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EXTENDED TO NOVEMBER 16, 29
Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Form 990-PF Department of the Treasury

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Internal Revenue Service For calendar year 2014 or tax year beginning , and ending Name of foundation A Employer identification number 41-1605601 LARSON FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 1802 651-482-7500 4931 BONITA BAY BLVD City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here BONITA SPRINGS, ${ t FL}$ 34134-1705 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 1,662,888. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (c) Adjusted net (d) Disbursements (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income ıncome 788,321 N/A 1 Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 5,373 5,373 STATEMENT 18,340 18,340. STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or floss) 208,585 6a Net gain or (loss) from sale of assets not on line 10 538,108. 208,585 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 1,020,619 232,298 12 Total Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages Pension plans, employee benefits Expenses in Ci 16a Legal fees b Accounting fees c Other professional(tees () 9 2015 17 Interest 18 Taxes 19 Depreciation and depletion 20 Оссиралсу 21 Travel, conferences, and meetings 22 Printing and publications 25 0 25. 23 Other expenses STMT 3 24 Total operating and administrative 25 0 25. expenses Add lines 13 through 23 064,000 ,064,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 064,025 ,064,025. Add lines 24 and 25 0 27 Subtract line 26 from line 12:

-43,406

232,298

N/A

LHA For Paperwork Reduction Act Notice, see instructions

3 Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-)

Form 990-PF (2014)

41-1605601

2<u>39,289.</u>

1,068,141. Form **990-PF** (2014)

SEE STATEMENT 4

5 Decreases not included in line 2 (itemize)

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

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LARSON FOUNDATION

		SON FOUNDATION and Losses for Tax or	n Investment	Income				4:	1-160	5601	Page 3
	(a) List and descri	be the kind(s) of property sold ehouse, or common stock, 200	(e.g., real estate,	_	(b) P D	How acquired - Purchase - Donation) Date a mo., da	cquired iy, yr)	(d) Date (mo., da	
1a											
<u>b</u>	SEE ATTACHED	STATEMENT			ļ		<u> </u>			_	
<u>C</u>					<u> </u>						
<u>d</u>					-						
<u>е</u>	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale		· ·			ın or (loss) (f) mınus (
a							·				
_b											
_c											
<u>d</u>				200 50						200	
_e	538,108. Complete only for assets showing	a goin in column (h) and owned	Lby the foundation	329,52	3.		<i></i>	10-	-1 /h)		, 585 .
_	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (I) col. (J), If any			còl. (k), but n	ol. (h) gain ot less than from col. (l	-0-) or	
a											
_ <u>b</u>	_								·····		
										•	
_d										200	ГОГ
<u>e</u>	1									208	,585.
	Capital gain net income or (net cap	oital loss) 🐧 If (loss), ente	enter in Part I, line er -0- in Part I, line		}	2				208	, 585.
3	Net short-term capital gain or (loss if gain, also enter in Part I, line 8, of (loss), enter -0- in Part I, line 8		5) and (6):		}	3			N/A		
F		nder Section 4940(e)	for Reduced	Tax on Net	Inv	estment	Inco	me			
If s Wa	or optional use by domestic private section 4940(d)(2) applies, leave the as the foundation liable for the sections, the foundation does not qualificate the appropriate amount in e	is part blank. ion 4942 tax on the distributabl fy under section 4940(e). Do no	e amount of any ye	ear in the base pei	rıod?					Yes	X No
÷	(a) Base period years	(b)		or o making any o	(c)					(d) ution ratio	
	Base periód years Calendar year (or tax year beginnin	Administration of a marking a	distributions	Net value of no			sets	(Distrib col. (b) divi	ution ratio ded by col.	(c))
	2013		683,090.		1	,934,0	36.				53194
	2012		160,025.			968,6	15.				55210
_	2011	***	227,825.			918,6					<u> 17993</u>
_	2010		135,000.			<u>851,3</u>					58575
_	2009		56,500.			648,4	83.			.0	37126
	Total of line 1, column (d)	Syear baca paried - duuda tha t	otal on line 2 by 5	or by the sumber	of vo	are		2		1.0	12098
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years							3		. 2	02420	
4	Enter the net value of noncharitable	le-use assets for 2014 from Par	t X, line 5					4		1,785	,841.
5	Multiply line 4 by line 3							5	 .	361	,490.
6	Enter 1% of net investment incom	e (1% of Part I, line 27b)						6		2	,323.
7	Add lines 5 and 6							7	<u> </u>	363	, 813 .
8	Enter qualifying distributions from							8		1,064	,025.
	If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI,	, line 1b, and comp	ilete that part usir	ng a 1	% tax rate.					

	1 990-PF (2014) LARSON FOUNDATION 41-16 Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	05601 e instru	ction	age 4 1 S)
	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 instructions)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		2,3	23.
	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, col. (b).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_		0.
	Add lines 1 and 2		2,3	23.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_		0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		2,3	23.
6	Credits/Payments;			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6, 151.			E
b	Exempt foreign organizations - tax withheld at source			4
	Tax paid with application for extension of time to file (Form 8868)			ļ
	Backup withholding erroneously withheld 6d			1
	Total credits and payments. Add lines 6a through 6d	•	6,1	51.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		3,8	28.
	Enter the amount of line 10 to be: Credited to 2015 estimated tax		_	0.
	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the 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			أسا
	Did the foundation file Form 1120-POL for this year?	10		X
	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. ► \$		ř	. 4
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	į į	- 2, y	
	managers. ► \$ 0.		· · ·	1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			Politic .
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		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		_X_
b	o If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T.			ı
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			t
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		ļ	1
	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, col (c), and Part XV	7	X	
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶	_		
	MN	_		
b	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? 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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		$\frac{x}{x}$
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	L	<u>X</u>

of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2014)

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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X

3b

4a

N/A

Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	<u>41-16030</u> ued)	OT	Page 6
5a During the year did the foundation pay or incur any amount to:		- ioquii ou (commi	[
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?		es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	,				
any voter registration drive?	,,,		es X No		,
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? (see instructions)		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			Ì	
the prevention of cruelty to children or animals?		Ye	es X No	İ	r
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	iere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it mainta	ined			
expenditure responsibility for the grant?	N	1/A 🔲 Ye	es 🔲 No		ŧ
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d).			_	,
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				1 .
a personal benefit contract?		Ye	es X No		[
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	es 🗶 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attribu		<u> </u>	N/A	7b	Ш
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	anagers, Highly	/		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(0)	Evnanca
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	acco	Expense unt, other
WINDLEWS D. CARGOS	to position	`enter'-0-)	compensation	alic	owances
	PRESIDENT/SEC	RETARY			
4931 BONITA BAY BLVD #1802	2.00	0.	0.		0.
BONITA SPRINGS, FL 34134 BARBARA J. LARSON	VICE PRESIDEN		0.		<u> </u>
4931 BONITA BAY BLVD #1802	AICE LKESIDER	ALT.			
BONITA SPRINGS, FL 34134	2.00	0.	0.		0.
DONITA SPRINGS, PD 34134	2.00	0.			<u> </u>
	1				
·					
· · · · · · · · · · · · · · · · · · ·					
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."	· · · · · · · · · · · · · · · · · · ·		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acco	Expense ount, other owances
NONE	devoted to position	·	compensation	4 4 4	J V AITCC3
NONE					
		<u> </u>			
		 			
	1				
	1				
Total number of other employees paid over \$50,000			•		0

	-1605601 Page	e 7 _
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
• (a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensat	ion
NONE		
		
Total number of others receiving over \$50,000 for professional services	>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses	
1 NOT APPLICABLE		
	7	
](0.
2		
3	_	
	=	
	-	—
4	-	
	┥	
Part IX-B Summary of Program-Related Investments	<u></u>	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount	_
1 NOT APPLICABLE		
		<u>o.</u>
2	_	
	4	
All other and a solution of the control of the cont		
All other program-related investments. See instructions. 3		
.	1	
·	1	
Total. Add lines 1 through 3		0.
	Form 990-PF (20	114)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average-monthly fair market value of securities	1a	566,163.
b	Average of monthly cash balances	1b	1,246,874.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,813,037.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,813,037.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	27,196.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,785,841.
6	Minimum investment return. Enter 5% of line 5	6	89,292.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	89,292.
2a	Tax on investment income for 2014 from Part VI, line 5		
ь	Income tax for 2014. (This does not include the tax from Part VI.)	ľ	
C	Add lines 2a and 2b	2c	2,323.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	86,969.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	86,969.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	86,969.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,064,025.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	_	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,064,025.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	2,323.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	1,061,702.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies fo	or the section

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Part XIII Undistributed Income (see instructions)

			T	1
	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
Distributable amount for 2014 from Part XI,	301pu3		20.0	
line 7				86,969.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	,
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 56,500.				
b From 2010 135,000.				
c From 2011 227, 825.				
d From 2012 160,025.				
e From 2013 596, 258.				
f Total of lines 3a through e	1,175,608.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$ 1,064,025.				
a Applied to 2013, but not more than line 2a			0.	,
b Applied to undistributed income of prior			""	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.		· ·	
d Applied to 2014 distributable amount				86,969.
e Remaining amount distributed out of corpus	977,056.		*	
5 Excess distributions carryover applied to 2014	0.		. *	0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,152,664.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of	- "			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	56,500.			
9 Excess distributions carryover to 2015.		· -		
Subtract lines 7 and 8 from line 6a	2,096,164.			
10 Analysis of line 9:				
a Excess from 2010 135,000.				
b Excess from 2011 227, 825.				
c Excess from 2012 160,025.				
d Excess from 2013 596, 258.				
e Excess from 2014 977, 056.				
423581				Form 990-PF (2014)

Form 990-PF (2014) LARSON Part XIV Private Operating F	FOUNDATION	intructions and Bart \	(II A guartian O)		605601 Page 10
				N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	•	-	. ▶└─	1.0.00	
b Check box to indicate whether the foun		ng foundation described		4942(j)(3) or	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41.1.0040	Prior 3 years	(1) 0044	4-17-4-1
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.			1		
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				<u> </u>	ļ
and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)		 		 	
(3) Largest amount of support from	İ				
an exempt organization	-	ļ	-		
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	to this part only	if the foundation	had \$5 000 or m	voro in accots
at any time during	•		i tile loulidation	1 11au \$5,000 01 11	iore in assets
	-	ractions,			
1 Information Regarding Foundation		than 00/ of the tatal on	ntributions resoured by the	o foundation before the o	and of any toy
a List any managers of the foundation will year (but only if they have contributed)			ntributions received by the	e roundation before the ci	ose or any tax
	ποτο man φο,σοσή (σος ·	30011011 007 (4)(2).7			
SEE STATEMENT 6	ha aa 100/ a- a-a-a af N		- /	on of the automorphic of a	
b List any managers of the foundation who other entity) of which the foundation has			i (or an equally large porti	ion of the ownership of a	partnership or
••	to a 1070 or ground intore				
NONE					
2 Information Regarding Contribut					norman dan dormalar 16
Check here X if the foundation the foundation makes gifts, grants, etc.					
	, ,	•			
a The name, address, and telephone nun	nber or e-mail address of	the person to whom app	olications should be addre	essed:	
b The form in which applications should	be submitted and informa	ation and materials they	should include:		
c Any submission deadlines;					
d Any restrictions or limitations on award	Is, such as by neographic	al areas, charitable field	s kinds of institutions or	other factors	
a rang recentations of minitations on award	, out as of geographic	a. a. ouo, onurnable liciu	o, minus of institutions, U	Quito idoloro.	
· · · · · · · · · · · · · · · · · · ·					

Form 990-PF (2014) LARSON FOUNDATION
Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the	e Year or Approved for Future	Payment		
Recipient	If recipient is an individual.		Durnose of great or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ALLIANCE DEFENDING FREEDOM	N/A	PUBLIC	GENERAL SUPPORT	
15100 N. 90TH ST SCOTTSDALE AZ 85260				1,000
3COTT3DABE, N2 03200	•			1,000
AMERICAN CENTER LAW JUSTICE	N/A	PUBLIC	GENERAL SUPPORT	
РО ВОХ 90555				
WASHINGTON, DC 20090		 		3,500
BETHEL UNIVERSITY	N/A	PUBLIC	GENERAL SUPPORT	
3900 BETHEL DR				
ST PAUL, MN 55112		<u> </u>		60,000
DIDLE DADMICK CHUDCH	17/3	PUBLIC	CEMEDAL CANDODE	
BIBLE BAPTIST CHURCH PO BOX 13497	N/A	PUBLIC	GENERAL SUPPORT	
GRAND_FORKS_ ND_58208				3,000
BRIDGING	N/A	PUBLIC	GENERAL SUPPORT	
201 WEST 87TH ST BLOOMINGTON, MN 55420				2,000
	ONTINUATION SHE	ET(S)	▶ 3a	1,064,000
b Approved for future payment				1,001,000
NONE				
				
		1		
		 -		
		1		
		_		
Total	·		▶ 3b	0 rm 990-PE (2014

rion			41-1	.605601 Page 12
ucing Activition	es			
(a) Business			(d) Amount	(e) Related or exempt function income
		14	5,373. 18,340.	
	ucing Activitie	Unrelated business income (a) (b) Business Amount	Unrelated business income Excluded by (a) (b) Exclusion code Code Code Code Code Code Code Code C	Unrelated business income (a) Business Amount (b) C(c) Excluded by section 512, 513, or 514 (d) Soon Code Amount 14 5,373.

7 Other investment income
8 Gain or (loss) from sales of assets other than inventory
9 Net income or (loss) from special events
10 Gross profit or (loss) from sales of inventory
11 Other revenue:

a
b
c

0.

e
12 Subtotal. Add columns (b), (d), and (e)
13 Total. Add line 12, columns (b), (d), and (e)

property

13 232,298.

232,298

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B		Relationship of Activities to the Accomplishment of Exempt Purposes							
Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).								
	NOT	APPLICABLE							
	 								
	-								
	 								
	-	 							
422821									

Form 990-PF (2		<u>N FOUNDAT</u>					505601	Page 13_	
Part XVII	Information Re Exempt Organ		sfers To a	and Transactions	and Relations	hips With Nonc	haritable		
1 Did the or	ganization directly or indi	rectly engage in any	of the followin	g with any other organizati	on described in sect	on 501(c) of	Y	es No	
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of:									
		ation to a noncharital	ble exempt or	ganization of:			4.44	\ . _	
(1) Cash							1a(1)	X	
(2) Other							1a(2)	X	
b Other tran		hla avamat araaasat					45(1)	₩	
• •	s of assets to a noncharita hases of assets from a no						1b(1) 1b(2)	X	
` '	al of facilities, equipment,	•	nyamzation				1b(2)	X	
• •	bursement arrangements						1b(4)	X	
	s or loan guarantees						1b(5)	X	
	ormance of services or me	mbership or fundrais	sino solicitatio	ins			1b(6)	X	
` '	if facilities, equipment, ma	•	•				1c	X	
•			- •	dule. Column (b) should al	ways show the fair n	narket value of the goo	ds, other assets		
	· ·		-	ed less than fair market val				•	
	d) the value of the goods,				•				
(a) Line no	(b) Amount involved	(c) Name of	noncharitable	e exempt organization	(d) Description	of transfers, transactions,	and sharing arrang	gements	
			N/A						
		_							
						· ·			
							-		
									
				<u>.</u>	·				
					-				
		-				 -			
				· -····					
									
2a Is the fou	ndation directly or indirec	tly affiliated with, or r	related to, one	or more tax-exempt organ	l				
	501(c) of the Code (other	•	•	· -	inzationio documbos		Yes	X No	
	omplete the following sch		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	(a) Name of org			(b) Type of organization		(c) Description of relat	ionship		
	N/A								
							<u> </u>		
		_							
_ 									
									
				ng accompanying schedules and n taxpayer) is based on all infori			May the IRS disc		
Sign Here	Venne	The DA	5.1				return with the pi shown below (se		
<u>F</u>	<u> </u>		gran	M 11-6-15	PRESI	DENT	X Yes	L No	
Sig	nature of officer or trustee			Date	Title	Check If P	TIN		
	Print/Type preparer's na	ante	Preparer's s	ignature	Date	self- employed	1 117		
Paid	THOMAS J.	יחת	THOMA C	י ד עו פראפס	11/02/15	, ,	P004464	1 0	
Preparer	Firm's name ► WIP		TUOMAS	J. KLEINSC	111/04/13	Firm's EIN ► 39			
Use Only		LUT THE				I I I I I I I I I I I I I I I I I I I	0/3044	,	
		01 FRANCE	AVENT	E SOUTH, SU	TE 400				
		NNEAPOLIS				Phone no. 952	-548-34	00	
									

Part IV	Capital Gains and Lo	sses for Tax on Investment Income				
	(a) List and 2-story b	d describe the kind(s) of property solerick warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 700	.000 ·SHRS H	ERSHEY COMPANY		P	07/23/12	05/22/14
	.000 SHRS H			P		03/07/14
		PG INDUSTRIES		P		08/22/14
		EGENERON PHARMAC	EUTICALS	P		01/05/14
e 340	.000 SHRS S	HERWIN WILLIAMS		P	12/11/12	10/28/14
		IME WARNER CABLE		P		10/28/14
		IME WARNER CABLE		P		10/28/14
h 120	0.000 SHRS	VF CORPORATION		P	12/19/11	10/28/14
1110	0.000 SHRS	VERISK ANALYTCIS		P	03/19/12	01/08/14
1					<u> </u>	
k						
l						
m						<u> </u>
n						
0						
(e)	Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) plus (f) minus (g)	
a	68,170.		50,055.			18,115.
b	24,650.		16,967.			7,683.
С	32,810.		22,140.			10,670.
d	112,042.		50,193.			61,849.
е	76,735.		50,945.			<u> 25,790.</u>
f	28,207.		19,207.			9,000.
g	45,132.		30,726.			14,406.
h	80,573.		39,147.		·	41,426.
ı	<u>69,789.</u>		50,143.			19,646.
1						
<u>k</u>						
<u> </u>						
m -						
<u>n</u>						
0 Comple	ete only for assets show.	ng gain in column (h) and owned by	the foundation on 12/31/69	(I) I o	sses (from col. (h))	
Compi	to only for assets shown	(j) Adjusted basis	(k) Excess of col. (i)		of col. (h) gain ove	
(i) F.N	M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any		not less than "-0-")	. , ,
а				·		18,115.
b						7,683.
C						10,670.
d						61,849.
e						25,790.
f						9,000.
9				<u> </u>		14,406.
h						41,426.
1						19,646.
k						
I						
m						
n						
0						
2 Capital (gain net income or (net c	apıtal loss) { If gain, also enter apıtal loss), enter apıtal loss), enter apıtal loss), enter apıtal loss), enter apıtal loss)	r in Part I, line 7	2		208,585.
3 Netsho	rt-term capital pain or (lo	iss) as defined in sections 1222(5) ar	5			<u>-</u>
If gain, a	also enter in Part I, line 8	, column (c).	}			
If (loss)	, enter "-0-" in Part I, line	8	J	3	N/A	

Supplementary Information

Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient PUBLIC CRU N/A GENERAL SUPPORT PO BOX 628222 ORLANDO FL 32962 52,000. PUBLIC DAWSON MCALLISTER ASS'N N/A GENERAL SUPPORT PO BOX 1835 SPRING HILL, TN 37174 15,000. FOCUS ON THE FAMILY N/A PUBLIC GENERAL SUPPORT 8605 EXPLORER DRIVE 15,000. COLORADO SPRINGS, CO 80920 HESHIMA PUBLIC GENERAL SUPPORT N/A PO BOX 306 WHEATON, IL 60187 7,500. LIFE INTERNATIONAL N/A PUBLIC GENERAL SUPPORT 72 RANSOM AVE NE GRAND RAPIDS, MI 49503 35,000. PUBLIC GENERAL SUPPORT LIGHTHOUSE MINISITRIES N/A PO BOX 120297 ST PAUL MN 55112 20,000. MAN IN THE MIRROR PUBLIC GENERAL SUPPORT N/A 180 WILSHIRE BLVD 2,000. CASSELBERRY, FL 32707 MISSION AMERICA N/A PUBLIC GENERAL SUPPORT PO BOX 13920 PALM DESERT CA 92211 25,000. PUBLIC GENERAL SUPPORT **NAVIGATORS** N/A PO BOX 6000 2,000. COLORADO SPRINGS, CO 80904 PRESBYTERIAN HOMES PUBLIC GENERAL SUPPORT N/A 2845 HAMLINE AVENUE ROSEVILLE, MN 55113 10,000. Total from continuation sheets 994 500.

Part XV

LARSON FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient REACH GLOBAL N/A PUBLIC GENERAL SUPPORT 901 E 78TH STREET MINNEAPOLIS, MN 55420 55,000. ROCKPOINT CHURCH N/A PUBLIC GENERAL SUPPORT 5825 KELVIN LAKE ELMO, MN 55082 55,000. RZIM N/A PUBLIC GENERAL SUPPORT 4725 PEACHTREE CORNERS CIRCLE, STE 250 7,000. NORCROSS, GA 30092 SALVATION ARMY N/A PUBLIC GENERAL SUPPORT 2445 PRIOR AVE N ROSEVILLE, MN 55113 2,000. SAMARITAN PURSE N/A PUBLIC GENERAL SUPPORT PO BOX 3000 BOONE, NC 28607 3,000. PUBLIC GENERAL SUPPORT SHILOH N/A 29931 MORONGO PLACE 4,000. LAGUNA NIGUEL, CA 92677 PUBLIC TEEN CHALLENGE N/A GENERAL SUPPORT 1619 PORTLAND AVE SO. MINNEAPOLIS MN 55404 27,000. TRINITY WESTERN UNIVERSITY N/A PUBLIC GENERAL SUPPORT PO BOX 1409 BLAINE, WA 98231 30,000. GENERAL SUPPORT TWR N/A PUBLIC PO BOX 8700 CARY NC 27512 4,000. UNION GOSPEL MISSION N/A PUBLIC GENERAL SUPPORT PO BOX 64389 ST PAUL MN 55164 15,000. Total from continuation sheets

LARSON FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient PUBLIC GENERAL SUPPORT UNIVERISTY OF NORTHWESTERN N/A 3003 SNELLING AVE N ST PAUL, MN 55113 5,000. PUBLIC VOICE OF THE MARTYRS N/A GENERAL SUPPORT PO BOX 443 1,000. BARTLESVILLE, OK 74005 GCLA N/A PUBLIC GENERAL SUPPORT 3349 CAHUENGA BLVD WEST #4 1,500. LOS ANGELES CA 90068 RATIO CHRISTI PUBLIC GENERAL SUPPORT N/A ро вох 9 INDIAN TRAIL, NC 28079 40,000. GENERAL SUPPORT GOOD WORD N/A PUBLIC PO BOX 24104 MINNEAPOLIS, MN 55424 25,000. PUBLIC GENERAL SUPPORT YWAM N/A PO BOX 3000 8,000. GARDEN VALLET, TX 75771 EFCA PUBLIC GENERAL SUPPORT N/A 901 E. 78TH STREET 6,000. MINNEAPOLIS MN 55420 YOUNG LIFE N/A PUBLIC GENERAL SUPPORT 7240 METRO BLVD #3 MINNEAPOLIS MN 55439 2,500. N/A PUBLIC GENERAL SUPPORT NORTHWESTERN UNIVERISTY 3003 SNELLING AVE N 10,000. ST PAUL, MN 55113 YMCA N/A PUBLIC GENERAL SUPPORT 7355 YORK AVE S EDINA MN 55435 2,000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient COVENANT CHURCH N/A PUBLIC GENERAL SUPPORT 10,000. CBMC N/A PUBLIC GENERAL SUPPORT P.O. BOX 8009 CHATTANOOGA, TN 37414 7,500. RESOLUTE PUBLIC GENERAL SUPPORT N/A 455 OAK CREEK DR S. VADNAIS HEIGHTS MN 55127 75,000. SOLECARE PUBLIC GENERAL SUPPORT N/A 4190 VINEWOOD LANE NORTH, SUITE 111-301 PLYMOUTH MN 55442 1,000. STORY TELLERS N/A PUBLIC GENERAL SUPPORT 18530 MACK AVENUE, #385 GROSSE POINTE, MI 48236 10,000. GENERAL SUPPORT WHITE BEAR CENTER FOR ARTS N/A PUBLIC 4971 LONG AVENUE WHITE BEAR LAKE, MN 55110 10,000. CHILDRENS HOSPITALS CLINICS N/A PUBLIC GENERAL SUPPORT 6545 FRANCE AVE S. EDINA, MN 55435 125,000. LIBERTY CLASSICAL ACADEMY N/A PUBLIC GENERAL SUPPORT 3878 HIGHLAND AVE WHITE BEAR LAKE, MN 55110 25,000. HILL CITIES N/A PUBLIC GENERAL SUPPORT 4440 2 1/2 ST NE MINNEAPOLIS, MN 55421 2.500. HEALING HAITI PUBLIC GENERAL SUPPORT N/A PO BOX 263 CHAMPLIN MN 55316 52,500. Total from continuation sheets

LARSON FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or status of contribution Amount Name and address (home or business) recipient RAFIKI FUND N/A PUBLIC GENERAL SUPPORT PO BOX 1988 EUSTIS, FL 32727 5,000. HOUSE OF MERCY PUBLIC N/A GENERAL SUPPORT 1514 ENGLEWOOD AVENUE ST PAUL MN 55104 25,000. NEBO MIDDLE EAST BIBLE PUBLIC GENERAL SUPPORT N/A 4780 ASHFORD DUNWOODY ROAD, SUITE A ATLANTA GA 30338 25,000. PUBLIC SIM USA N/A GENERAL SUPPORT 14830 CHOATE CIRCLE CHARLOTTE, NC 28273 20,000. VISION COMMUNICATION INTERNATIONAL N/A PUBLIC GENERAL SUPPORT PO BOX 141145 DALLAS, TX 75214 10,000. PUBLIC JOSHUA FUND N/A GENERAL SUPPORT PO BOX 2589 MONUMENT, CO 80132 10,000. REACH BEYOND N/A PUBLIC GENERAL SUPPORT 1065 GARDEN OF THE GODS RD COLORADO SPRINGS, CO 80987 65,000. BREAKPOINT N/A PUBLIC GENERAL SUPPORT 44180 RIVERSIDE PARKWAY 1 000. LANSDOWNE VA 20176 PUBLIC GENERAL SUPPORT CBN N/A 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463 2,500. FAMILY LIFE PUBLIC N/A GENERAL SUPPORT PO BOX 7111 LITTLE ROCK, AR 72223 1,000. Total from continuation sheets

41-1605601

LARSON FOUNDATION

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of recipient Purpose of grant or contribution **Amount** Name and address (home or business) FRC N/A PUBLIC GENERAL SUPPORT 200 BEDFORD ST MANCHESTER NH 03101 25,000. Total from continuation sheets

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization

Employer identification number

L <i>I</i>	ARSON FOUNDATION	41-1605601
Organization type (check of	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 a private foundation	
	501(c)(3) taxable private foundation	
General Rule X For an organizatio	n(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	g \$5,000 or more (ın money or
property) from any	one contributor. Complete Parts I and II. See instructions for determining a contributor	's total contributions
Special Rules		
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amout, line 1. Complete Parts I and II	, or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductriely to children or animals. Complete Parts I, II, and III	· -
year, contributions is checked, enter l purpose. Do not c	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from seculusively for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because le, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box s, charitable, etc,
but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fit the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	• • • • • • • • • • • • • • • • • • • •

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

LARSON FOUNDATION

LARSU	N FOUNDATION		-1605601
Part I	Contributors (see instructions) Use duplicate copies of Part I if add	itional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>9</u>	LARSON ENTERPRISES 4931 BONITA BAY BLVD #1802 BONITA SPRINGS, FL 34134-1705	\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	LARSON ENTERPRISES 4931 BONITA BAY BLVD #1802 BONITA SPRINGS, FL 34134-1705	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LARSON ENTERPRISES 4931 BONITA BAY BLVD #1802 BONITA SPRINGS, FL 34134-1705	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	LARSON ENTERPRISES 4931 BONITA BAY BLVD #1802 BONITA SPRINGS, FL 34134-1705	\$68,159.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	LARSON ENTERPRISES 4931 BONITA BAY BLVD #1802 BONITA SPRINGS, FL 34134-1705	\$32,813.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	LARSON ENTERPRISES 4931 BONITA BAY BLVD #1802 BONITA SPRINGS, FL 34134-1705	\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
423452 11-0	5-14	Schedule B (Form	990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

LARSON FOUNDATION

Part I	' Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LARSON ENTERPRISES 4931 BONITA BAY BLVD #1802 BONITA SPRINGS, FL 34134-1705	\$\$, 76,731.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LARSON ENTERPRISES 4931 BONITA BAY BLVD #1802 BONITA SPRINGS, FL 34134-1705	\$\$ <u>80,532.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SLUMBERLAND 3060 CENTERVILLE ROAD LITTLE CANADA, MN 55117	s248,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	5-14	Schedule R (Form	Person Payroll Complete Part II for noncash contributions 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

LARSON FOUNDATION

Part II	Noncash Property (see instructions) Use duplicate copies of Part I	I if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	1,100 SHRS VERISK ANALYTICS	_	
9		 \$ 71,753.	01/03/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
0	410 SHRS REGENERON PHARMACEUTICALS		
8		\$\$112,348.	01/03/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	300 SHRS HOME DEPOT		
7		_	
		\$\$	03/05/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	700 SHRS HERSHEY COMPANY	_	
6			05/22/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	160 SHS PPG INDUSTRIES	_	
5			
		\$\$	08/21/14_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	520 SHRS TIME WARNER CABLE	_	
4		_	
423453 11-0		ss	10/27/14 90, 990-EZ, or 990-PF) (2014)

Employer identification number

LARSON FOUNDATION

Part II	Noncash Property (see instructions) Use duplicate copies of F	art II if additional space is needed.	-1003001
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	340 SHRS SHERWIN WILLIAMS		·
3			
		\$ 76,731.	10/27/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	1,200 VF CORPORATION		
1		\$\$ \$80,532.	10/27/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

JARSON	FOUNDATION		41-1605601
Part III ,	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious	olumns (a) through (e) and the follo	In section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations
	Use duplicate copies of Part III if additional	space is needed	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
-	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	Tt .
	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	ft
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

EXTRADE FINANCIAL

EXTRADE Platinum Investment Account

Trading • Investing • Banking

Statement Period December 1, 2014 - December 31, 2014

Account Type: NON-PROFIT

Account Number XXXX-1999

Direct your service and investment questions to: LANCE LEDERER

Platinum Chent Group 800-503-9260

Customer Update:

2014 Cost Basis Changes Learn more about the new IRS cost basis changes at etrade com/costbasis

ACCOUNT OVERVIEW

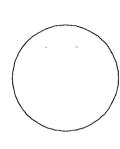
Last Statement Date:

November 30, 2014

Beginning Account Value (On 11/30/14) \$ 1,671,959 26 Ending Account Value (On 12/31/14) \$ 1,662,888 01 Net Change: \$ -9,071 25

For current rates, please visit etrade.com/rates

ASSET ALLOCATION (AS OF 12/31/14)



100.00% - Stocks, Options & ETF (Long)

ACCOUNT VALUE SUMMARY

% CHANGE	-8 77% -8.77%	15 69% 15.69 %	-0.54%
AS 0F 11/30/14	\$1,109,759.26 \$1,109,759.26	\$ 562,200 00 \$ 562,200 00	\$1,671,959.26
AS 0F 12/31/14	\$1,012,488 01 \$ 1,012,488 01	\$ 650,400.00 \$ 650,400 00	\$1,662,888.01
	Margın Balance Total Cash/Margin Debt	Stocks, Options & ETF (Long) \$ 650,400.00 Total Value of Securities \$ 650,400 00	Net Account Value

Securities products and services are offered by E*TRADE Securities LLC, Member FINRA/SIPC. Sweep Deposit Account is a bank deposit account with E*TRADE Bank, a Federal savings bank, Member FDIC Sweep deposit accounts at each bank are FDIC-insured up to a maximum of \$250,000 Securities products and cash balances other than Sweep Deposit Account funds are not FDIC-insured, are not guaranteed deposits or obligations of E*TRADE Bank, and are subject to investment risk, including possible loss of the principal invested





Account Number: XXXX-1999

Statement Period December 1, 2014 - December 31, 2014

Account Type: NON-PROFIT

YEAR TO DATE

THIS PERIOD

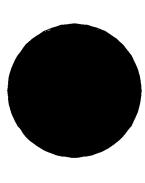
NET ACCOUNT VALUE BY MONTH END

ACCOUNT TRANSACTION SUMMARY

538,108 29		5,357 09		18,339 50
₩.		₩.		€9
00 0		228 75		0.00
\$		₩		\$
Securities Sold	Interest Received	Taxable	Dividends Received	Taxable

TOP 10 ACCOUNT HOLDINGS (AS OF 12/31/14)

DEC-13 JAN-14 FEB-14 MAR-14 APR-14 MAY-14 JUN-14 JUL-14 AUG-14 SEP-14 OCT-14 NOV-14 DEC-14



100.00% - CFI



Trading • Investing • Banking

Investment Account

Account Number. XXXX-1999

Statement Period December 1, 2014 - December 31, 2014

Account Type NON-PROFIT

ACCOUNT HOLDINGS

CASH & CASH EQUIVALENTS (0.00% of Holdings)

DESCRIPTION					OPENING BALANCE	CLOSING BALANCE	CLOSING PORTFOLIO BALANCE (%)	AVG
TOTAL CASH & CAS STOCKS, OPTION	TOTAL CASH & CASH EQUIVALENTS YTD INTEREST (CREDIT INTE STOCKS, OPTIONS & EXCHANGE-TRADED FUNDS (100.00	TEREST (CREDIT II	NTEREST ONLY)		\$5,357.09			
DESCRIPTION	SYMBOL/ CUSIP	ACCT TYPE	QUANTITY	PRICE	TOTAL MKT VALUE	PORTFOLIO (%)	EST. ANNUAL INCOME	EST ANNUAL YIELD (%)
CULP INC CFI TOTAL STOCKS, OPTIONS & ETF	CFI PTIONS & ETF	Margın	30,000	21.6800	650,400 00 \$650,400.00	100.00 100.00 %	7,200 00 \$7,200.00	1 11% 1.11%
TOTAL PRICED POR	TOTAL PRICED PORTFOLIO HOLDINGS (ON 12/31/14)	2/31/14)			\$1,662,888 01			
TOTAL ESTIMATED	TOTAL ESTIMATED ACCOUNT HOLDINGS ANNUAL INCOME	INUAL INCOME			\$7,200.00			

TRANSACTION HISTORY

DIVIDE	DIVIDENDS & INTEREST ACTIVITY	T ACTIVITY			
DATE	TRANSACTION TYPE	DESCRIPTION	SYMBOL/ CUSIP	AMOUNT DEBITED	AMOUNT
12/26/14	12/26/14 Interest	INTEREST ON CASH BALANCE AT 0 249% 11/26 THRU 12/25 APY 0.2499%	00099A109		228.75
TOTAL D	TOTAL DIVIDENDS & INTEREST ACTIVITY	REST ACTIVITY			\$228 75
NET DIVI	NET DIVIDENDS & INTEREST ACTIVITY	ST ACTIVITY			\$228 75
WITHDE	WITHDRAWALS & DEPOSITS	OSITS			
DATE	TRANSACTION TYPE	DESCRIPTION		WITHDRAWALS	DEPOSITS
12/10/14 Check	Check	CHECK 2065 CHECK INCLEARING		5,000 00	
12/11/14 Other	Other	TRANSFER BAL FROM CASH			5,000 00
12/11/14 Other	Other	TRANSFER BAL TO MARGIN		5,000.00	
12/19/14 Check	Check	CHECK-2067 CHECK INCLEARING		10,000.00	
12/19/14 Check	Check	CHECK.2068 CHECK INCLEARING		10,000.00	i.

	ST ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE		(A REVE PER B	NUE	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOM	
E*TRADE IRS		-	5,357. 16.		5,357. 16.		_
TOTAL TO PART I, LI	NE 3		5,373.		5,373.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RI	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		
E*TRADE	18,340	•	0.	18,340.	18,34	.0.	
TO PART I, LINE 4	18,340	•	0.	18,340.	18,34	.0.	
FORM 990-PF		OTHER E	XPENSES	5		STATEMENT	3
FORM 990-PF DESCRIPTION		OTHER E (A) EXPENSES PER BOOKS		B) NVEST-	(C) ADJUSTED NET INCOM	(D) CHARITA	BLE
		(A) EXPENSES	(I NET II	B) NVEST-	ADJUSTED	(D) CHARITA E PURPOS	BLE
DESCRIPTION	1, LN 23	(A) EXPENSES PER BOOKS	(I NET II	B) NVEST- INCOME	ADJUSTED	(D) CHARITA IE PURPOS	BLE ES
DESCRIPTION MN FILING FEE TO FORM 990-PF, PG		(A) EXPENSES PER BOOKS 25.	(HENT IN MENT	B) NVEST- INCOME 0.	ADJUSTED NET INCOM	(D) CHARITA IE PURPOS	BLE ES 25.
DESCRIPTION MN FILING FEE TO FORM 990-PF, PG		(A) EXPENSES PER BOOKS 25.	(HENT IN MENT	B) NVEST- INCOME 0.	ADJUSTED NET INCOM	(D) CHARITA	BLE ES 25.
DESCRIPTION MN FILING FEE TO FORM 990-PF, PG FORM 990-PF OTHE	R DECREASE	(A) EXPENSES PER BOOKS 25. 25.	(HONET IN MENT IN SETS OF	B) NVEST- INCOME 0.	ADJUSTED NET INCOM	(D) CHARITA IE PURPOS	BLE ES 25. 25.

FORM 990-PF CORPORATE STOCK		STATEMENT	5
DESCRIPTION	BOOK VALUE	FAIR MARKET	Г
CULP STOCK 30,000 SHS	55,653.	650,40	00.
TOTAL TO FORM 990-PF, PART II, LINE 10B	55,653.	650,40	00.
FORM 990-PF PART XV - LINE 1A LIST OF FOUNDATION MANAGE	PRS	STATEMENT	6

NAME OF MANAGER

KENNETH R. LARSON BARBARA J. LARSON