

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



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

SCANNED SEP 0 1 2015

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

For	calen	dar year 2014 or tax year beginning DECENCER				ECEMBER 31	, 20 14
		undation	,,20,	1, and		r identification number	
LA	+(016	2 FOUND ATION			47-7	519767	
Nur	nber and	d street (or P.O box number if mail is not delivered to street address)	Room	/suite		e number (see instruct	ions)
		QUEEN ANNE AVE, N	719			432-0725	- ,
City	or town	n, state or province, country, and ZIP or foreign postal code					
		TLE, WA 98109			C II exempt	tion application is pend	ing, check here ▶
			n of a former public	charity	D 4 Faure		·
<u> </u>	Officer	Final return Amended		Chanty	D 1. Foreigi	n organizations, check	here ► 📗
		Address change Name chair				n organizations meeting	
н .	Chack	type of organization: X Section 501(c)(3) exempt p				here and attach compu foundation status was	
		n 4947(a)(1) nonexempt charitable trust		tation		07(b)(1)(A), check here	▶ □
		arket value of all assets at J Accounting method		ccrual			
		year (from Part II, col. (c),	i. M. Casii 🗀 Ai	CCIUal		ndation is in a 60-mont ction 507(b)(1)(B), chec	
		(Part I, column (d) must be	on cash basis l		under set	Stron 307 (b)(1)(b), chec	Kilere . P
_	art I	• • • • • • • • • • • • • • • • • • • •	On cash basis j				(d) Dh
	41 C I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		ınvestment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions))	books	ır	come	income	purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule)	10,050,000	4 8 8 .		A TOTAL TOTAL	(3.20.0 0.11y)
	1 2	Check ► ☐ If the foundation is not required to attach Sch. B	10/050/080	<u> </u>		10//4	
		<u> </u>	- (13 K*15 M; W*1 W W W X	<u> </u>	35 35 15 21 11	3 3 1	
	3 4	Interest on savings and temporary cash investments Dividends and interest from securities					
		Gross rents					
	5a					- 5-7-e - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
	b	Net rental income or (loss)	2 (3 (3 (3 (3 (3 (3 (3 (3 (3 (- 1 1 4 4 4 4		
ĭ	6a	Net gain or (loss) from sale of assets not on line 10	17, 7, 8, 8 6, 7	78 - 67 780 5 20 500			
Je.	b	Gross sales price for all assets on line 6a		# F & S' S			
Revenue	7	Capital gain net income (from Part IV, line 2)	3333	. 4.2.02.00	0		
-	8	Net short-term capital gain		3 3 3 3			
	9	Income modifications		- C			2.
	10a	Gross sales less returns and allowances		74 3	73,888		
	b	Less: Cost of goods sold	******		.87 1	3 (3 % % % % %	
	C	Gross profit or (loss) (attach schedule)		5.20 85	48.		
	11	Other income (attach schedule)	10 050 000				
	12	Total. Add lines 1 through 11	10,050,000				
es	13	Compensation of officers, directors, trustees, etc.	0				<u> </u>
uS	14	Other employee salaries and wages					
B	15	Pension plans, employee benefits					
Expenses	16a	Legal fees (attach schedule)		-			
Ą	b	Accounting fees (attach schedule) RECEIVED					
	17	Other professional fees (attach schedule)	101		 .		
str	17 18	Taxes (attach schedule) (see in suction A) UG 1 9 2015	RS-OSC				
Ξ	18 10	Depreciation (attach schedule) and depletion	<u> </u>	-			
Ε	19 20	Occupancy		 			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Operating and Administrati	20 21	Travel, conferences, and meeting OGDEN, U7		-			
Þ	22	Printing and publications		-			
ā	23	Other expenses (attach schedule)		<u> </u>			
. <u>≘</u>	24	Total operating and administrative expenses.					
rat		Add lines 13 through 23	0		0		0
ē	25	Contributions, gifts, grants paid		3025			0
ō	26	Total expenses and disbursements. Add lines 24 and 25	0	F:31842		1	0
	27	Subtract line 26 from line 12:		12.00	<u> </u>	. (- %, \$ -	1 100
			10,050,000	1 35		* * *	- 4
	a	Excess of revenue over expenses and disbursements	10,030,000		····		3 ' 4
	b	Net investment income (if negative, enter -0-) .		<u> </u>		\	
	C	Adjusted net income (if negative, enter -0-)	L	L		NIA	i i

Вs	ırt II	Ralance Sheets	Attached schedules and amounts in the description column	Beginning of year		End o	of year
		Dalarice Officets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Valu	_	(c) Fair Market Value
	1	Cash - non-interest-	bearing	0	10,050,00	Ð	10,050,000
	2	Savings and tempora	ary cash investments		1		
	3	Accounts receivable	· •		چيد د چيد		
		Less: allowance for o	doubtful accounts ▶				
	4	Pledges receivable ▶	>		7 10 3	, 2	
		Less: allowance for o	doubtful accounts ▶				
	5	Grants receivable .					
	6		om officers, directors, trustees, and other				
		disqualified persons	(attach schedule) (see instructions)				
	7	Other notes and loans re	receivable (attach schedule) ▶			*	\$
		Less: allowance for do	oubtful accounts ►			***************************************	
ş	8	Inventories for sale of	or use		-		
Assets	9		nd deferred charges				
As	10a	•	d state government obligations (attach schedule)				
_	b		orate stock (attach schedule)	***************************************	-		
	С		prate bonds (attach schedule)				
	11		dings, and equipment: basis ▶		. 2.27	1	
		Less accumulated depre	eciation (attach schedule) ▶		 		
	12	Investments - morta	gage loans	-			
	13	Investments—other	(attach schedule)				
	14	Land buildings and ed	(attach schedule)	111.	N - 11 (3) (4) v	~	
	• •	Less: accumulated den	preciation (attach schedule) ▶	_ 	<u> </u>		
	15	Other assets (describ	he >	-	-		
	16	Total assets (to	be ►) be completed by all filers-see the		<u> </u>		
		instructions. Also, se	ee page 1, item I)	0	10 050,0	00	10,050,000
	17		nd accrued expenses		7		<
	18						
es	19				-		
Liabilities	20		rectors, trustees, and other disqualified persons				* *42*
æ	21		er notes payable (attach schedule)			•	44 7 2
	22	Other liabilities (desc					
	23	Total liabilities (add	cribe ►) d lines 17 through 22)	0		0	, , , ,
	20		ollow SFAS 117, check here ▶ □	 		0	
und Balances			324 through 26 and lines 30 and 31.				
2	24	Unrestricted	_				
ᇐ	25		ed				
ä	26	Permanently restricte					
힏	20	•	o not follow SFAS 117. check here ▶ □				
盁		and complete lines					
Net Assets or Fi	27		principal, or current funds	Ð		D	S. S
छ	28	•	rplus, or land, bldg., and equipment fund	0		0	hay, and a second
se	29	•	cumulated income, endowment, or other funds	0	10,050,00		
As	30	_	fund balances (see instructions)				
et '	31		and net assets/fund balances (see		10,050,00	, 0	
Ž	0.			0	10 050 0	20	
D۵	rt III		inges in Net Assets or Fund Balances		10,020,00		<u>L.</u>
1			balances at beginning of year—Part II, coli		et agree with		
•			ed on prior year's return)				
_						1	10.00= ====
_		er amount from Part I,				2	10,020,000
3						3	0
4	D	lines 1, 2, and 3	a line O (descine) N			4	10,020,000
5	Dec	reases not included in	n line 2 (itemize) ► palances at end of year (line 4 minus line 5)—	Port II advers (h) !		5	0
	10(2	arrier assers or lund b	alarices at end of year (line 4 minus line 5)—	-rari II, column (b), I	ine 30	6	10,050,000

Part	(a) List and describe the	LOSSES for Tax on Investment of the state of	9,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				5 Donation		
b	 	 				
C						· · · · · · · · · · · · · · · · · · ·
d	-	· · · · · · · · · · · · · · · · · · ·				
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis		n or (loss) n minus (g)
a						
b						
d						
e						
	Complete only for assets sho	wing gain in column (h) and owned	by the foundation	on 12/31/69		
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (i), if any	col (k), but not	(h) gain minus less than -0-) or om col (h))
а						
<u>a</u>				 -		
						<u> </u>
d						
<u>_</u>						
		(If gain	also enter in Pa	rt line 7)		
2	Capital gain net income oi	rinat canital incel {	, enter -0- in Pa		2	
3	Net short-term capital day	n or (loss) as defined in sections		-	_ _	<u> </u>
	If gain, also enter in Part	I, line 8, column (c) (see instru	ctions). If (loss)	, enter -0- ın)		
	Part I, line 8				3	
Part	V Qualification Und	er Section 4940(e) for Redu	ced Tax on N	let Investment	Income	
Was t	s," the foundation does not	section 4942 tax on the distribu qualify under section 4940(e). D	o not complete	this part.		☐ Yes ☐ No
		ount in each column for each ye	ar; see the instri		aking any entries.	
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distribution	s Net value o	(c) f nonchantable-use a		(d) ribution ratio livided by col. (c))
	2013			<u> </u>		
	2012					
	2011					
	2010			<u></u>		
	2009					
2 3	Total of line 1, column (d)				2	
3		for the 5-year base period—dividation has been in existence if le			· 3	
4	Enter the net value of non-	charitable-use assets for 2014 f	rom Part X, line	5	. 4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		. 6	
7	Add lines 5 and 6 .				7	
8		ns from Part XII, line 4			. 8 that part using a 1	% tax rate See th

• •		- 1	
Form 990-PF (2014)	LMIDIK	FOUNDATI	0~

47-2519767

Page 4

Part	Excise Tax Based on investment income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	nstrı	ICTIO	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
b	Date of ruling or determination letter (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check 1		0	
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-)		0	
3	Add lines 1 and 2		0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	
6	Credits/Payments:			
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
b	Exempt foreign organizations—tax withheld at source			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d		0	
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		0	
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			
Part				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	ス No
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.	,		- T
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>;</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		ズ
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
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 with the state law remain in the governing instrument? 	6		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶		•	^
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		Y
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	X.	

b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of

Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

at any time during the year?

3ь

4b

Pan	VII-B Statements Regarding Activities	s tor W	hich Form	4720	May Be R	equire	d (conti	nued)		
5a	During the year did the foundation pay or incur a	-		,						
	(1) Carry on propaganda, or otherwise attempt t(2) Influence the outcome of any specific public						Yes	∑ No		
	directly or indirectly, any voter registration dr		•			•	☐Yes	⊠ No		1855 77.
	(3) Provide a grant to an individual for travel, stu	dy, or o	other similar p	ourpose	es?		☐ Yes	⊠ No	- 1	1 1
	(4) Provide a grant to an organization other than							_	4	
	section 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious						Yes	X.No		
	purposes, or for the prevention of cruelty to							⊠ No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transa	actions fail to	qualify	under the	excepti	ons desci			
	Regulations section 53.4945 or in a current notice	•	•					·	5b	
_	Organizations relying on a current notice regards If the answer is "Yes" to question 5a(4), does t	_				· ·		▶□		
С	because it maintained expenditure responsibility			•			☐Yes	□No		
	If "Yes," attach the statement required by Regula		_						» ^;	
6a	. 3 , ,		-	_		emiums			6%	
L	on a personal benefit contract?						☐ Yes	ຼ⊠No		
Ь	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.	ns, aire	ctly or indired	ctiy, on	a persona	benetii	contract	7.	6b	
7a	At any time during the tax year, was the foundation	a party	to a prohibited	tax she	elter transac	tion?	☐ Yes	⊠No		
	If "Yes," did the foundation receive any proceed								7b	
Par	Information About Officers, Direct and Contractors	tors, I	rustees, Fo	bunda	tion Man	agers,	Highly I	Paid E	mploy	ees,
1	List all officers, directors, trustees, foundation	n mana	agers and the	eir con	npensation	ı (see iı	nstructio	ns).		
	(a) Name and address		e, and average irs per week		mpensation not paid,		Contribution		(e) Expe	nse account,
		devot	ed to position		ter -0-)		erred compo		other	allowances
	UMA M. LONGRGAN L QUEEN ANNE AVE N \$719		COENT,		\cap			D		٥
	TTUE WY 98109		15 v R & R							
			5,0		**					
	AN LONERGAN		ctor,		0			0		D
	2 QUEEN ANNE AVE N *719 ATTLE, WA 98129		PREJIDENT, RETARY			_				
ンこん	+111c / 001 13(0)		5.0							
2	Compensation of five highest-paid employed	es (oth	er than thos	se incl	uded on li	ne 1—	see instr	uction	s). If n	one, enter
	"NONE."				T		_			
	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a		(c) Compe	nsation	(d) Contrib employee	benefit		nse account,
	,,,		devoted to po		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		plans and compen		otner	allowances
								-		
					 					
Total	number of other employees paid over \$50,000 .				· · ·		·	>		
									r 00	0-DE (004.4)

Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
V	46	
Tota	umber of others receiving over \$50,000 for professional services	D
Par	X-A Summary of Direct Charitable Activities	
	ne foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of izations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	J/A	-
•	<u>*.1.1.1</u>	
2		
3		
4		
Par	X-B Summary of Program-Related Investments (see instructions)	L .
	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	V/A	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2		
	her program-related investments. See instructions	
3		.
Tota	Add lines 1 through 3	D
	<u></u>	Form 990-PF (2014)

Part		gn fou	ındations,
	see instructions.)	F 12 22 X T	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	Ð
b	Average of monthly cash balances	1b	418,750
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	418,750
e	Reduction claimed for blockage or other factors reported on lines 1a and	:	.07.5
	1c (attach detailed explanation)	-5.5	
2	Acquisition indebtedness applicable to line 1 assets	2	O
3	Subtract line 2 from line 1d	3	418,750
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	6,281
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	412,469
6	Minimum investment return. Enter 5% of line 5	6	20,623
Part		ounda	tions
1	Minimum investment return from Part X, line 6	1	20,623
2a	Tax on investment income for 2014 from Part VI, line 5	1344	
b	Income tax for 2014. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	20,623
4	Recoveries of amounts treated as qualifying distributions	4	D
5	Add lines 3 and 4	5	20,623
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,		0 - (0 0
	line 1	7	20,623
Part	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:	Id:	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	ก
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.		

art	Undistributed income (see instruction	ons)			
1	Distributable amount for 2014 from Part XI,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
_	line 7	* * * * * * * * * * * * * * * * * * * *	~ ′		20,623
2	Undistributed income, if any, as of the end of 2014:	* \$ 2			,
а	Enter amount for 2013 only		· · ·	0	
Ъ	Total for prior years: 20,20,20		O		`
3	Excess distributions carryover, if any, to 2014:	Sand	3.3		
a	From 2009			3 .	والمحارج أرجار
b	From 2011		, *	?	La Alla de
d	From 2012	, , , ,			
u e	From 2013	,			
f	Total of lines 3a through e	ก			•
4	Qualifying distributions for 2014 from Part XII, line 4: ▶ \$		·		
а	Applied to 2013, but not more than line 2a .	7 7 6 6 6 6	,	0	in 532
Ь	(Election required—see instructions)		0	;; ; ;	
C	Treated as distributions out of corpus (Election	\circ			
	required—see instructions)		\$.52.32 	10 40 40	\$ 6.0
d	Applied to 2014 distributable amount	0		```	<u>8</u>
e	Remaining amount distributed out of corpus	0	2.38.2		ව
5	Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same	~ 6 > 0			, 0
	amount must be shown in column (a).)			Sec.	
6	Enter the net total of each column as indicated below:	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	8		3 1 2 3 1 2 7 3 1 3 1	
b	Prior years' undistributed income. Subtract	· • • • • • • • • • • • • • • • • • • •			
_	line 4b from line 2b		Ø	~	
С	Enter the amount of prior years' undistributed	7.17.5 (FF)			
	income for which a notice of deficiency has				1
	been issued, or on which the section 4942(a)	~	•	· ·	
	tax has been previously assessed	,	0	h ;	\$\$ ² .
d	Subtract line 6c from line 6b. Taxable amount—see instructions		ρ		
_	Undistributed income for 2013. Subtract line	# 4 thá 3 3 1 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 3 4 10, , 1		
	4a from line 2a. Taxable amount—see				
	instructions			0	
f	Undistributed income for 2014. Subtract lines	? \$4.85%	, 5 ½ 3		
	4d and 5 from line 1. This amount must be		•		
	distributed in 2015		*		20,623
7	Amounts treated as distributions out of corpus			1 1 1	
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)	0	. ~		
8	Excess distributions carryover from 2009 not		1		\$ 14.5 14.5 14.
U	applied on line 5 or line 7 (see instructions)	0			*
9	Excess distributions carryover to 2015.				
-	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9:				
	Excess from 2010				
b	Excess from 2011]			
С	Excess from 2012				
d	Excess from 2013	_	-	1	
е	Excess from 2014				1

	10-PF (2014) LAIDIR FOUND	<u> </u>	···-			19767 Page 10
Part					9)	
1a	If the foundation has received a ruling				17-15/14	
	foundation, and the ruling is effective for		_		1 - 1	
b	Check box to indicate whether the four		operating founda		section 4942(j)(3) or 4942(j)(5
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c .				_	
3	Complete 3a, b, or c for the		:			
	alternative test relied upon:					
а	"Assets" alternative test-enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
C	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in	İ				
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Part			•	the foundation	had \$5,000 or r	nore in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation					
а	List any managers of the foundation					•
	before the close of any tax year (but o	only if they have co	ontributed more t	nan \$5,000). (See	section 507(d)(2).	1
	SEE STATEMENT 2					
b	List any managers of the foundation			•		large portion of the
	ownership of a partnership or other e	ntity) of which the	toundation has a	10% or greater in	iterest.	
	None					
2	Information Regarding Contribution		• • • • • • • • • • • • • • • • • • • •	•		
	Check here ► 🔼 if the foundation					
	unsolicited requests for funds. If the f		giπs, grants, etc.	. (see instructions)	to individuals or	organizations unde
	other conditions, complete items 2a,					
а	The name, address, and telephone no	umber or e-mail ac	ddress of the pers	son to whom appli	cations should be	addressed:
						<u> </u>
b	The form in which applications should	d be submitted an	d information and	l materials they sh	iould include:	
	Any submission deadlines:					
G	raty submission deadines.					
d	Any restrictions or limitations on av	wards, such as b	y geographical a	areas, charitable	fields, kınds of ır	stitutions, or othe
	factors:			-	, .	, 2. 2.1101
					_	
						Form 990-PF (2014

3_	Grants and Contributions Paid During t	he Year or Approve	ed for Fut	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or	Amount
		or substantial contributor	recipient	CONTIDUCTOR	
а	Name and address (home or business) Paid during the year Nore	any foundation manager or substantial contributor	recipient	contribution	
_					
b	Total	· · · · · · · · · · · · · · · · · · ·	· · · ·	▶ 3 a	0
	NONE				
	Iotal	<u> </u>	· · · ·	▶ 3b	O n 990-PF (2014)
				Fort	n ラシリーアF (2014)

	. g. 033	amounts unless otherwise indicated.	Unrelated bus	(b)	(c)	on 512, 513, or 514 (d)	(e) Related or exempt function income
1	Progra	am service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
	а . —						
	b _						
	ິ –						
	<u> </u>						
	. —						
	<u> </u>						
_		es and contracts from government agencies	-				
_		pership dues and assessments					
3		ends and interest from securities					
5		ental income or (loss) from real estate:	1644 C	CANCEL CHIEF	* (3 8 5), (4-4	STARAGETY SEE	A TOTAL SAME
J		ebt-financed property			Tarana a		Mississian (Mississian)
		ot debt-financed property					
6		ental income or (loss) from personal property			 	-	
7		investment income					-
-		or (loss) from sales of assets other than inventory					
9		come or (loss) from special events			-		
		profit or (loss) from sales of inventory					
		revenue: a				-	
•	b			-	-		
							
	d					<u> </u>	
	е				-		
	_						
		otai. Add columns (b), (d), and (e)		0	Company of the contract of the	0	0
13	Total.	. Add line 12, columns (b), (d), and (e)			1.2		0
13 See	Total. works	. Add line 12, columns (b), (d), and (e) . heet in line 13 instructions to verify calculation	 ns.)				0
13 See Par	Total. works rt XVI	. Add line 12, columns (b), (d), and (e) . heet in line 13 instructions to verify calculation	 ns.)				0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI	. Add line 12, columns (b), (d), and (e) . heet in line 13 instructions to verify calculation	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0
13 See Par Line	Total. works rt XVI- e No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to the A	ns.) Accomplishme	ent of Exemp	ot Purposes	13	0

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations 47-2519767 Page 13

	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?						****	No			
	_		oorting foundation to	a noncharitable exen	ant oraș	nization (√f∙			1.75	ds
		ash			_		<i>)</i> 1.		1:	(1)	大
		ther assets .			• •					(2)	+⁄>-
	• •	r transactions:							16		<u>. </u>
			a noncharitable ever	mpt organization .					11)(1)	又
				ble exempt organizati					_	(2)	+~
				assets						`	
										(3)	<u>K</u>
	(4) Reimbursement arrangements								(4)	X	
		_							 	(5)	<u>X</u>
				ip or fundraising solic					_	(6)	X
				ts, other assets, or pa						C	<u> X</u>
				," complete the follow							
				ces given by the report							
			,	ement, show in colum							
(a) Line	no (b) Amount involved		aritable exempt organization	kempt organization		(d) Description of transfers, transactions, and sharing arrangement				nents
			NIA								
	$-\!$										
									<u> </u>		
							_				
							-				
							· · · · · · · · · · · · · · · · · · ·				
					}						
				<u>-</u> ,							
						_					
	desc	ribed in section 5 es," complete the	501(c) of the Code (o e following schedule		(c)(3)) o	ne or more r in sectio	e tax-exemp n 527?	ot organiza	tions	Yes 🛚	No
	(a) Name of organization			(b) Type of organization			(c) Description of relation		of relationsh	p	
											
		···		·····							
				 							
O:	Unde	er penalties of perjury, l	I declare that I have examine	d this return, including accom	panying si	chedules and	statements, and	to the best of n	ny knowledge	and belief	it is true
Sign	🗸							May the IRS			
Here				 ' _ ' 				with the prep (see instruction			
	Sigr	nature of officer or tru		Date	Title				(200 man 200)		
Paid Prepa	arer	Print/Type preparer	r's name	Preparer's signature			Date	Check self-en	of printing if	1	
Use (Firm's name ▶						Firm's EIN ▶			
	J. 11 y	Firm's address ▶						Phone no	****		
			-				<u>_</u>		Form	990-P	F (2014)

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.

OMB No 1545-0047

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

Name of the organization (A	IDIR FOUNDATION	Employer identification number 47-2519767					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	☐ 527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundar	tion					
	501(c)(3) taxable private foundation						
General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules							
regulations under set 13, 16a, or 16b, and \$5,000 or (2) 2% of For an organization of contributor, during the	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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.						
contributor, during t contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, contributions exclusively for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total contribution exclusively religious, charitable, etc., purpose. Do not complete any est to this organization because it received nonexclusively religious, charitable, etc., purpose to this organization because it received nonexclusively religious, charitable, etc., purpose.	es, but no such utions that were received of the parts unless the aritable, etc., contributions					

Name of organization

LAIDIR FOUNDATION

Employer identification number 47-2519767

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			
<u> </u>	BRIAN AND SHAUNA LONERGAN 2212 QUEEN ANNE AVE N *719 SEATTLE, WA 98109	\$10,050,000	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			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

Name of organization

LAIDIR FOUNDATION

Employer identification number 47-2519767

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		s					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		s					
		\$					

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization **Employer identification number** LAIDIR FOURDATION 47-2519767 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for 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, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Relationship of transferor to transferee

,	l .			
LATOTR	FOUNDATION	C/O	BRTAN	LONERGAN

47-2519767

1

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 8B

STATEMENT

EXPLANATION

NOT REQUIRED BY STATE OF WASHINGTON

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS

STATEMENT

NAME OF MANAGER

SHAUNA M. LONERGAN BRIAN LONERGAN