

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form 990-PF Department of the Treasury

EXTENDED TO AUGUST 17, 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

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2014 or tax year beginning AUG 1, 2014 31, 2014 and ending Name of foundation A Employer identification number STOLTE FAMILY FOUNDATION 47-1545801 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 6202 43RD AVENUE NE 206-624-9410 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here SEATTLE, WA 98115 G Check all that apply X 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 X 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 X Cash I Fair market value of all assets at end of year | J | Accounting method Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 22,774,355. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purpose (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome 23,082,900. N/A Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 41,648. 41,648 STATEMENT 4 Dividends and interest from securities 5a Gross rents BE SHY CHERRISE b Net rental income or (loss) <225,208.> STATEMENT 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 23,333,252. 22,856,840 7 Capital gain net income (from Part IV, line 2) 8 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 22,899,340. 22,898,488 12 Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees **b** Accounting fees ŝ c Other professional fees AUG I 8 2015 and Administrative 17 Interest 18 Taxes 19 Depreciation and depletion 20 Оссиралсу 21 Travel, conferences, and meetings 22 Printing and publications 0. 9,625. 9,625 STMT 3 23 Other expenses Operating 24 Total operating and administrative 9,625 9,625 0. expenses. Add lines 13 through 23 0. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 9<u>,6</u>25 9,625 0. Add lines 24 and 25 27 Subtract line 26 from line 12 22,889,715 2 Excess of revenue over expenses and disbursements 22,888,863. b Net investment income (if negative, enter -0-)

Form **990-PF** (2014)

N/A

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

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	0.
2	Enter amount from Part I, line 27a	2	22,889,715.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4_	22,889,715.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	22,889,715.

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

See the Part VI instructions

	m 990-PF (2014) STOLTE FAMILY FOUNDATION			<u> 15458</u>		Page 4
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	940(e), or	4948 -	· see ins	truc	tions)
18	a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1	)		ĺ		
	Date of ruling or determination letter (attach copy of letter if necessary-see instruction	ns)				
١	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter 1%	<b>)</b>	1		<u>457</u>	<u>,777.</u>
	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)		į		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	J		0.
3	Add lines 1 and 2		3		<u>457</u>	,777.
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		<u>457</u>	,777.
6	Credits/Payments				,	
ä	a 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 4	63,000.				
t	b Exempt foreign organizations - tax withheld at source 6b					
(	c Tax paid with application for extension of time to file (Form 8868)					
(	d Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments Add lines 6a through 6d	-	7_	(	<u>463</u>	,000.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here $\overline{f X}$ if Form 2220 is attached		8		2	,276.
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		2	,947.
11	Enter the amount of line 10 to be Credited to 2015 estimated tax > 2,947.	Refunded 🕨	11			0.
Pé	art VII-A Statements Regarding Activities					
18	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it particip	ate or interven	n e		Y	es No
	any political campaign?			1	a	X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions f	or the definition	1)?		6	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mat	tenals publish	ed or		ŀ	
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?				C	X
d	1 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	0.	<u>-</u>			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on fo	oundation				
	managers ► \$O.					
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.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	incorporation,	or			1
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			<del></del>	3	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		37		a	X
	o If "Yes," has it filed a tax return on Form 990-T for this year?		N,		b	<del>-   ,,-</del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			<sup>!</sup>	5	X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	ct with the stat	e law			
	remain in the governing instrument?					<u> </u>
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 X\	/	ļ	7   2	X
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			<u> </u>		
	WA CONTRACTOR OF THE PROPERTY			<u> </u>	į	
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or de	signate)			. │,	ا س
_	of each state as required by General Instruction G? If "No," attach explanation	40/3/F) 5:	_4.	<u> </u>	b 2	X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 49	42(J)(5) for cale	endar			v
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	~	LLI V(LL)		9	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and	addresses S	TMT			X COLU
				Form 9	an-h	<b>PF</b> (2014)

Form 990-PF (2014) STOLTE FAMILY FOUNDATION			47-15458	301	Page <b>6</b>
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	nued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Y	es X No		
(2) Influence the outcome of any specific public election (see section 4955),	, ,,	ectly,			
any voter registration drive?	• • •		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	s?		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? (see instructions)	,,, dodd,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	v	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational nurnoses or		00 (22 110		
the prevention of cruelty to children or animals?	, or concational purposes, or		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	dar the exceptions described		62 TT NO		
section 53 4945 or in a current notice regarding disaster assistance (see instri	·	iii negulativiis	N/A	5b	1
	•			JD .	
Organizations relying on a current notice regarding disaster assistance check in					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to		- /	[ ]		
expenditure responsibility for the grant?		1/A Y	es   No		
If "Yes," attach the statement required by Regulations section 53.494	` '		ŀ		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	·	[37]		
a personal benefit contract?		L Y	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a j	personal 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		Y.	es 🗓 No		
b if "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highl	У		
Paid Employees, and Contractors			·	_	
1 List all officers, directors, trustees, foundation managers and their		1.:2	1.7.w -	т	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e)	Expense unt, other
(a) Name and address	to position	enter -0-)	and deferred compensation		wances
HEIDI STOLTE	DIRECTOR, PRE	SIDENT			
6202 43RD AVENUE NE		1		İ	
SEATTLE, WA 98115	2.00	0.	0.	,	0.
CHRISTOPHER STOLTE	DIRECTOR, SEC	RETARY, T	REASURER		
6202 43RD AVENUE NE				1	
SEATTLE, WA 98115	2.00	0.	0.		0.
				h	
	1	ļ			
	1	<u> </u>			
	<del> </del>				<del></del>
	-	}			
	-			}	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "	L	i	
2 Compensation of the mignest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(0)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	accou	unt, other
NOVE	devoted to position		compensation	allo	wances
NONE					
			:		
			· <del></del>		
		<u>                                      </u>			
Total number of other employees paid over \$50,000			<b></b>		0

Total. Add lines 1 through 3		0.
3	-	
All other program-related investments. See instructions.		<del></del>
2	-	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1 N/A	Amour	IL
Part IX-B Summary of Program-Related Investments	A-m-2	
4		
	_	
3		
	_	
2		
	-	
1 N/A		<del></del>
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.	Expens	ses
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		
Total number of others recovered over \$50,000 for professional conver-	<b>•</b>	0
(a) Name and address of each person paid more than \$50,000 (b) Type of service NONE	(c) Co	mpensation
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
Form 990-PF (2014) STOLTE FAMILY FOUNDATION 47	<u>-1545801</u>	Page 7

	rm 990-PF (2014) STOLTE FAMILY FOUNDATION	4	<u>7-1545801                                    </u>	Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndation	ns, see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.			
a	Average monthly fair market value of securities	1a	13,758	,248.
b	Average of monthly cash balances	1b		
C	Fair market value of all other assets	10		
d	Total (add lines 1a, b, and c)	1d	13,758,	,248.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation) 1e 0 •			
2	Acquisition indebtedness applicable to line 1 assets	2		0.
3	Subtract line 2 from line 1d	3	13,758,	
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4		374.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	13,551,	874.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	284,	034.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part )	id certai	n	
1	Minimum investment return from Part X, line 6	1	284.	034.
	Tax on investment income for 2014 from Part VI, line 5	h		
 b	Income tax for 2014 (This does not include the tax from Part VI )			
	Add lines 2a and 2b	2c	457,	777.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	ئى <u>نىت يىسى</u>	0.
4	Recoveries of amounts treated as qualifying distributions	4	· · · · · · · · · · · · · · · · · · ·	0.
5	Add lines 3 and 4	5		0.
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	. "	0.
	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a		0.
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			
a	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		0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		<del></del>	
	income Enter 1% of Part I, line 27b	5		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6		0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies	for the section	

Form **990-PF** (2014)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
Distributable amount for 2014 from Part XI,		10013 prior to 2010	2010	2014
line 7				0.
2 Undistributed income, If any, as of the end of 2014	1	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>                                    </u>	· · · · · · · · · · · · · · · · · · ·
a Enter amount for 2013 only			0.	
b Total for prior years		<u> </u>	7 h 7 h 7 h 7 h 7 h 7 h 7 h 7 h 7 h 7 h	<del>'                                    </del>
		0.		
3 Excess distributions carryover, if any, to 2014	· · · · · · · · · · · · · · · · · · ·		1122	<u> </u>
a From 2009				
b From 2010				
<b>c</b> From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.	•••••		
4 Qualifying distributions for 2014 from				
Part XII, line 4 ► \$ O .				
a Applied to 2013, but not more than line 2a	· · · · · · · · · · · · · · · · · · ·		0.	······································
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	·	**************************************	
d Applied to 2014 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as	***************************************			
indicated below:	0.			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	U •			
b Prior years' undistributed income Subtract		0.		
line 4b from line 2b				······
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		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.	<u> </u>	. LETT,	····
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			,
9 Excess distributions carryover to 2015				
Subtract lines 7 and 8 from line 6a	0.		***********************	11,111111111 · · · · · · · · · · · · · ·
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 423581 11-24-14				r 000 DE (00)
11-24-14				Form <b>990-PF</b> (2014)

Form 990-PF (2014) STOLTE	FAMILY FOUN	DATION		47-15	545801 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a if the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2014, enter the date of t	he ruling .	<b> </b>		· <del></del> -
b Check box to indicate whether the foun-	dation is a private operation	g foundation described i	n section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	<b>.</b>	
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>b</b> 85% of line 2a				<u> </u>	
c Qualifying distributions from Part XII,					
line 4 for each year listed		<del></del>			
d Amounts included in line 2c not					
used directly for active conduct of exempt activities					
e Qualifying distributions made directly	[				
for active conduct of exempt activities					
Subtract line 2d from line 2c  Gomplete 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" afternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from			i		
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Complet	te this part only i	f the foundation	had \$5,000 or m	ore in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	o have contributed more t		ibutions received by the	foundation before the clo	se of any tax
year (but only if they have contributed n	nore than \$5,000) (See se	ction 507(d)(2) )			
SEE STATEMENT 7			<del></del>	_ <u></u>	
b List any managers of the foundation wh other entity) of which the foundation has			or an equally large portion	on of the ownership of a p	artnership or
NONE			<u></u>		
2 Information Regarding Contribution Check here ► X if the foundation o	nly makes contributions to	preselected charitable o	organizations and does n		
the foundation makes gifts, grants, etc	see instructions) to indivi	duals or organizations ur	ider other conditions, co	implete items 2a, b, c, and	1 d
a The name, address, and telephone num	per or e-mail address of th	e person to whom applic	ations should be addres	sed	
<b>b</b> The form in which applications should b	e submitted and informati	on and materials they sh	ould include		
c Any submission deadlines					
d Any restrictions or limitations on awards	, such as by geographical	areas, charitable fields, l	kinds of institutions, or o	ther factors	
		<u> </u>			

3 Grants and Contributions Paid During the		Pavment		
Recipient	If recipient is an individual, show any relationship to		Purpose of grant or contribution	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	contribution	Amount
a Paid during the year				
NONE				
				<u></u>
				<del></del>
Tabel			<b>▶</b> 3a	
Total  b Approved for future payment			38	
a representation latera payment				
NONE				
NONE		ļ		
				<del></del> ,
Total			<b>▶</b> 3b	0

Enter gross amounts unless otherwise indicated	Unrelated I	ousiness income		by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code	711100111	code	Amount	- Idilication income
å			<del>                                     </del>		·
b			<del>                                     </del>	·	
d	1 [	<del></del>	╀━┼		
		<del></del>	+ +-		
e	<del>-</del>		<del>  - </del>		
g Fees and contracts from government agencies	_		<del></del>		
g Fees and contracts from government agencies  2 Membership dues and assessments			<del></del>		
			<del>  </del>		
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		<del> </del>	14	41,648.	
		<del></del>	<del>                                     </del>	41,040.	<del> </del>
5 Net rental income or (loss) from real estate			<del>}</del>		
<ul> <li>a Debt-financed property</li> <li>b Not debt-financed property</li> </ul>			<del>  </del>		<del></del>
* * *			+		
6 Net rental income or (loss) from personal					
property 7 Other investment income			+-+		
		<u> </u>	+-+		
8 Gain or (loss) from sales of assets other			18	<225,208.	
than inventory  9 Net income or (loss) from special events			1 0	(223,200.)	·
O Gross profit or (loss) from sales of inventory	<del></del>	<del></del>	<del>                                     </del>		
1 Other revenue	} <del></del>		<del>                                     </del>		
a					
b	1		+		
c	l i		<del> </del> -		
e	_		<del>  </del>		
2 Subtotal Add columns (b), (d), and (e)	_	0.	<del>                                     </del>	<183,560.>	• 0
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		<del> </del>	13	100 500
See worksheet in line 13 instructions to verify calculations	: )				
		nlichment of Ex	romnt D		
Part XVI-B Relationship of Activitie	es to the Accom	ipiisnment of E	кетрі Р ———	urposes 	
Line No. Explain below how each activity for which			contribute	d importantly to the accomp	olishment of
▼ the foundation's exempt purposes (other t	han by providing funds	for such purposes)			
	· <del></del>				
					<del></del>
					<del></del>
	·				<del></del>
					<u> </u>
	<del></del>				
	<del></del>			· - · · · · · · · · · · · · · · · · · ·	
					<del></del>
					<del></del>
		<del></del>		<del></del>	<del></del>
		<del></del>		<del></del>	<del></del>
1					

Form 990-PF (2014) STOLTE FAMILY FOUNDATION

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

The following with any other organization described in section 501(c) of

1	Did the or	ganization directly or indir	rectly engage in any of the following	ng with any other organization	described in section 501(c) of		Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								
a			ation to a noncharitable exempt or					
	(1) Cash		·	-		1a(1)		X
	(2) Other	r assets				1a(2)		X
b	Other tran	sactions;						
	(1) Sales	of assets to a noncharital	ble exempt organization			1b(1)		X
	(2) Purci	hases of assets from a nor	ncharitable exempt organization			1b(2)		X
	(3) Renta	al of facilities, equipment, (	or other assets			16(3)		X
	(4) Reim	bursement arrangements				1b(4)		X
	(5) Loan	s or loan guarantees				1b(5)		X
	(6) Perfo	ormance of services or me	mbership or fundraising solicitation	ons		1b(6)		X
C	Sharing o	f facilities, equipment, ma	uling lists, other assets, or paid en	nployees	•	10		X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other ass						ets,		
					in any transaction or sharing arrangement, sh	ow in		
column (d) the value of the goods, other assets, or services received.						,		
( <b>a</b> )L	lne no	(b) Amount involved	(c) Name of noncharitabl	e exempt organization	(d) Description of transfers, transactions, and si	naring an	angeme	nts
			N/A					
	-							
		,						
	<del>-  </del> -		<u></u>					
	<del></del>							
			<u>.                                    </u>		<u> </u>			
_			<u>.</u>	<u> </u>				
			<u></u>	<del> </del>				
-			,		· · · · · · · · · · · · · · · · · · ·		_	
28	is the four	ndation directly or indirect	ity affiliated with, or related to, one	or more tax-exempt organiza	Itions described	<del></del>		
		=	r than section 501(c)(3)) or in sec			Yes	X	No
b		omplete the following sche						
		(a) Name of org		(b) Type of organization	(c) Description of relationship	p		
		N/A						
_								
		penalties of perjury, I declare t	that I have examined this return, including	ng accompanying schedules and st in taxogyer) is based on all informat	tatements, and to the best of my knowledge tion of which preparer has any knowledge return	he IHS c	iscuss t	his
Sig	911   📐				show	with the n below	(see Inst	
He	re	Au	STOR	HUS 1/15	DIRECTOR	Yes	L	No
	Sign	nature of efficer or trustee		Date	Title			
		Print/Type preparer's na	me Preparer's s	ignature [	Date Check if PTIN			
_				ام	self- employed			
Pa		GREGORY N.		100		<u> 226</u>		
	eparer	Firm's name ►WIL	LIAMSON & LACOM	IBE', CPA'S, PS	Firm's EIN ► 20 – 87	466	54	
US	Ise Only							
		Firm's address ► 39		TON BLVD. NE	(465)			۰.
	KIRKLAND, WA 98033-7867 Phone no. (425) 823					822	-19	96

#### 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

2014

Name of the organization

Employer identification number

	STOLTE FAMILY FOUNDATION	4/-1545801				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
·						
	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	lule. See instructions				
General Rule						
•	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalinary one contributor. Complete Parts I and II. See instructions for determining a contributo	•				
Special Rules						
sections 509(a)( any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from				
year, total contr	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
year, contribution is checked, enter purpose. Do not	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from one exclusively for religious, charitable, etc., purposes, but no such contributions totaled represented the total contributions that were received during the year for an exclusively religious to complete any of the parts unless the <b>General Rule</b> applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc.,				
out it <b>must</b> answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its leet 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

## STOLTE FAMILY FOUNDATION

47-1545801

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	CHRISTOPHER & HEIDI STOLTE		Person			
	6202 43RD AVENUE NE	\$ 2,200,650.	Payroll X			
	SEATTLE, WA 98115		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	CHRISTOPHER & HEIDI STOLTE		Person			
	6202 43RD AVENUE NE	\$ 8,695,800.	Payroll X			
	SEATTLE, WA 98115		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	CHRISTOPHER & HEIDI STOLTE		Person			
	6202 43RD AVENUE NE	\$ 9,780,000.	Payroll Noncash X			
	SEATTLE, WA 98115		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	CHRISTOPHER & HEIDI STOLTE		Person			
	6202 43RD AVENUE NE	\$ 2,406,450.	Payroll Noncash X			
	SEATTLE, WA 98115		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Occupate Part II for noncash contributions.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$Sahadula B (Form)	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number

## STOLTE FAMILY FOUNDATION

47-1545801

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	30,000 SHARES - TABLEAU SOFTWARE, INC.		
		\$2,200,650.	09/15/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	120,000 SHARES - TABLEAU SOFTWARE, INC.		
		\$8,695,800.	09/16/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	120,000 SHARES - TABLEAU SOFTWARE, INC.		
		\$ 9,780,000.	12/05/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	30,000 SHARES - TABLEAU SOFTWARE, INC.		
		\$ 2,406,450.	12/09/14
(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
+			
_		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization Employer identification number STOLTE FAMILY FOUNDATION 47-1545801 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, chantable, etc., contributions of \$1,000 or less for the year (Enter this info once) 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 gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	GAIN OR	(LOSS) FROM	SALE OF ASS	ETS	STATEMENT 1
(A) DESCRIPTION OF PRO	PERTY		MANI ACQU		
300,000 SHARES - T	ABLEAU SOFTWA	ARE, INC.	DONA	TED VARIOU	JS VARIOUS
(B) GROSS SALES PRI	(C) VALUI CE TIME OI	E AT EXP	(D) ENSE OF SALE	(E) DEPREC. G	(F) GAIN OR LOSS
22,827,	903. 23,08	32,900.	0.	0.	<254,997.
(A) DESCRIPTION OF PRO	PERTY		MANI ACQU		
55,948.174 UNITS -	WF ADV ULTR	ST INCOME F	D PURCH	ASED 11/14/	12/10/14
(B) GROSS SALES PRI	(C) COST CE OTHER E	OR EXP	(D) ENSE OF SALE	(E) DEPREC. G	(F) GAIN OR LOSS
475,	000. 47	75,560.	0.	0.	<560.
CAPITAL GAINS DIVI	DENDS FROM PA	ART IV			30,349.
TOTAL TO FORM 990-	PF, PART I, I	LINE 6A			<225,208.>
FORM 990-PF	DIVIDENDS	AND INTERES	I FROM SECUI	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST MENT INCOM	
WELLS FARGO ACCOUNTS	71,997.	30,349.	41,648	. 41,648	3.
TO PART I, LINE 4	71,997.	30,349.	41,648	41,648	3.
	=======================================				

FORM 990-PF	OTHER EXPENSES				STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOK		NET INVEST- ADJUSTED NET INCOME. 9,625.			
INVESTMENT ADVISOR FEES	9,62	5. 9				
TO FORM 990-PF, PG 1, LN 23	9,62	5. 9			0.	
FORM 990-PF	CORPOR	ATE STOCK			STATEMENT	4
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	Т
WELLS FARGO - DOMESTIC AND INFUNDS	TERNATION	AL STOCK		3,393,079.	8,357,2	75.
TOTAL TO FORM 990-PF, PART II	, LINE 10	3		3,393,079.	8,357,2	75.
FORM 990-PF	OTHER II	NVESTMENTS			STATEMENT	5
DESCRIPTION	7	VALUATION METHOD	вос	OK VALUE	FAIR MARKE	т
WELLS FARGO - DOMESTIC MUTUAL WELLS FARGO - CORPORATE OBLIG	SATIONS	COST	3	3,912,362. 555,263.	3,899,6 565,1	
WELLS FARGO - INTERNATIONAL M FUNDS WELLS FARGO - OTHER ALTERNATI		COST		451,225.	432,2	77.
REAL ESTATE FUNDS				2,421,495.	2,363,7	33.
TOTAL TO FORM 990-PF, PART II	, LINE 13			7,340,345.	7,260,7	89.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

ADDRESS

CHRISTOPHER AND HEIDI STOLTE

6202 43RD AVENUE NE
SEATTLE, WA 98115

FORM 990-PF

PART XV - LINE 1A

STATEMENT 7

LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

HEIDI STOLTE CHRISTOPHER STOLTE

#### Form **8868**

(Rev. January 2014)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

internal Rev	enue Service	► Information about Form 88	68 and its	instructions is at www.irs.gov/for	m8868			
• If you	are filing for an Aut	omatic 3-Month Extension, comple	te only Pa	art I and check this box	_		► X	
-	-	litional (Not Automatic) 3-Month Ex	_		this form)	•		
Do not o	complete Part II un	less you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	orm 8868.		
Electron	ic filing <i>(e-file).</i> Yo	u can electronically file Form 8868 if	you need a	a 3-month automatic extension of tin	ne to file (	6 months for a co	orporation	
	<del>-</del> :	or an additional (not automatic) 3-mo	•				•	
of time to	file any of the forn	ns listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	<b>Fransfers</b>	Associated With	Certain	
Personal	Benefit Contracts,	which must be sent to the IRS in pag	oer format	(see instructions). For more details of	on the ele	ctronic filing of th	ıs form,	
visit www	v irs.gov/efile and c	ick on e-file for Charities & Nonprofits	s.					
Part I	Automatic	c 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).			
A corpora	ation required to file	Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete			
Part I onl	у							
		ding 1120-C filers), partnerships, REN	1ICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time		
to file inc	ome tax returns				Enter fil	er's identifying n	umber	
Type or	or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or			
print								
File by the	STOLTE F	47-1545801						
due date for	ate for Number, street, and room or suite no. If a P.O. box, see instructions.					Social security number (SSN)		
filing your return See								
instructions	The state of the s							
	SEATTLE,	WA 98115						
_								
Enter the	Return code for the	e return that this application is for (file	e a separa	te application for each return)			0 4	
A !! A!			0.4	A 1: A:	· · <del>- · - · · ·</del>		Return	
Applicati	on		Return					
Is For	5 000 57		Code	Is For (Coverage)				
Form 990 or Form 990-EZ			01	Form 990-T (corporation)				
Form 990-BL			02	Form 1041-A				
	0 (Individual)		03	Form 4720 (other than individual)				
Form 990-PF			04	Form 5227 Form 6069				
Form 990-T (sec. 401(a) or 408(a) trust)			05	Form 8870				
Form 990	I-T (trust other than	WILLIAMSON & LA	O6				12	
■ Thoha	acka ara ia tha aara	of ► 3927 LAKE WASH			ND. W	78033		
	none No. ► (42	<del></del>	1110101	Fax No. ► (425) 822-		11 30033		
		ot have an office or place of business	o in the life		0370			
		rn, enter the organization's four digit			f this is fo	r the whole group	obook thin	
box ► [	<del></del>	of the group, check this box	٦					
		3-month (6 months for a corporation				ers the extension	1 15 101.	
1 116	AUGUST 15			tion return for the organization name		The extension		
ie fe	or the organization's		t Organiza	non recommend the organization name	d above.	THE EXTENSION		
S   (	calendar year							
, i			an	d ending DEC 31, 2014				
	111 (ax year begin	1100 17 2011	, an	dending <u>DDO 017 D011</u>		<del>-</del> ·		
2 If th	o tay year antered	in line 1 is for less than 12 months, c	hack rass	on: X Initial return A	- Inal retur	'n		
2 11 (1)	<del>-</del>		HECK TEAS	on. (25) Initial return	Tital I Ciui	"		
3a If th	☐ Change in accou	Forms 990-BL, 990-PF, 990-T, 4720,	or 6060	enter the tentative tax less any		<u> </u>		
	refundable credits.		, 0, 0003, (	onto: the tentative tax, less any	3a	s 45	7,845.	
		Forms 990-PF, 990-T, 4720, or 6069	enter an	refundable credits and	- 00	-	. , - 101	
	•	ts made. Include any prior year overp			3ь	s 46	3,000.	
		t line 3b from line 3a. Include your pa					-,	
		ronic Federal Tax Payment System)	-		30	\$	0.	