 and 2011 classes for inmate students at the | 10,110 |
| Pendleton, OR | Eastern Oregon Correctional Institution in Pendleton, Oregon | 10,110 |
| - Ortalotori, Ort | | |
| Northwest Compassionate Communication | Funding for sponsorship of the organiztion's Nonviolent Communication | 2,500 |
| Vashon, WA | (NVC) Summer camp | |
| Doortug Futuro Noturals | Funding for Veel Magazine subscriptions a non-profit subscriber | 3,000 |
| Positive Futures Network Bainbridge Island, WA | Funding for Yes¹ Magazine subscriptions, a non-profit subscriber- supported publication | 3,000 |
| Ballibridge Island, VVA | Subported publication | |
| Sapling Foundation | Funding for a TED 2011 conference grant | 1,750 |
| New York, NY | | |
| | | |
| Society for the ReCognition of Art Berkeley, CA | Funding for the organization's works & conversations program | 2,000 |
| beixeley, OA | | |
| Towson University | Funding for music for the stage sign interpreters for the deaf at | 500 |
| Towson, MD | a college play | |
| | | 12.25 |
| Under the Baobab Tree | Funding for the organization's Project Muso Ladamunen | 10,000 |
| Washington, DC | | - |
| Wholistic Peace Institute | General funding for the organization's peacemaking and peace | 10,000 |
| Canby, OR | education programs | |
| | | |
| Total Educational | | 89,260 |
| Total United States Public Charities | | 145,684 |
| Total Officed States Fublic Offarties | | 143,004 |
| | | |
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| THE LARSON LEGACY | | IN 91-1859861 |
|---|--|---------------|
| Form 990-PF | | FYE 12-31-10 |
| Part XV, Line 3a | | |
| Grants and Contributions Paid During the Yea | r (Continued) | |
| | | |
| <u>Recipient</u> | <u>Purpose</u> | Amount |
| FOREIGN PUBLIC CHARITIES | | |
| Educational | | |
| Green School | Funding for the Balinese Scholarship Program | 500 |
| Badung, Bali Indonesia | | |
| Institute of Buddhist Dialectics | Funding for the Institute's various water projects | 12,000 |
| Dharamsala, H P India | | |
| Institute of Buddhist Dialectics | Funding for shawls for university Tibetan monks | 1,266 |
| Dharamsala, H P India | | |
| Tibetan Children's Educational & Welfare Fund Dharamsala, H P India | Funding for two water cooling machines for the Paonta Sahib School | 1,974 |
| Total Foreign Public Charities | | 15,740 |
| Total All Grants Paid During the Y | ear | 161,424 |
| | | |
| | | |

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We can do no
great things...
only small things
with great love.

Mother Teresa

The Larson Legacy Funding Guidelines

- 1) Our foundation wants to help groups sharing our interest in building a more caring, humane, peaceful planet. We favor progressive causes and groups that are relatively small and grassroots in nature—that are addressing "root" causes in their area of focus. Up to 10% of our funding may go to charitable organizations
- 2) Prior to making a grant application, please send us an introductory letter with a full description of your organization and the project you have in mind. We will respond within 60 days indicating whether or not you should proceed with a complete application. Charitable organizations with requests do not need to fill out the complete application. We will respond to you if we need any more information than was initially sent to us.
- 3) All grant applications must utilize the National Network of Grantmakers common grant application forms (double-sided is fine). Please send six complete copies to our address and you will have our response within five months time, as we fund on a year-round basis. No phone calls please.
- 4) Our geographic emphasis is Oregon, Washington, California and Rhode Island. A small number of qualifying international applications (using a U.S. "pass-through" 501(c)(3) organization) may be considered.
- 5) Our range of grants is from \$1,000 to \$10,000, with our average around \$3,500. Multi-year grants will be considered only after a group has first qualified and received funding for an initial year.
- 6) We generally follow the "5-50" rule, rarely funding groups where our support is less than 5% or more than 50% of their annual budget.
- 7) Annual follow-up reports are requested for two years following a grant so we might evaluate our effectiveness.
- 8) Please mail all information to

 The Larson Legacy
 14404 SE Krause Lane
 Happy Valley, OR 97086-6534

Thank you for complying with these guidelines. We admire and respect the wonderful work that organizations like yours are doing for others.

The Larson Legacy 14404 SE Krause Lane, Happy Valley, OR 97086-6534

I. Cover Sheet (Please use this format to create a one-page cover sheet.)

Organization name:

Tax exempt status.

Year organization was founded:

Date of application.

Address:

Telephone number:

Fax number:

Director

Contact person and title (if not Director).

Grant request: \$

Period grant will cover

Type of request (general support, start-up, technical assistance, etc.)

Project title (if project funding is requested).

Total project budget (if request is for other than general support)

Total organizational budget (current year):

Starting date of fiscal year:

Summarize the organization's mission (2–3 sentences).

Summary of project or grant request (2–3 sentences)

II. Narrative (maximum of 5 pages)

- A. Introduction and Background of Organization (incorporating the following points)
 - 1. Briefly describe your organization's history and major accomplishments.
 - 2. Describe your current programs and activities.
 - 3. Who is your constituency (be specific about demographics such as race, class, gender, ethnicity, age. sexual orientation, and people with disabilities)? How are they actively involved in your work and how do they benefit from this program and/or your organization?
 - 4. If you are a grassroots group, describe your community. If you are a state, regional, or national organization, describe your work with local groups, if applicable, and how other regional and/or national organizations are involved.
- B. Describe Your Request (incorporating the following points)
 - 1. Problem statement what problems, needs, or issues does it address?
 - 2. If other than general operating support, describe the program for which you seek funding, why you decided to pursue this project and whether it is a new or ongoing part of your organization
 - 3. What are the goals, objectives and activities/strategies involved in this request? Describe your specific activities/strategies using a timeline over the course of this request.
 - 4 How does your work promote diversity and address inequality, oppression, and discrimination within your organization as well as the larger society?
 - 5 Describe systemic or social change you are trying to achieve. How does your work address and change the underlying or root causes of the problem?

The Larson Legacy is a member of the National Network of Grantmakers (NNG). To save you time and effort in the grant application process, the NNG has developed this common application form. NNG is an organization of grantmakers committed to social justice and philanthropic reform. The common application format is one way of moving toward our mission.

III. ATTACHMENTS/REQUIREMENTS

A. Evaluation

1 Briefly describe your plan for evaluating the success of the project or for your organization's work. What questions will be addressed? Who will be involved in evaluating this work—staff, board, constituents, community, consultants? How will the evaluation results be used?

B. Organizational Structure/Administration

- 1. Briefly describe how your organization works. What are the responsibilities of board, staff, volunteers, and if membership organization, define criteria for membership. Are there dues?
- 2. Who will be involved in carrying out the plans outlined in this request? Include a bief paragraph summarizing the qualifications of key individuals involved
- 3. Provide a list of your board of directors with related demographic information.
- 4 How is the board selected, who selects them, and how often?
- 5 Organizational chart showing decision-making structure.

C. Finances

- 1 Most recent completed full year organizational financial statement (expenses, revenue and balance sheet), audited, if available.
- 2. Organization's current annual operating budget. (See attached budget format)
- 3 Current project budget, if other than general support. (See attached format)
- 4. Projected operating budget for upcoming year. (See attached format)
- 5 List individually other funding sources for this request. Include amounts and whether received, committed, or projected/pending
- 6 Describe your plans for future fund raising.
- 7. A copy of your IRS 501(c)(3) letter. If you do not have 501(c)(3) status, you must have a fiscal sponsor that does have such status and is willing to exercise expenditure responsibility:

| 8 | Other | | | | |
|---|-------|--|--|--|--|
| | | | | | |

D. Other Supporting Material

- 1 Letters of support/commitment (Up to three)
- 2 Recent newsletter, articles, newspaper clippings, evaluations, or reviews (Up to three)
- 3 Recent annual report
- 4. Videos/cassettes are accepted

| Other _ | | | | |
|---------|--|--|--|--|
| | | | | |
| | | | | |

Guidelines for Applicants:

Send 6 complete copies: Cover sheet, maximum five page proposal, and attachments that are checked off. Use a standard typeface no smaller than 10 picas and no less than .25 in margins.

Proposals by fax are not accepted.

Binders or folders are accepted.

Your proposal may be printed single or double sided on the paper of your choice No aceptamos solicitudes en español. No, we do not accept proposals in Spanish, unless it presents a financial hardship to your organization.

The Larson Legacy 14404 SE Krause Lane, Happy Valley, OR 97086-6534

IV. Budget

If you already prepare organizational and project budgets that approximate this format, please feel free to submit them in their original forms. You may reproduce this form on your computer, and/or submit separate pages for income and expenses.

| Budget for the peri | od: | to | | |
|---|-----|----------------|---|------------|
| EXPENSES: | | | INCOME: | |
| ITEM | | AMOUNT | SOURCE | AMOUNT |
| | | Position FT/PT | Government Grants & Contracts (Specify) | \$ |
| Salanes & wages (Breakdown by | \$ | | Foundations (Specify) | \$ |
| individual position and indicate full or part time) | | | | |
| or part anne, | | | Carry 2002 | e |
| | | | Corporations | \$ |
| | | | Religious Institutions | \$ |
| Fringe benefits & payroll taxes | \$ | | United Way, Combined Federal Campaign & other federated campaigns | \$ |
| Consultants & professional fees | \$ | | Individual contributions | J <u> </u> |
| Travel | \$ | | Fundraising events & products | \$ |
| Equipment | S | | Membership income | \$ |
| Supplies | \$ | | In-kınd support | S |
| Training | S | | Other (Earned income, consulting fees, etc. | |
| Printing & copying | S | | Please specify) | S |
| Telephone & fax | \$ | | | |
| Postage & delivery | \$ | | | |
| Rent & utilities | \$ | | | |
| In-kind expense | \$ | | | |
| Other (Specify) | \$ | | | |
| | | ~ | | ··· |
| TOTAL EXPENSE | \$ | _ | TOTAL INCOME | \$ |
| | | | BALANCE | \$ |

The Larson Legacy is a member of the National Network of Grantmakers (NNG). To save you time and effort in the grant application process, the NNG has developed this common application form NNG is an organization of grantmakers committed to social justice and philanthropic reform. The common application format is one way of moving toward our mission

AFFIDAVIT OF FOREIGN GRANTEE

Instructions: Complete the following and attach any requested supporting materials. An English translation must be provided for any supporting documents not written in English. The affidavit must be signed by a principal officer of the grantee organization, and his or her signature must be notarized.

| The undersigned, to assist grantmaking f | foundations in the United States of |
|--|--|
| America determine whether is the equivalent of a "public charity" described in section | (the grantee organization) |
| is the equivalent of a "public charity" described in section | on 509(a)(1) of the United States Internal |
| Revenue Code or a private operating foundation describ | ped in section 4942(j)(3) of the Code, |
| makes the following statement: | |
| (1) I am the | [ntle] of the grantee organization. |
| (2) The grantee organization was creat | ted by |
| | itute, charter, or other document] in [year], |
| and is operated exclusively for | |
| ☐ charitable | |
| ☐ religious | |
| □ scientific | |
| ☐ literary | |
| □ educational | |
| ☐ fostering national or international am | |
| prevention of cruelty to children or a | |
| purposes under the laws of | _[the country in which the grantee organization was formed]. |
| activities and operations] | Zation have included [describe past and current |
| activities and operations] | |
| | |
| and will include [describe future activities and operations] | |
| | |
| | · |
| (4) Copies of the charter, bylaws, and grantee organization is governed are attached. | other documents pursuant to which the |
| (5) The laws and customs applicable to | o the grantee organization do not permit |
| any of its income or assets to be distributed to, or applie | <u> </u> |
| non-charitable organization other than pursuant to the c | conduct of the grantee organization's |
| charitable activities, or as payment of reasonable compe | |
| payment representing the fair market value of property | which the grantee organization has |
| purchased. | |

- (6) The grantee organization has no shareholders or members who have a propriety or profit-making interest in the income or assets of the organization.
- (7) In the event that the grantee organization were to be liquidated or dissolved, under the laws and customs applicable, or under the governing instruments, all its assets would be distributed to another not-for-profit organization for charitable, religious, scientific, literary, or educational purposes, or to a government instrumentality. A copy of the relevant statutory law or provisions in the governing instruments controlling the distribution of the organization's assets on liquidation is attached.

-1 - PDXDOCS.1055210.1

| (8) The laws and customs applicable to the grantee organization do not permit the organization (other than as an insubstantial part of its activities) to engage in activities that are not for religious, charitable, scientific, literary, or educational purposes, or to attempt to influence legislation, by propaganda or otherwise. | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| (9) The laws and customs applicable to the grantee organization do not permit the organization directly or indirectly to participate or intervene in any political campaign on behalf of, or in opposition to, any candidate for public office. | | | | | | | | |
| (10) The grantee organization is not controlled by or operated in connection with any organization other than as follows: | | | | | | | | |
| (11) The grantee organization is the equivalent of a "public charity" because it is | | | | | | | | |
| ☐ A church or convention or association of churches | | | | | | | | |
| ☐ An educational organization (such as a school, college, or university) described in section 170(b)(1)(A)(ii) of the Internal Revenue Code that has adopted and operates pursuant to a racially nondiscriminatory policy as to students, as set forth in Revenue Rulings 71-447 and 75-231, and as implemented in Revenue Procedure 75-50 | | | | | | | | |
| ☐ An organization whose primary purpose is medical care, education or research | | | | | | | | |
| ☐ An endowment fund for a public college or university | | | | | | | | |
| An organization that normally receives at least one-third of its total support from governmental units, contributions from the general public, or a combination of these sources – complete and attach Schedule A (and Schedule B if necessary) | | | | | | | | |
| [NAME OF ORGANIZATION] | | | | | | | | |
| By | | | | | | | | |
| Name: | | | | | | | | |
| Title: | | | | | | | | |
| I, [Name], being first duly sworn, depose and say that I am a [Title] of [Name of Grantee Organization], that I have read the foregoing affidavit and know the contents thereof, and that the same is true to the best of my knowledge. | | | | | | | | |
| SUBSCRIBED and sworn to before me this day of, | | | | | | | | |
| (offix seed here) Notary Public for | | | | | | | | |
| (affix seal here) My commission expires: | | | | | | | | |

PDXD0CS·1055210.1

Schedule A

Schedule of Public Support for Four Most Recent Tax Years

[To be completed only if grantee organization is claiming public charity status because it receives at least one-third of its support from public sources. See number 11.]

Instructions: Provide the following information for the four most recently completed taxable years.

| | | Year | Year | Year | Year | TOTAL |
|----------|--|------|------|------|------|-------|
| A | Gifts, grants, and contributions received | | | | | |
| В | Membership fees received | | | | | |
| ည | Gross receipts from admissions, merchandise sold or | | | | | |
| | services performed, or furnishing of facilities in any | | | | | |
| | activity that is not a business unrelated to the | - | | | | |
| | organization's exempt purposes | | | | | |
| D | Gross income from interest, dividends, rents, and | | | | | |
| | royalties | | | | | |
| 田 | Net income from business activities that are unrelated | | | | | |
| | to the organization's exempt purposes | | | | | |
| Ħ | The value of services or facilities furnished by a | | | | | |
| l | governmental unit without charge | | | | | |
| G | The total of lines A through F | | | | | |
| H | Line G minus line C | | | | | |
| Ţ | Two percent of line H | | | | - | |
| <u>-</u> | The sum of all major donors' excess contributions | | | | | |
| | [Use numbers from Line U of Schedule C] | | | • | | |
| K | Amount of public support - four-year total for line H | | | | | |
| | minus the four-year totals of lines D, E, and J | | | | | |
| T | Percentage of the organization's support that is | | | | | • |
| | public support - four-year total for Line K divided by | | | | | *% |
| | the four-year total for line H | | | | | |
| | | | | | | |

ist be equal to or greater than 33.33% to qualify under this category

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 1-2011)

| | <u>_</u> | | | | | | |
|--|---|--|---|-------------|--------------------|---------------------------|--|
| | e filing for an Automatic 3-Month Extension, com | | | | | ► 🗓 | |
| | e filing for an Additional (Not Automatic) 3-Montl | | | | | | |
| | plete Part II unless you have already been grante | | - | | | | |
| request an e Associated V | iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ming of this form, visit www.irs gov/efile and click of | automatic) Part I or Pa ust be sent | 3-month extension of time. You can ele- irt II with the exception of Form 8870, In- to the IRS in paper format (see instruction | ctronic | cally file Form | n 8868 to or Transfers | |
| | utomatic 3-Month Extension of Time. C | | | | | | |
| | n required to file Form 990-T and requesting an a | | | omple | ete Part I on | lv ► | |
| | rporations (including 1120-C filers), partnerships, | | | | | | |
| | Name of exempt organization | | | Emplo | yer identification | n number | |
| Type or | | | | | | | |
| print | THE LARSON LEGACY | | | 91- | 91-1859861 | | |
| File by the due date for | Number, street, and room or suite number. If a P.O. box, see instructions | | | | | | |
| filing your | 14404 SE KRAUSE LANE | | | | | | |
| return See instructions | City, town or post office, state, and ZIP code. For a foreign additional code and additional code. | ress, see instru | ctions | | | | |
| | HAPPY VALLEY, OR 97086-6534 | | | | | | |
| | | | | | | | |
| Enter the Re | eturn code for the return that this application is fo | r (file a sep | arate application for each return) | | | 04 | |
| Application Is For | | Return Code | Application Is For | | | Return Code | |
| Form 990 | | 01 | Form 990-T (corporation) | _ | 07 | | |
| Form 990-BL | | 02 | Form 1041-A | | 08 | | |
| Form 990-E2 | Z | 03 | Form 4720 | | 09 | | |
| Form 990-Pi | F | 04 | Form 5227 | | 10 | | |
| Form 990-T | (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 | | | |
| Form 990-T (trust other than above) | | 06 | Form 8870 | orm 8870 12 | | | |
| Telephon If the org If this is check the | is are in the care of. ► LELAND E.G. LARSO the No. ► (503) 593-5674 ganization does not have an office or place of but for a Group Return, enter the organization's four his box ► . If it is for part of the group, cheches insign is for. | FAX No siness in the digit Group k this box | e United States, check this box Exemption Number (GEN) If If and attach a list with the names a | | | J | |
| until _ The ex | est an automatic 3-month (6 months for a corpora $8/15$, 20 11 _ , to file the exempt orgetension is for the organization's return for: calendar year 20 10 or tax year beginning , 20 | janization re | eturn for the organization named above. | | | | |
| | tax year entered in line 1 is for less than 12 mont lange in accounting period | hs, check r | eason: Initial return Fir | al retu | urn | | |
| | application is for Form 990-BL, 990-PF, 990-T, 47 fundable credits. See instructions | 720, or 6069 |), enter the tentative tax, less any | 3 a | \$ | 5,241. | |
| payme | application is for Form 990-PF, 990-T, 4720, or 6 ents made Include any prior year overpayment al | lowed as a | credit | 3 b | \$ | 241. | |
| EFTPS | ce due. Subtract line 3b from line 3a Include you S (Electronic Federal Tax Payment System). See | instructions | · | 30 | | 5,000. | |
| Caution. If y payment ins | you are going to make an electronic fund withdra structions. | wal with this | s Form 8868, see Form 8453-EO and Fo | m 887 | 79-EO for | | |

FIFZ0501L 11/15/10

BAA For Paperwork Reduction Act Notice, see Instructions.

| Form 8868 (Rev 1-2011) | | | | | | | |
|--|--|------------------|---|-----------------|---------------------|---------------|--|
| Form 8868 (Rev 1-2011) • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box . | | | | | | | |
| Note. Only | complete Part II if you have already been granted | an automa | tic 3-month extension on a previous | sly filed Forr | n 8868 | ► <u>[X]</u> | |
| • If you a | re filing for an Automatic 3-Month Extension, con | plete only | Part I (on page 1) | | | | |
| Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). | | | | | | | |
| | Name of exempt organization Employer identification | | | | | er | |
| Type or | | | | | | | |
| print | THE LARSON LEGACY | | | 91-1859 | 861 _ | | |
| . | Number, street, and room or suite number. If a P O box, see instr | ructions | | | | | |
| File by the extended | AUSTEN & CO., P.C., CPA'S | | | | | | |
| due date for filing the | 13800 SE WEBSTER ROAD | | | | | | |
| return See instructions | City, town or post office, state, and ZIP code. For a foreign address | s, see instructi | ons. | | | | |
| | MILWAUKIE, OR 97267 | | _ | | | | |
| | | | | | | | |
| Enter the F | Return code for the return that this application is fo | r (file a sep | parate application for each return) | | | . 04 | |
| | | | ., | | | | |
| Application | n | Return | Application | | | Return | |
| Is For | | Code | ls For | | | Code | |
| Form 990 | | 01 | with the state of the state of the | | | | |
| Form 990-BL | | 02 | Form 1041-A | | | 08 | |
| Form 990-EZ | | 03 | Form 4720 | | | 09 | |
| Form 990-PF | | 04 | Form 5227 | | | 10 | |
| Form 990-T (section 401(a) or 408(a) trust) | | 05 | Form 6069 | | | 11 | |
| Form 990- | (trust other than above) | 06 | Form 8870 | | 12 | | |
| STOP! Do | not complete Part II if you were not already grante | ed an auton | natic 3-month extension on a previ | ously filed I | orm 8868. | | |
| The book | oks are in care of LELAND E.G. LARSON | | | | | | |
| Teleph | one No ► (503) 593-5674 | FAX No. ► | | | | | |
| If the o | rganization does not have an office or place of but | siness in th | e United States, check this box | | | . ► 🗍 | |
| If this is | s for a Group Return, enter the organization's four | digit Group | Exemption Number (GEN) | | If th | is is for the | |
| whole grou | ip, check this box $ ightharpoonup$. If it is for part of the gr | oup, check t | his box . 🕨 🗌 and attach a list wi | th the name | s and EINs | of all | |
| | he extension is for | | | | | | |
| 4 I requ | uest an additional 3-month extension of time until | 11/15_ | , 20 <u>11</u> | | | | |
| 5 Forc | alendar year 2010 , or other tax year beginning | g _ _ | , 20 , and ending | | , 20 | | |
| 5 For calendar year 2010, or other tax year beginning, 20 , and ending, 20, and ending, 20 | | | | | | | |
| Change in accounting period | | | | | | | |
| 7 State in detail why you need the extension . ADDITIONAL TIME IS NEEDED TO ASSEMBLE THE NECESSARY | | | | | | | |
| INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN. | | | | | | | |
| | | | | | | | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | | | | | | 5,241. | |
| | s application is for Form 990-PF, 990-T, 4720, or 6 | | | | | | |
| payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 8b\$ | | | | | 5,241. | | |
| c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 8c \$ | | | | | 0. | | |
| | Sign | ature and | d Verification | | | | |
| Under penaltie correct, and co | is of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form | ompanying sch | nedules and statements, and to the best of my k | knowledge and t | oelief, it is true, | | |
| Signature Date Date | | | | | | | |
| BAA | | | | | | (Rev 1-2011) | |
| | | | | | | , | |