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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	calend	dar year 2014 or tax year beginning ,	and ending				
Na	ame of fou	undation			A Empl	oyer identification number	
_						161-050	
		ping Stone Foundation	<del></del>			-1645279	<del></del>
		d street (or P 0 box number if mail is not delivered to street address)  N. State Street		Room/suite 624	B Telep	hone number (see instruction	s)
		n, state or province, country, and ZIP or foreign postal code		024	<del>                                     </del>	<del></del>	
		ingham WA 98225			C If exe	mption application is pending	check here
			rn of a former public	charity	D 1. Fo	oreign organizations, check he	ere •
_	J.,,,	Final return Amended	•	onanty		oreign organizations meeting	
		Address change Name cha				5% test, check here and attact	
	Chook	type of organization X Section 501(c)(3) exempt private		<del></del>	<u> </u>		
			le private foundation			ate foundation status was terr on 507(b)(1)(A), check here	ninated under
LL		rket value of all assets at J Accounting method		ccrual	1		
		rear (from Part II, col (c),	ZE Casii A	ociuai		foundation is in a 60-month to section 507(b)(1)(B), check h	
	ne 16)		he on cach bacie \			(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(	
	art I		(a) Revenue and				(d) Disbursements
"	~···	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net inv		(c) Adjusted net income	for charitable purposes
	,	the amounts in column (a) (see instructions) )	books				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	25,00	0 ,		ŷ.	*, y *
	2	Check ► ☐ If the foundation is <b>not</b> required to attach Sch B					1 **
	3	Interest on savings and temporary cash investments					j. *
	4	Dividends and interest from securities				ļ <u></u>	
	5a	Gross rents	,		<del></del>		***
E e	þ	Net rental income or (loss)	<u> </u>			* * * * *	
Re2045e	6a	Net gain or (loss) from sale of assets not on line 10	ļ	٠			
ور د	j b	Gross sales price for all assets on line 6a	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<del> </del>		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* * * * .
% ₩	7	Capital gain net income (from Part IV, line 2)		3 7 48 %	<u>, , 0</u>	0	^
	8	Net short-term capital gain	,	<del>                                     </del>		<u> </u>	,
APR	9 10a	Income modifications	:	<del></del>		\$ \$ 1\delta 1 \delta 1	
		Gross sales less returns and allowances  Less Cost of goods sold		-			
$Q_{i}$	"	Gross profit or (loss) (attach schedule)	* * * * * * * * * * * * * * * * * * * *				*
Z	11	Other income (attach schedule)					<u> </u>
Z	12	Total. Add lines 1 through 11	25,00	0	0	30	
Denses Clanned	13	Compensation of officers, directors, trustees, etc		0	-	1,	50)
Č,V	14	Other employee salaries and wages			Ţ.		13
ë	15	Pension plans, employee benefits			100	6.97 79 30.5	16.1
Δ×	16a	Legal fees (attach schedule) See Stmt 1	2,33	6	10	11 11	1=1_
e Ex	Ь	Accounting fees (attach schedule)			18.3	1	2
.≧	С	Other professional fees (attach schedule)					
trai	17	Interest					
is.	18	Taxes (attach schedule) (see instructions)					
ᆵ	19	Depreciation (attach schedule) and depletion					
ğ	20	Occupancy					
<b>7</b>	21	Travel, conferences, and meetings	<u> </u>				
Operating and Administrative	22	Printing and publications					
ng	23	Other expenses (att sch) Stmt 2	16,94	5			
atii	24	Total operating and administrative expenses.	1	_	_	_	_
ě		Add lines 13 through 23	19,28		0	0	<del></del>
Ö	25	Contributions, gifts, grants paid		0			0
_	26	Total expenses and disbursements. Add lines 24 and 25	19,28	<del>-</del>	0	0	0
	27	Subtract line 26 from line 12	E 74	أ			
	a	Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	5,71	3	0		
	b	Adjusted net income (if negative, enter -0-)		+		0	<u> </u>
		AGIGGEOGRAPHIC INCOME (IL NEGALIVE, ENIET -U-)	i				

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_	Part I		mn	Beginning of year		End c	f year
	Parti	should be for end-of-year amounts only (See instruction	s)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash – non-interest-bearing		12,770	18,	489	
	2	Savings and temporary cash investments			<u></u>		
	3	Accounts receivable ▶					An and Advisored to the control of
		Less allowance for doubtful accounts ▶			ļ		
	4	Pledges receivable ▶					,
		Less allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see					
		instructions)					
	7	Other notes and loans receivable (att. schedule)					
		Less allowance for doubtful accounts ▶	0				
ş	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
Ë	10a	Investments – U S and state government obligations (attach schedule)					
	b	Investments – corporate stock (attach schedule)					
	С	Investments – corporate bonds (attach schedule)					
	11	Investments – land, buildings, and equipment basis		,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Less accumulated depreciation (attach sch.) ▶					
	12	Investments – mortgage loans					
	13	Investments – other (attach schedule)					
	14	Land, buildings, and equipment basis ▶					
		Less accumulated depreciation (attach sch.)					<del></del>
	15	Other assets (describe ▶	)				
	16	Total assets (to be completed by all filers – see the					_
_		instructions Also, see page 1, item l)		12,770	18,	489	
	17	Accounts payable and accrued expenses			ļ. <u></u>		, ,
S	18	Grants payable					***
tie	19	Deferred revenue					,
abilities	20	Loans from officers, directors, trustees, and other disqualified persons					,
Lia	21	Mortgages and other notes payable (attach schedule)			_		-₹ ¥ <sup>-</sup>
	22	Other liabilities (describe	)				, , , , , , , , , , , , , , , , , , ,
	23	Total liabilities (add lines 17 through 22)	. 🕶	0		0	
		Foundations that follow SFAS 117, check here	► X				
ses		and complete lines 24 through 26 and lines 30 and 31.		10		•	, 3,
an	24	Unrestricted		12,770	18,	489	
3a	25	Temporarily restricted					, % ,
9	26	Permanently restricted	<b>.</b> [7]	<del> </del>			
or Fund Balances		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds					
set.	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds					* *
e G	30	Total net assets or fund balances (see instructions)		12,770	18,	489	
Z	31	Total liabilities and net assets/fund balances (see					
ا		instructions)		12,770	18,	489	,
	<u>Part I</u>	III Analysis of Changes in Net Assets or Fund Balar	nces				
1		net assets or fund balances at beginning of year – Part II, column (a), line	e 30 (mus	t agree with			
		of-year figure reported on prior year's return)			<u> </u>	1	12,770
		r amount from Part I, line 27a		•	<u> </u>	2	5,719
3	Othe	r increases not included in line 2 (itemize) ▶				3	

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4

5

6

18,489

18,489

4 Add lines 1, 2, and 3

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

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

7

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions					
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1	v	] 、			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		>	1 . 		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				
	here ▶ ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			,		
	Part I, line 12, col (b)	-				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0
3	Add lines 1 and 2	3				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				0
6	Credits/Payments					
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a	2	3		;	`
b	Exempt foreign organizations – tax withheld at source 6b					-
С	Tax paid with application for extension of time to file (Form 8868)	* .		jn	à	s.
d	Backup withholding erroneously withheld 6d		<u>]`</u> *	s	75%	
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶	11				
҈ Pa	rt 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				Yes	No
	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					
	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.			,		<sup>i</sup>
С	Did the foundation file Form 1120-POL for this year?			1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			žo to	**	\ \ . !
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_			1.5	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			13	1 1	
_	on foundation managers > \$					
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					İ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				£	X
4-	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?		N/A	4a		<u> </u>
b 5	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-1/A	4b 5		x
•	If "Yes," attach the statement required by General Instruction T		į		, 3	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			35. 11	· \ 3	( ) . I
•	By language in the governing instrument, or		٠		F -	> 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, col (c), and Part II	κv ·		7	_ <del></del> -	x
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				. *	
	None					
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				х ,	,
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		N/A	8b		L - '
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		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses			10		<u>x</u>
			F	om 99	0-PF	(2014)

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

X

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Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Form 990-PF (2014) Skip	ping Stone Foundation	46-1	645279		Page	e 6
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(s))?  (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an origination other than a charitable, etc. originarization described in section 4945(d)(4)(A)? (see instructions)  (5) Provide a grant to an origination other than a charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animable?  (6) Provide of any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animable?  (7) If any answers in Yes's 15 d(1)-(5), did any of the transactions fat to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  (8) Provide a grant to an original disaster assistance (see instructions)?  (9) Originarization selling on a current notice regarding disaster assistance (see instructions)?  (1) If the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because in markinade expending disaster assistance (see instructions)?  (1) If the animal disaster assistance (see instructions)?  (1) If the animal transaction factor (1) on the grant?  (2) If the animal transaction factor (1) on the grant?  (3) Provide a grant to an individual for transaction?  (4) Name and see the second section of the grant?  (4) Name and address the foundation a party to a prohibited tax shelter transaction?  (4) Name and address the foundation and party to a prohibited tax shelter transaction?  (5) If the foundation covers any promotes of the grant of the grant assistance of the grant assistance of the grant of the grant of the grant assistance of the grant of the grant of the grant assistance of the grant of the gran					nued)	rage	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any other registration of more?  (3) Provide a grant to an individual for travet, study, or other similar purposes?  (4) Provide a grant to an individual for travet, study, or other similar purposes?  (5) Provide for any purpose other than religious, chariatable, scientific, literary, or educational purposes, for the prevention of cruelly to children or animals?  (6) Provide for any purpose other than religious, chariatable, scientific, literary, or educational purposes, for the prevention of cruelly to children or animals?  (7) Individual for any single for the scientific stream, or educational purposes, for the prevention of cruelly to children or animals?  (8) Provide for any purpose other than religious, chariatable, scientific, literary, or educational purposes, for the prevention of cruelly to children or animals?  (9) Individual for travet is 150 Set [1-6], did any of the transactions fast to qualify under the exceptions described in Regulations section 53 445 or a cumrent online regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  If Yes, 150 Mark 170 Ma	5a During the year did the fo	oundation pay or incur any amount to					
directly or indirectly, any voter registation drive?  (3) Provide a grant to an organization other than a charitable, scio, organization described in section 4945(d)(4)/4)? Gee instructions)  (4) Provide a grant to an organization other than a charitable, scio, organization described in section 4945(d)(4)/4)? Gee instructions)  (5) Provide for any purpose of the prevention of crulety to children or animals?  (6) Provide for any purpose of the prevention of crulety to children or animals?  (7) If any answers in "Yes" to 53(1)-55(1), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  (7) Organizations delivery in the survey in "Yes" in No.  (8) Diff the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  (8) Diff the animation expenditure responsibility for the grant?  (8) Diff the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (8) Diff the foundation of contract?  (9) Diff the foundation of contract?  (1) Pest (1) If "Yes" to 65, file Form 837  (1) A lary time during the tax year, was the foundation a party to a prohibeted tax shelter transaction?  (9) If "Yes" to 65, file Form 837  (1) If "Yes" to 65, file Form 837  (1) If "Yes 10 (1) If the foundation of contract?  (1) Pest (1) If "Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (1) If "Yes 10 (1) If the foundation of contract?  (1) N/A 75  (2) Compensation of five highest-paid employees (other than those included on file 1 — see Instructions). If none, enter  (1) N/A 75  (2) Compensation of five highest-paid employees (other than those included on file 1 — see Instructions). If none, enter  (1) N/A 95  (1) Septem account, the foundation of the paid against the survey of the survey of the survey of the su	(1) Carry on propaganda	i, or otherwise attempt to influence legislation (section	4945(e))?	Y	'es 🗓 No	, ,	i
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization often than a chantable, etc., organization described in section 4945(d)4(A)(A) (see instructions).  (5) Provide for any purpose other than religious, charitable, etc., organization described in section 4945(d)4(A)(A) (see instructions).  (6) Provide for any purposes other than religious, charitable, etc., organization described in section 4945(d)4(A)(A) (see instructions).  (7) If any answer is "es to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53(A) 456-6 for in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A   Ves   No   N/A   Sb   N/A   Ves   No   N/A   Ves	(2) Influence the outcom	e of any specific public election (see section 4955); or	to carry on,		<del>_</del>		٠
(4) Provide of a grant to an organization other than a chantable, etc., organization described in section 4945(d)/4)/2 (see instructions)  (5) Provide for any purposes, of for the prevention of cruelty to children or animals?  (6) Provide for any purposes, of for the prevention of cruelty to children or animals?  (7) If any granswer in "Ye' to 5841/1-09, did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance check here  (8) The animal provided for animal provided from the fax because it mantained expending disaster assistance check here  (8) If "Yes' to question 54(4), does the foundation claim exemption from the tax because it mantained expenditive responsibility for the grant?  (9) The animalization expenditive responsibility for the grant?  (1) "Yes' animalization benefit contract?  (2) The animalization expenditive responsibility for the grant?  (3) Name animalization expenditive responsibility of the grant?  (4) If "Yes' animalization expenditive responsibility of the grant?  (4) If "Yes' animalization expenditive responsibility of the grant?  (4) The animalization expenditive for the grant expenditive for	directly or indirectly, a	any voter registration drive?		Y			
section 4946(0)(4)/17 (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cuelty to children or animals?  b If any answer is "es' to 54(1)-(3), cid any of the transactions fail to qualify under the exceptions described in Regulations section 33 495-6 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If Yes, "attach the statement required by Regulations of the foundation and period or indirectly, on a personal benefit contract?  If Yes, "did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes, "did the foundation receive any proceeds or have any net income attributable to the transaction?  If Yes, "did the foundation receive any proceeds or have any net income attributable to the transaction?  If Yes, "did the foundation receive any proceeds or have any net income attributable to the transaction?  If Yes, "did the foundation receive any proceeds or have any net income attributable to the transaction?  If Yes, "did the foundation receive any proceeds or have any net income attributable to the transaction?  If Yes, "did the foundation receive any proceeds or have any net income attributable to the transaction?  If Yes, "did the foundation receive any proceeds or have any net income attributable	(3) Provide a grant to an	individual for travel, study, or other similar purposes?		Y	'es 🏻 No		٠
(6) Provide for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b if any answer is "Set to Sa(1)—(3), did any of the funsactions fall to qualify under the exceptions described in Regulations section 33 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c if the answer is "Set to question 5a(4), does the foundation claim exemption from the tax because it manifered expenditure responsibility for the grant?  if "Yes," attach the statement required by Regulations section 53 4945–5(d)  Both the foundation, during the year, receive any funds, directly to indirectly, to pay premiums on a personal benefit contract?  if "Yes," attach the statement required by representative propositions on a personal benefit contract?  if "Yes," attach the statement required by representative propositions on a personal benefit contract?  if "Yes," attach the statement required by representative propositions on a personal benefit contract?  if "Yes," attach the statement required by representative propositions on a personal benefit contract?  if "Yes," attach the statement required by representative propositions on a personal benefit contract?  if "Yes," attach the statement required by representative propositions on a personal benefit contract?  if "Yes," attach the statement required by representative propositions on a personal benefit contract?  if "Yes," attach the statement required by Regulations section 53 4945–5(d)  if "Yes," attach the statement required by Regulations section 53 4945–5(d)  if "Yes," attach the statement required by Regulations section 53 4945–5(d)  if "Yes," attach the statement required by Regulations section 53 4945–5(d)  if "Yes," attach the statement required by Regulations section 53 4945–5(d)  if "Yes," attach the statement required by Regulations section 53 4945–5(d)  if "Yes," attach the state	(4) Provide a grant to an	organization other than a charitable, etc., organization	described in				
b If any answer is "Yes" to 5a(1)—(5), did any of the transactors all to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance heck here  If the answer is "se' to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945–5(d)  Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," to 5b, file Form 8870  At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  Yes No  If "Yes," did the foundation receive any proceeds or have any net moone altributable to the transaction?  Part YIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Nime and address  (a) Nime and address  (a) Nime and address of each employee paid more than 150,000  (b) If the Renzal Ave  2 Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter "NONE."  (c) Compensation  (d) Compensation  (e) Compensation  (e) Compensation  (e) Compensation  (e) Compensation  (e) Compensation  (f) And provided to position  (e) Compensation  (e) Compensation  (f) Compensation  (e) Compensation  (f) Compensation  (e) Compensation  (f) Compensation  (e) Compensation  (f) Compensation  (f) Compensation  (g) Compensat	section 4945(d)(4)(A)	)? (see instructions)		Y	'es 🛚 X No		
b If any answer is "Yes" to 5a(1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945–5c(d)  But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the foundation, during the year, pay premiums, directly or indirectly, no apersonal benefit contract?  If "Yes," attach the statement required by Regulations section 53 4945–5c(d)  Any time during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," bit is 6b, life Form 8870  If "Yes," did the foundation aparty to a prohibited tax sheller transaction?  Part, Vill. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).    Part, Vill.   Information   Part,	(5) Provide for any purpo	ose other than religious, charitable, scientific, literary, o	r educational				
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "1es' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945–5(d)  5a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," do 5b, file Form 8870  A 1 any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No N/A 7b N/A	purposes, or for the p	prevention of cruelty to children or animals?		Y	es X No	٠,	j
Organizations relying on a current notice regarding disaster assistance check here  c   fifth answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  if Yes', attach the statement required by Regulations section 53 4945–5(d) 6a	b If any answer is "Yes" to 5	5a(1)–(5), did <b>any</b> of the transactions fail to qualify und	er the exceptions de	scribed in	_		_ ]
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attain the statement required by Regulations section 53 4945–5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 5b, file Form 8870  A tan tyme during the tax year, was the foundation a party to a prohibited tax sheller transaction?  Yes No  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Party III Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (a) Name and address  (a) Name and address  (b) Tits, and average to the proposition of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Tits, and average hours per week devoted to position  (c) Compensation  (e) Compensation  (e) Compensation  (e) Compensation  (file) Combissions  (file) Combi	Regulations section 53 49	945 or in a current notice regarding disaster assistance	e (see instructions)?		N/A	5b	
because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945–5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes To 6b, file Form 83"0  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tis, and average foundation are all the foundation are all the foundation are all the foundation are reported for th	Organizations relying on	a current notice regarding disaster assistance check hi	ere		▶ 🔲		il.
If "Yes," attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  The state of the file of the transaction?  Party III Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (a) Name and address foundation managers and their compensation (see instructions).  (b) Iffit, and average foundation the file of the	c If the answer is "Yes" to q	juestion 5a(4), does the foundation claim exemption from	om the tax				
Ob the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If 'Yes' to be, file Form 8870  A larry time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes' to be, file Form 8870  A larry time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes' to be, file Form 8870  A larry time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part YIII 'Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).	because it maintained ex	penditure responsibility for the grant?	_	N/A 🗌 Y	'es 🗌 No		,
on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address (b) Name and address (c) Name and address of each employee soft than those included on line 1 – see instructions). If none, enter  "NONE"  (a) Name and address of each employee paid more than \$50,000  DOUBLE (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Name and address of each employee paid more than \$50,000  DOUBLE (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Name and address of each employee paid more than \$50,000  DOUBLE (c) Compensation (c) Compensa	If "Yes," attach the statem	nent required by Regulations section 53 4945–5(d)					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?    T'es' to 60, file Form 8870	6a Did the foundation, during	g the year, receive any funds, directly or indirectly, to p	ay premiums			1	. * 4
If "Yes" to 6b, file Form 8870   Tax   A any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?   Yes X No   If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?   N/A   7b   If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?   N/A   7b   If Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, directors, trustees, foundation managers and their compensation (see instructions).   (e) Compensation (see instructions).   (e) Compensation (fit not paid, enter 4-)   (e) Expense account, other allowances compensation of the file of the paid of the file of the paid of the pa	on a personal benefit con	tract?		Y	'es 🗶 No		i
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	b Did the foundation, during	g the year, pay premiums, directly or indirectly, on a pe	rsonal benefit contra	ct?		6b 2	<u>X</u>
b	If "Yes" to 6b, file Form 88	870					,
Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).    (a) Name and address   (b) Title, and average hours per week devoted to position (if not paid, enter -0-)   (d) Contributions to enter other allowances of each employee paid more than \$50,000   0   0   0   0    2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."   (e) Compensation (d) Contributions to employee paid more than \$50,000   0   0   0   0   0    2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."   (e) Compensation (d) Contributions to employee paid more than \$50,000   (e) Compensation (d) Contributions to employee tenter (plans and defended compensation (d) Contributions to employee tenter (plans and defended compensation (d) Contributions to employee tenter (plans and defended compensation (d) Contributions to employee tenter (d) Contributions to employee (d) Compensation (d) Contributions to employee (d) Contributions	7a At any time during the tax	year, was the foundation a party to a prohibited tax sh	elter transaction?	Y	'es X No		·
And Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address (b) Tite, and average hours per week devoted to position (fit not paid, enter 4-)  David Johnston Bellingham President 1101 Mc Kenzie Ave WA 98225 0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					<u>-</u>		
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position of (if of paid, enter -0-)  David Johnston  Bellingham  President  1101 Mc Kenzie Ave  WA 98225  2 Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter  "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position devoted to position of the address of each employee paid more than \$50,000  NONE  Total number of other employees paid over \$50,000	Part VIII Information	on About Officers, Directors, Trustees, F	oundation Mana	agers, Highly	Paid Employ	ees,	
(a) Name and address  (b) Title, and average hours per week devoted to position  David Johnston  Bellingham  President  0.00  0  0  0  0  0  0  0  0  0  0  0							
(a) Name and address (a) Name and address (b) Itels and defended to position (find paid, enter 4-) (the railwances) (the rail	1 List all officers, directors	, trustees, foundation managers and their comper	sation (see instruc	tions).			
David Johnston  Bellingham  President  0.00  0 0  0  0  0  0  101 Mc Kenzie Ave  WA 98225  0.00  0.00  0 0  0  0  0  0  0  0  0  0  0  0  0		(a) Name and address	hours per week	(If not paid,	employee benefit plans and deferred		
1101 Mc Kenzie Ave WA 98225 0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	David Johnston	Bellingham	President		<del></del> '	1	_
2 Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (o) Total number of other employees paid over \$50,000	1101 Mc Kenzie Ave	_		٥	0	,	0
**NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  other allowances  Total number of other employees paid over \$50,000							_
**NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  other allowances  Total number of other employees paid over \$50,000						<u></u>	
**NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  other allowances  Total number of other employees paid over \$50,000							_
**NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  other allowances  Total number of other employees paid over \$50,000							
**NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  other allowances  Total number of other employees paid over \$50,000							
**NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  other allowances  Total number of other employees paid over \$50,000						<u> </u>	
(a) Name and address of each employee paid more than \$50,000  NONE  (b) They and address the marker week devoted to position  (c) Compensation  (d) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) They are week devoted to position  (hours per week devoted to position  (ii) They are week devoted to position  (iii) They are week devoted to position  (iv) They are week devoted t	•	ighest-paid employees (other than those included	on line 1 - see ins	tructions). If non	e, enter		
NONE    None   N						(e) Evnence sees	ın!
NONE  Total number of other employees paid over \$50,000	(a) Name and address	s of each employee paid more than \$50,000		(c) Compensation			
Total number of other employees paid over \$50,000			devoted to position		compensation	<b>↓</b>	
	NONE						
						ļ	
			-			<del> </del>	—
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	<del></del>					<del> </del>	
	Total number of other employed	es paid over \$50 000		L			_
	Town number of other employer	00 paid 0401 400,000	<del></del>			om 990-PF /2	<u> </u>

Form 990-PF (2014) Skipping Stone Foundation	46-1645279	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation	ion Managers, Highly Paid E	mployees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instruction	ons). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
·		
Total number of others receiving over \$50,000 for professional services		
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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.	as the number of	Expenses
1 N/A		
2		
3		,
	-	
4		
Part IX-B Summary of Program-Related Investments (see instruction	ons)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
•		
2		
All other program-related investments. See instructions		
3		

Form 990-PF (2014)

Total. Add lines 1 through 3

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) 3а Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 0 Enter 1% of Part I, line 27b (see instructions) 5 Adjusted qualifying distributions. Subtract line 5 from line 4 6

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

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

Form 990-PF (2014)

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Part XIII Undistributed I	ncome (see instruction	(a)	(b)	(c)	(d)
Distributable amount for 2014 fro	om Part XI,	Corpus	Years prior to 2013	2013	2014
line 7	£# 1 £5544			,	1,875
2 Undistributed income, if any, as o	of the end of 2014			470	•
a Enter amount for 2013 only	20 20			1,478	
b Total for prior years 20					
3 Excess distributions carryover, if a From 2009					*
b From 2010	<del> </del>		:		>
c From 2011			```		
d From 2012			*		š
e From 2013			4	,	**
f Total of lines 3a through e	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
4 Qualifying distributions for 2014 f	from Part XII			,	
line 4 ▶ \$	TOTAL ATT ATT	ς ξ		* *	
a Applied to 2013, but not more that	— an line 2a				. \$
b Applied to undistributed income of		1, , %,		3	
(Election required – see instruction	•	<i>\$</i>		, ,,	
c Treated as distributions out of co	· ·				\$
required – see instructions)	TPUS (Election				j v
d Applied to 2014 distributable amo	ount	<del></del>			<del></del>
e Remaining amount distributed ou				Ž.	<u> </u>
5 Excess distributions carryover ap	•		•	<del> </del> * `	•
(If an amount appears in column	•				
amount must be shown in column					
6 Enter the net total of each colu		, i		*	
indicated below:					,«
a Corpus Add lines 3f, 4c, and 4e	Subtract line 5	THE RESIDENCE AND THE PERSON OF THE PERSON O	, ,	/ No.	
b Prior years' undistributed income				· ·	
line 4b from line 2b		<b>*</b>			iluin ·
c Enter the amount of prior years' u	undistributed		<del>-</del>		* ;
income for which a notice of defic				/	*
been issued, or on which the sec	=			, , , , ,	5
tax has been previously assessed	` *				
d Subtract line 6c from line 6b Tax					<del>,,,</del> ,
amount - see instructions		· ·	`		
e Undistributed income for 2013 S	Subtract line				;
4a from line 2a Taxable amount	- see	,			
instructions				1,478	
f Undistributed income for 2014 S	Subtract lines				
4d and 5 from line 1 This amoun	it must be			*	
distributed in 2015					1,875
7 Amounts treated as distributions	out of corpus				
to satisfy requirements imposed t	by section			,	
170(b)(1)(F) or 4942(g)(3) (Electi	on may be				
required—see instructions)					
8 Excess distributions carryover fro	om 2009 not				
applied on line 5 or line 7 (see in	structions)				
9 Excess distributions carryover	r to 2015.				
Subtract lines 7 and 8 from line 6	ia				
10 Analysis of line 9					
a Excess from 2010					
b Excess from 2011					
c Excess from 2012					
d Excess from 2013					
e Excess from 2014		1			

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

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors N/A

c Any submission deadlines

Form 990-PF (2014) Skipping Stone Foundation

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Purpose of grant or status of Amount any foundation manager or substantial contributor contribution recipient Name and address (home or business) a Paid during the year N/A ▶ 3a Total b Approved for future payment N/A

▶ 3b

Total

<u> </u>	<u>aπ xvi-a</u>	Analysis of Income-Producing Act					
Ent	er gross amo	ounts unless otherwise indicated	(a) Business code	d business income  (b)  Amount	(c) Exclusion	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1	•	rvice revenue			code		(See instructions )
				· · · · · · · · · · · · · · · · · · ·	├		
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	<u>-</u>				-		
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					$\vdash$		
	f	ad an attack from accommon to a constant	-	· · · · · · · · · · · · · · · · · · ·	-		
•	_	d contracts from government agencies			$\vdash$		
	•	o dues and assessments					
		savings and temporary cash investments and interest from securities			<del>   </del>		<u> </u>
				}	1		* :
Э		come or (loss) from real estate		<u> </u>			* !
		anced property					
6		t-financed property come or (loss) from personal property	-		-		
		ment income	-				···.
		s) from sales of assets other than inventory			<del>                                     </del>	· ·	· . · · · · · · · · · · · · · · · · · ·
		or (loss) from special events			1	···	
		or (loss) from sales of inventory					<del></del>
		ue a			1		<del></del>
• •							
						==	
					<del>   </del>		
12	Subtotal Ac	ld columns (b) (d) and (e)	,	0	ol l	0	n
		ld columns (b), (d), and (e)	,	0		0	0
13	Total. Add i	ine 12, columns (b), (d), and (e)	,	0	<u> </u>	0 13	0
1 <b>3</b> (Se	Total. Add i e worksheet	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )	ccomplishm			13	
13 (Se	Total. Add i	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Activities to the Activity for which income	is reported in co	ent of Exempt P	urpose	s ted importantly to the	0
13 (Se	Total. Add I e worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations ) Relationship of Activities to the Activities	is reported in co	ent of Exempt P	urpose	s ted importantly to the	0
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13 (Se	Total. Add fe worksheet Part XVI-B Line No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Activities to the Activity for which income	is reported in co	ent of Exempt P	urpose	s ted importantly to the	0
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13 (Se	Total. Add fe worksheet Part XVI-B Line No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Activities to the Activity for which income	is reported in co	ent of Exempt P	urpose	s ted importantly to the	0
13 (Se	Total. Add fe worksheet Part XVI-B Line No. ▼	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the Activities to the Activity for which income	is reported in co	ent of Exempt P	urpose	s ted importantly to the	0

Part XV	,	Information Rega Exempt Organiza	_	ansters to and	a i ransactio	ns and Relationships <b>vv</b> i	in Moncharitable		
1 Did t				e in any of the follo	owing with any of	her organization described		Yes	No
	-	<del>-</del>				tion 527, relating to political	the state of the s		
	nızatıon	• •			•				ĺ
a Tran	sfers fro	om the reporting founda	ation to a noi	ncharitable exemp	t organization of		- to 90 a so		
(1)	Cash					_	1a(1)	,	X
(2)	Other as	ssets					1a(2)		X
<b>b</b> Othe	er transa	ctions							
(1) 5	Sales of	assets to a noncharita	ble exempt	organization			1b(1)		X
(2) F	Purchas	es of assets from a no	ncharitable e	exempt organizatio	n		1b(2)	4	X
(3) F	Rental o	f facilities, equipment,	or other asso	ets			1b(3)	4	Х
(4) F	Reımbu	rsement arrangements					1b(4)	4——	X
(5) L	Loans o	r loan guarantees					1b(5)		X
• •		ance of services or me	-	<del>-</del>			1b(6)	4	X
	-	acilities, equipment, ma	-				_ <u>1c</u>	نـــــــــــــــــــــــــــــــــــــ	X
		=				n (b) should always show the fair			
		=	_			he foundation received less than			
						he goods, other assets, or service			
(a) Line	no	(b) Amount involved	(c) Name	e of noncharitable exemp	pt organization	(d) Description of transfers, tra	ansactions, and sharing arrangem	ents	
N/A							<del></del>		
			<u> </u>				<del></del>		
			ļ				<del> </del>		
			<del></del>			-			
<del>.</del>									
			<u> </u>						••
-					<del></del>				
							<del></del>		
desc	cribed in es," con	ation directly or indirect section 501(c) of the C aplete the following sch	Code (other t	than section 501(c	)(3)) or in section	1 527?		res X	No
37 / 7		Name of organization		(b) Type of o	organization	(c) Descrip	otion of relationship		
N/A	·			<del> </del>					
				-			<del> </del>		
							<u> </u>		
						lules and statements, and to the best of my	knowledge and belief, it is true,		
Sign Here		A	eparer (other th	an taxpayer) is based o	on all information of w	<del></del>	May the IRS discuss this with the preparer shown to (see instructions)?		No
	Sign	ature of officer or trustee		<del></del>	Date	Title			
Paid		pe preparer's name			Preparer's signatu	To Sand	Date	1	ıf nployed
reparer	Don 1	<del></del>	Camb, C	מסי	Don Lamb	WOLLD THE	04/12/15 PTIN P0004		
Jse Only	Firm's r	50 5	$\sim$ 2886				04 4 0		
	Firm's a		ett, WA		ายยะ		405 3		
1	L	Fvere	CL, WA	30213-0	7000			90-PF	
							Form 2	/コローアド	(2014

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

**Employer identification number** 

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

Skipping Sto	ne Foundation	46-1645279
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 for	oundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	dation
	501(c)(3) taxable private foundation	
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (2)(7), (8), or (10) organization can check boxes for both the General Rule a	ınd a Special Rule See
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor property) from any one contributor. Complete Parts I and II. See instructions.	-
Special Rules		
regulations under s 13, 16a, or 16b, ar	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 and that received from any one contributor, during the year, total contribution of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	90 or 990-EZ), Part II, line ns of the greater of <b>(1)</b>
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, total contributions of more than \$1,000 exclusively for religious, conal purposes, or for the prevention of cruelty to children or animals Comp	charitable, scientific,
contributor, during contributions totale during the year for General Rule app	the year, contributions exclusively for religious, charitable, etc., purposes, ed more than \$1,000. If this box is checked, enter here the total contribution an exclusively religious, charitable, etc., purpose. Do not complete any of this organization because it received nonexclusively religious, charitable, etc., purpose.	, but no such ons that were received the parts unless the
990-EZ, or 990-PF), but it i	that is not covered by the General Rule and/or the Special Rules does not must answer "No" on Part IV, line 2, of its Form 990, or check the box on lit, to certify that it does not meet the filing requirements of Schedule B (Form	line H of its Form 990-EZ or on its

Page 1 of 1

Name of organization Skipping Stone Foundation Employer identification number

<b>-</b> p				 <b></b>
46-	16	452	79	

Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	David Johston 1101 McKenzie Ave Ste 303 Bellingham WA 98225	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

4/12/2015 3:25 PM Page 1		Charitable Purpose	0		Charitable Purpose	w		1-2
	gal Fees	Adjusted Net	0	Expenses	Adjusted Net	vs-	•	
Federal Statements	- Form 990-PF, Part I, Line 16a - Legal Fees	Net Investment	0	990-PF, Part I, Line 23 - Other Expenses	Net Investment	vv-		
	Statement 1 - Form 990-PI	Total	2,	Statement 2 - Form 990-PF,	Total	5 13,505 910 2,181 349		
SKIPPINGSTO Skipping Stone Foundation 46-1645279 FYE: 12/31/2014	State	Description		Staten	Description	Expenses Various Charity License Advertising Office Supplies		

# Form 990-PF Return Summary

For calendar year 2014, or tax year beginning

, and ending

46-1645279

## Skipping Stone Foundation

Investment	Income					
Interest	moome					
Dividend	le					
Gross re	_					
			-	<del></del>		
Capital gain net income Other income				<del></del>		
Total investment income				<del></del>		
	ii investitient inco	nie				
Expenses						
Officer compensation				<del></del>		
Salaries / employee benefits				<del></del>		
Other expenses  Total expenses						
	n expenses Net investment ind					
		ome				
Taxes / Cre						
Regular				<del></del>		
Section			<del></del>	<del></del>		
Subtitle				<del></del>		
	al tax	_				
	Penalties / Applica	ation				
	ed tax payments					
Tax with						
Other payments						
Estimated tax penalty						
	ment applied to nex					
	ments / penalty / a	pplication				
	Net tax due					
	ate payments					
Failure to file						
Failure to pay penalty						
Additio	ns to tax					
Pole	maa dua					
Balance due Refund						<del></del>
Keit	ına					<del></del> _
Pover	us / Evnances no	Dooko Adiu	atad Nat Imaam.	_		
Total contributions	nue / Expenses per 25 , 0		sted Net Income	<b>ð</b>		
	25,0	<u> </u>			N. 4	V
Interest Dividends	<del></del>			-		Year's Estimates
•		<del></del>	·	-	1st quarter	
Capital gains / losses Income modifications				-	2nd quarter	
Sale of inventory		-		-	3rd quarter	
Other income		<del></del>		-	4th quarter	
Total revenue	25,0	<del></del>		-	Total	
•	19,2	<del>00</del>		-		
Total expenses				-	A41	
Excess / ANI				=		us Information
		D. I. O. 4			Amended return	00/17/15
D	• •	Balance Sheet			Return / extended due d	ate <u>08/17/15</u>
	inning 12,770	Ending 1 0	100	Differences		
Assets	12,110	10,	489			
Liabilities Net assets	12,770	1 Ω	489	5 71	9	
1161 033613		10,	<del>===</del>	5,71	. <u></u>	