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SCAMMED AUG 2 5 2015

EXTENDED TO NOVEMBER 16, 2015 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. ▶ Information about Form 990-PF and its separate instructions is at www irs gov/form990pf. OMB No 1545-0052

Forc	alen	idar year 2014 or tax year beginning			, and ending		
Nan	ne of	foundation				A Employer identificatio	n number
T	HE	LARSON FAMILY CHAR	ITAB	LE FOUNDATION	I .	91-187586	7
		nd street (or P O box number if mail is not delivered	ed to street a	address)	Room/suite	B Telephone number	
_1	<u>42</u>	24 168TH AVE NE				800-466-16	611
		own, state or province, country, and ZIP o		ostal code		C If exemption application is	pending, check here
		DINVILLE, WA 98072				_	
G C	heck	all that apply: Initial return			ormer public charity	D 1. Foreign organization	ns, check here
		Final return		Amended return		2 Foreign organizations m	neeting the 85% test
		Address chang		Name change		2 Foreign organizations m check here and attach o	computation
H C				kempt private foundation		E If private foundation st	
1_		ction 4947(a)(1) nonexempt charitable tru		Other taxable private founda		under section 507(b)(1)(A), check here
				ing method: X Cash	Accrual	F If the foundation is in a	 1
•		Part II, col (c), line 16)		ther (specify) imn (d) must be on cash b	1	under section 507(b)(1	1)(B), check here
Pa	·		art i, coiu	<u> </u>		()) () ()	(d) Disbursements
ra	1 (1	(The total of amounts in columns (b), (c), and (d) necessarily equal the amounts in column (a)	may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received		29,000.		N/A	(Cash basis only)
ŀ	2	Check If the foundation is not required to atta		25,000.		11/15	
3	5	Interest on savings and temporary	on out u				
'	3	cash investments Dividends and interest from securities		32,468.	32,468		STATEMENT 1
	•	Gross rents			<u> </u>		
		Net rental income or (loss)					
	_	Net gain or (loss) from sale of assets not on line 1	0			-	
<u> </u>	b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV line 2)			0 .	,	
8	8	Net short-term capital gain					
	9	Income modifications					
	10 a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	C	Gross profit or (loss)					
	11	Other income					
\rightarrow	12	Total. Add lines 1 through 1	1	61,468.	32,468		
	13	Compensation of officers, breeters, trustees ele)	0.	0 .	· · · · · · · · · · · · · · · · · · ·	0.
	14	Other and alouse colorise and wasses 144	a II				
	15	Pension plank diffologee pensings C Legalites		225	110		112
Ses				225.	112		113.
ber		Accounting tees	a 3	4,405.	2,202	<u> </u>	2,203.
Ĕ		Other professional fees N, U Interest	<u></u> -₩			 	
Administrative Expenses	17 18		т 4	819.	0.		0.
stra	19	Depreciation and depletion	- -	019.		'	
iji	20	Occupancy					
틩	21	Travel, conferences, and meetings		3,735.	0 .	,†	3,735.
and A	22	Printing and publications		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
g ar	23		T 5	455.	430		25.
Operating	24	Total operating and administrative			-		
Sers		expenses. Add lines 13 through 23		9,639.	2,744	,	6,076.
ŏ	25	Contributions, gifts, grants paid		106,625.			106,625.
	26	Total expenses and disbursements.					
		Add lines 24 and 25		116,264.	2,744.	,	112,701.
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursem	ents	-54,796.			
Į		Net investment income (if negative, enter -0) -)		29,724		(7
42350		Adjusted net income (if negative, enter -0-)		<u> </u>		N/A	- 000 PF
42350 11-24	-14	LHA For Paperwork Reduction Act No	ice, see	instructions.			Form 990-PF (2014)

For	m 99	0-PF (2014) THE LARSON FAMILY CHARIT	ABLE FOUNDATIO	N 91-3	L875867 Page 2
P	art	Balance Sheets Atlached schedules and amounts in the description	Beginning of year	End of	
느	a	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
		Savings and temporary cash investments	82,398.	27,937.	27,937.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable -			
	_ ا	Less: allowance for doubtful accounts Grants receivable			
	5	F			
	6	Receivables due from officers, directors, trustees, and other			
	,	disqualified persons			
	7	Other notes and loans receivable Less allowance for doubtful accounts			
	۱.	Inventories for sale or use			
Assets	8	Prepaid expenses and deferred charges			
Ass	102	Investments - U.S. and state government obligations			
-	l	Investments - corporate stock STMT 6	50,000.	50,000.	0.
	l	Investments - corporate bonds STMT 7	544,015.	544,015.	618,635.
	-	Investments - land, buildings, and equipment basis	344,013.	J44,01J.	010,033.
	11				
	12	Less accumulated depreciation Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
	'"	Less accumulated depreciation			
	15	Other assets (describe LIBERTY CAPITAL BRI)	26,487.	26,152.	26,152.
		Total assets (to be completed by all filers - see the	20/10/1	20,1321	20,132.
	'`	instructions. Also, see page 1, item I)	702,900.	648,104.	672,724.
_	17			010,1010	0/2//240
	18	Grants payable			
	19	Deferred revenue			
Liabilities	20	Loans from officers directors, trustees, and other disqualified persons			
ij	21	Mortgages and other notes payable			
Ξ.	22	Other liabilities (describe)			
					
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
and	25	Temporarily restricted			
Bal	26	Permanently restricted			
5		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	702,900.	648,104.	
Šet	30	Total net assets or fund balances	702,900.	648,104.	
_	31	Total liabilities and net assets/fund balances	702,900.	648,104.	
P	art	III Analysis of Changes in Net Assets or Fund Bal	lances		
=	Tota	not accept or fund halances at heginaling of year. Part II. solumn (a) line 2	0		
•		I net assets or fund balances at beginning of year - Part II, column (a), line 3	0		702 000
9		st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a			702,900. -54,796.
		r increases not included in line 2 (itemize)		2	-54,796.
		lines 1, 2, and 3		3 4	648,104.
		eases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	- 6	648,104.
_					Form 990-PF (2014)

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THE LARSON FAMILY CHARITABLE FOUNDATION

(a) List and desci	ibe the ki	ind(s) of property sold (e.g. or common stock, 200 shs.	, real estate,	IIICOIIIC	(b) How P - Pu D - Do	acquired rchase onation	(c) Date acc (mo., day,	quired yr.)	(d) Date sold (mo., day, yr.)
1a									
b NO	NE				ļ	<u> </u>			
<u>C</u>					-				
<u>d</u>					 				
e (e) Gross sales price	(f)	Depreciation allowed (or allowable)		t or other basis xpense of sale			(h) Gain (e) plus (f	or (loss)) minus (
a				 					·
<u>b</u>	_	 							
d				 _					
e									
Complete only for assets showing	ıg gaın ın	column (h) and owned by t	he foundation	on 12/31/69		(1)	Gains (Col.	(h) gain	minus
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			(k), but not Losses (fr	less than	1 -0-) or
a			-						· · · · · · · · · · · · · · · · · · ·
b									
С									
d									
<u>e</u>					$\overline{}$				
2 Capital gain net income or (net ca	•	. (<i>7</i> 7) 2				· · ·
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,			d (6):		}				
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Investr	nent Inco	me		
If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not qual 1. Enter the appropriate amount in	tion 4942 lify under	tax on the distributable am section 4940(e). Do not cor	mplete this pai	r t.					Yes X No
(a) Base period years Calendar year (or tax year beginni	ng in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) oncharitab	le-use assets	(cc	Distrib ol. (b) div	(d) pution ratio ided by col. (c))
2013			4,184.			23,229			.144054
2012			3,371.			34,330			.135883
2011			1,629.			21,344			.110305
2010			3,566. 5,302.			65,073 88,052			.210933
2009			3,302.		1,0	00,052	: 		.225451
2 Total of line 1, column (d)3 Average distribution ratio for the	5-vaar ha	se period - divide the total o	on line 2 hy 5	or by the number	of veare		2		.826626
the foundation has been in existe		•	ni inio 2 by 0,	or by the number	or yours		3		.165325
4 Enter the net value of noncharitat	ole-use as	sets for 2014 from Part X, I	ine 5				4		684,685.
5 Multiply line 4 by line 3							5		113,196.
6 Enter 1% of net investment incon	ne (1% of	Part I, line 27b)					6		297.
7 Add lines 5 and 6							7		113,493.
8 Enter qualifying distributions from	n Part XII	, line 4					8		112,701.
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, c	heck the box in Part VI, line	1b, and comp	lete that part usir	ng a 1% ta	x rate.			000 DE

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	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
Id	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		5	94.
U	of Part I, line 27b			74.
r	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
າ	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2		5	94.
A	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-			94.
6	Credits/Payments:			<u> </u>
_	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 800.			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c			
	Backup withholding erroneously withheld 6d			
	Total credits and payments. Add lines 6a through 6d		8	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2	06.
	Enter the amount of line 10 to be: Credited to 2015 estimated tax			0.
	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 participate or intervene in	1	Yes	No
	any political campaign?	1a		Х
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			
C	Did the foundation file Form 1120-POL for this year?	1c		х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ▶ \$ 0 .			
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			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_4a	L	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b	<u> </u>	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.	1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			i
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			ļ
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	<u> </u>
_	en anno en			
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	Х	
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
	r-	m gar	DE	(0011)

orm 990-PF (2014) THE LARSON FAMILY CHARIT			<u>91-187586</u>	57 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	ued)	
5a During the year did the foundation pay or incur any amount to:		· · ·		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); o				
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization		L	,3 [22] 100	
4945(d)(4)(A)? (see instructions)	ii aescribea iii sectioii		s X No	
• • • • • • • • • • • • • • • • • • • •			S A NO	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		ाउटा .	
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	in Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere		▶[_]	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it maintai	ined		
expenditure responsibility for the grant?	N	I/A 🔲 Y	es Do	
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	, ,			
a personal benefit contract?	, ,,	☐ Y6	s X No	1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?			66 X
If "Yes" to 6b, file Form 8870	orosnar bonom bonnast.		 	75
7a At any time during the tax year, was the foundation a party to a prohibited tax s	chalter transaction?		es X No	
				7b
b If "Yes," did the foundation receive any proceeds or have any net income attributed Part VIII Information About Officers, Directors, Truste		aggers Highly	IV/A	0
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	ees, roundation war	lagers, nighty		
List all officers, directors, trustees, foundation managers and their controls.	nomponentian			
List all officers, directors, dustees, foundation managers and their	·	(c) Compensation	(d) Contributions to	(a) Evange
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid.	employee benefit plans and deferred	(e) Expense account, other
	to position	`enter'-0-)'	compensation	allowances
DALE LARSON	PRESIDENT			
14224 168TH AVE NE				
WOODINVILLE, WA 98072	1.00	0.	0.	0.
PHYLLIS LARSON	SECRETARY			
14224 168TH AVE NE				
WOODINVILLE, WA 98072	3.00	0.	0.1	0.
	1			
	-			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "	L	
2 Compensation of the mignest-paid employees (other than those mo	(b) Title, and average	CIRCI ITOITE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deterred	account, other
	devoted to position	ļ · · · · · · · · · · · · · · · · · · ·	compensation	allowances
NONE	-			
<u> </u>		<u> </u>		
]			
***************************************	1	1		
- 		1		
	1			
Total number of other employees paid over \$50,000	1			0
Total number of empreyees paid ever 400,000				990-PF (2014)
			rorm	330-FF (2014)

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		.875867 Page 7
3 Five highest-paid independent contractors for professional services. If none, enter "NC	ONF."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of service	(b) compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produced	nformation such as the , etc.	Expenses
1 N/A	-	-
2		
3		
4		
Dart IV B. Common of Drogger Deleted Investments		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 N/A	Tanu Z.	Amount
IV/A		
2		
——————————————————————————————————————		
All other program-related investments. See instructions.	~ 	
3		
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2014)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	615,402.
b	Average of monthly cash balances	1b	53,237.
С	Fair market value of all other assets	10	26,473.
d	Total (add lines 1a, b, and c)	1d	695,112.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) le le l		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	695,112.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	10,427.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	684,685.
6	Minimum investment return Enter 5% of line 5	6	34,234.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	34,234.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	594.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	33,640.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	33,640.
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	33,640.
P	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	112,701.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	· · · · · · · · · · · · · · · · · · ·
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	112,701.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	112,701.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	jualifies for th	ne section

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Part XIII 'Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				33,640.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2014:		0.		
a From 2009 191,947.				
b From 2010 156, 452.			į	
c From 2011 55,744.		İ		
d From 2012 72,339.				
e From 2013 68,795.		İ		
f Total of lines 3a through e	545,277.			
4 Qualifying distributions for 2014 from				
Part XII, line 4. ► \$ 112,701.			-	
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				33,640.
e Remaining amount distributed out of corpus	79,061.	·	7° 7 1' '	
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:				
a Corpus Add lines 3f 4c and 4e Subtract line 5	624,338.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_ 1			
may be required - see instructions)	0.		· · · · · · · · · · · · · · · · · · ·	
8 Excess distributions carryover from 2009	101 047			
not applied on line 5 or line 7	191,947.			
9 Excess distributions carryover to 2015.	420 201	-		
Subtract lines 7 and 8 from line 6a	432,391.			
10 Analysis of line 9:				
a Excess from 2010 156, 452. b Excess from 2011 55, 744.				
c Excess from 2012 72,339. d Excess from 2013 68,795.	1			
e Excess from 2014 79,061.	1			
423581 11-24-14	! = 			Form 990-PF (2014)

Form 990-PF (2014) THE LAR Part XIV Private Operating F	SON FAMILY			91-18 N/A	75867 Page 10
			A, question s)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo			n anatum	1040()(0) == []40	140/.\/5\
b Check box to indicate whether the found		ig roundation described it I		4942(J)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2013	Prior 3 years (c) 2012	(d) 2011	(a) Tatal
income from Part I or the minimum	(a) 2014	(0) 2013	(6) 2012	(0) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon, a "Assets" alternative test - enter:					-
(1) Value of all assets	4				
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter				 	
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)		<u> </u>	·	<u> </u>	
(3) Largest amount of support from	ļ				
an exempt organization	<u> </u>			_	
(4) Gross investment income		l La Albia manda ambait	Ala a da con al adi a a	 	
Part XV Supplementary Info			the foundation	nad \$5,000 or moi	re in assets
	-	uctions.j			
1 Information Regarding Foundation	•				
a List any managers of the foundation wh			ibutions received by the	foundation before the clos	e of any tax
year (but only if they have contributed i	nore than \$5,000). (See s	ection 507(a)(2).)			
SEE STATEMENT 9					
b List any managers of the foundation who other entity) of which the foundation has	o own 10% or more of th s a 10% or greater interes	e stock of a corporation (st.	or an equally large porti	on of the ownership of a pa	irtnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pre	ograms:		
Check here X if the foundation the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does i		
a The name, address, and telephone num	·				
a The hame, address, and telephone hum	Del Ol e-mail address of t	ne person to whom applic	ations should be addres	55EU.	
b The form in which applications should	pe submitted and informat	tion and materials they sh	ould include:		
c Any submission deadlines:	·	·	·		
d Any restrictions or limitations on award	is, such as by geographica	ai areas, charitable fields,	kinds of institutions, or	other factors:	
423601 11-24-14				· · · · · · · · · · · · · · · · · · ·	Form 990-PF (2014)

Page 11

. Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or **Amount** status of any foundation manager contribution Name and address (home or business) recipient or substantial contributor a, Paid during the year NONE ABBA'S AMBASSADORS tro support PO BOX 165 MISSIONARIES IN THE SOUTH SALEM, NY 10590 U.S. AND ABROAD 400. NONE AMERICAN FRIENDS OF TYNDALE HOUSE ÞС TO GIVE AMERICANS THE CAMBRIDGE DPPORTUNITY TO BE PO BOX 1062 INVOLVED IN THE LIFE WHEATOR , IL 60187-1062 OF THE CHURCH IN AMERICA 500. NONE RESERACH FOR ALS AND AMYOTHROPHIC LATERAL SCLEROSIS ÞС ASSOCIATION TO EMPOWER PEOPLE WITH 1275 K. STREET NW STE. 250 LOU GEHRIG'S DISEASE WASHINGTON, DC 20005 AND THEIR FAMILIES. 25. NONE ASSEMBLY OF GOD/GEN'L COUNCIL PC TO SUPPORT 1445 BOONVILLE AVE. EVANGELIZING TO THE SPRINGFIELD, MO 65802 LOST, WORSHIPPING GOD, DISCIPLING BELIEVERS, AND SHOWING COMPASSION 42,900. NONE РC BRIDGES FOR PEACE, INC TO ASSIST JEWISH P.O. BOX 410037 IMMIGRANTS MELBOURNE, FL 36941 650. SEE CONTINUATION SHEET(S) ➤ 3a 106,625. Total b Approved for future payment NONE Total **▶** 3b

Form 990-PF (2014)

Part XVI-A **Analysis of Income-Producing Activities**

Enter arges amou	unts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
1 Program serv		(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
		COUC				
<u> </u>						
				 		
				-		
						
f	contracts from sourcement accesses			 	 	
-	contracts from government agencies			├		
	dues and assessments			├		
	avings and temporary cash					
investments	d t t			14	22 460	
	d interest from securities			14	32,468.	
	ome or (loss) from real estate.					
a Debt-finar		ļ		 		
	financed property		· · · · ·	ļ		······································
	ome or (loss) from personal					
property				ļ		
7 Other investn				ļ		
8 Gain or (loss)) from sales of assets other					
than inventor				<u> </u>		
	r (loss) from special events			ļ		
10 Gross profit o	or (loss) from sales of inventory					
11 Other revenue	e.					
a				ļ		
b				<u> </u>		
c				<u> </u>		
d				<u> </u>		
e				<u> </u>		
	d columns (b), (d), and (e)		0.		32,468.	0.
13 Total, Add lir	ne 12, columns (b), (d), and (e)				13	32,468.
(See worksheet i	in line 13 instructions to verify calculations.)					
Part XVI-B	Relationship of Activities to	the Acco	mplishment of Exc	empt	Purposes	
	Explain below how each activity for which incom			contri	buted importantly to the accon	plishment of
	the foundation's exempt purposes (other than b	y providing tu	nas for such purposes).			
N/2	<u>A</u>					·
				**		
						·
						
						
					 	
						
						
						·····
			· · · · · · · · · · · · · · · · · · ·			
						
			····			
			· · · · · · · · · · · · · · · · · · ·			
			 			
			 · · · · · · · · · · · · · · · · ·			
						
1						

Form 990-PF (2014)

Part X	VII.	Information Re Exempt Organi		sters To a	ind Transactions a	ind Relationsh	nips With Nonc	haritable		
4 0 14				446-4-11			504/ > -/		Yes	No
		·	·		g with any other organization		ion 501(c) of		165	No
	-				7, relating to political organ	iizations				
		rom the reporting founda	ation to a noncharitad	ne exempt org	janization of:				1	
(1)		acceto						1a(1)		X
		assets sactions:						1a(2)	 	
			ble everent erannizeti	.00				46/41		v
		of assets to a noncharital ases of assets from a noi						1b(1)	1	X
		of facilities, equipment,		ganization				1b(2)		X
		or lacilities, equipment, bursement arrangements	or other assets					1b(3) 1b(4)	_	X
		or loan guarantees						1b(5)		X
, ,		mance of services or me	mhershin or fundrais	ına salıcıtatıa	ine			1b(6)		X
, ,		facilities, equipment, ma	•	•				10(0)		X
					dule. Column (b) should al	ways show the fair	market value of the oc		L	
					ed less than fair market valu				0.0,	
) the value of the goods,						,		
(a) Line no		(b) Amount involved			e exempt organization	(d) Descriptio	n of transfers, transactions	s, and sharing arr	angemer	nts
	1	. -		N/A						
	1				· · ·		-			
	1									
	1									
								•		
	\perp									
	<u> </u>									
	↓				<u></u>					
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	↓									
	ــــــــــــــــــــــــــــــــــــــ	-								
		•	•	-	or more tax-exempt organ	ızatıons described			_	-
		501(c) of the Code (other		(3)) or in sect	son 52/?			Yes	LX	No
<u>b</u> If "Y	es, co	mplete the following sch			(h) Tuna of organization	T	(a) Description of rol	ationahin		
		(a) Name of org	Janization		(b) Type of organization	<u> </u>	(c) Description of rel	allonship		
		N/A	 			 				
						 		* 1		
						 				
						 	<u>-</u> .			
	Under	penalties of perjury, I declare t	that I have examined this	return, including	accompanying schedules and s	I tatements, and to the be	est of my knowledge	T (2) 10 A		
Sign	and be	lief, it is true, correct, and com	nplete Declaration of prep	parer (other than	taxpayer) is based on all informa	ation of which preparer i	nas any knowledge	May the IRS return with th	ne prepar	er i
Here		9 /alo 1	MAA	sel	18/17/15	PRESI	DENT	shown below		No
	Sign	ature of officer or trustee	1001	, , , , , , , , , , , , , , , , , , , 	Date	Title		-	<u>, </u>	
	٦	Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check If	PTIN		
				1/1	Lippmann	0/12/15	self- employed			
Paid		KURT LIPPM	ANN	Kurl	sippman	8/12/15	l	P00190	601	
Prepa		Firm's name ► MOS		LP			Firm's EIN ▶ 91			
Use O	nly								_	
		Firm's address ▶ 27			, SUITE 801					
		EV	ERETT, WA	98201			Phone no. 425			
						·- 		Form 99	0-PF	(2014)

FORM 990-PF DIVIDEND	S AND INTER	EST FROM SECUR	ITIES ST	PATEMENT 1
GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	
LPL - DIVIDENDS 5 LPL - INTEREST 32,463		0. 5. 0. 32,463.	5. 32,463.	
TO PART I, LINE 4 32,468	•	32,468.	32,468.	
FORM 990-PF	LEGAL	FEES	នា	PATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
GRAHAM & DUNN LEGAL FEES	225.	112.		113.
	225	112.		112
TO FM 990-PF, PG 1, LN 16A =	225.	=======================================		113.
FORM 990-PF PG 1, LN 16A =	ACCOUNTI		Si	PATEMENT 3
	ACCOUNTI		(C)	PATEMENT 3
FORM 990-PF	ACCOUNTI	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	CHARITABLE PURPOSES
FORM 990-PF DESCRIPTION	ACCOUNTI (A) EXPENSES PER BOOKS 4,405.	(B) NET INVEST- MENT INCOME 2,202.	(C) ADJUSTED	(D) CHARITABLE
FORM 990-PF DESCRIPTION MOSS ADAMS ACCOUNTING FEES	ACCOUNTI (A) EXPENSES PER BOOKS 4,405.	(B) NET INVEST- MENT INCOME 2,202.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 2,203.
FORM 990-PF DESCRIPTION MOSS ADAMS ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B	ACCOUNTII (A) EXPENSES PER BOOKS 4,405.	(B) NET INVEST- MENT INCOME 2,202. 2,202. ES (B) NET INVEST-	(C) ADJUSTED NET INCOME ST. (C) ADJUSTED	CHARITABLE PURPOSES 2,203.
FORM 990-PF DESCRIPTION MOSS ADAMS ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B FORM 990-PF	ACCOUNTII (A) EXPENSES PER BOOKS 4,405. 4,405. TAX (A) EXPENSES	(B) NET INVEST- MENT INCOME 2,202. 2,202. ES (B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME ST. (C) ADJUSTED	(D) CHARITABLE PURPOSES 2,203. 2,203. TATEMENT 4 (D) CHARITABLE

FORM 990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
STATE FILING FEES	25.	0.		25.	
SMITH BARNEY - INVESTMENT FEE LIBERTY CAPITAL BRIDGE LLC	95. 335.	95. 335.		0.	
TO FORM 990-PF, PG 1, LN 23	455.	430.		25.	

FORM 990-PF	CORPORATE STOCK		STATEMENT 6
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
2,000 SHS LEHMAN BROTHERS		50,000.	0.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	50,000.	0.
FORM 990-PF	CORPORATE BONDS		STATEMENT 7
DESCRIPTION	CORPORATE BONDS	BOOK VALUE	STATEMENT 7 FAIR MARKET VALUE
	CORPORATE BONDS	BOOK VALUE 519,230. 24,785.	FAIR MARKET

FORM 990-PF	OTHER ASSETS		STATEMENT 8
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
LIBERTY CAPITAL BRIDGE	26,487.	26,152.	26,152.
TO FORM 990-PF, PART II, LINE 15	26,487.	26,152.	26,152.

FORM 990-PF	PART XV - LINE 1A	STATEMENT 9
	LIST OF FOUNDATION MANAGERS	

NAME OF MANAGER

DALE LARSON PHYLLIS LARSON

3 'Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
	:			
CEDAR PARK CHURCH	NONE	PC	TO SUPPORT MINISTRY	
16300 112TH AVENUE NE			AND CHRISTIAN SERVICES	
BOTHELL, WA 98011				50
CRISTA MINISTRIES	NONE	PC	TO HELP SUPPORT THE	
19303 FREMONT AVENUE N			SERVICE OF LONG TERM	
SEATTLE, WA 98133			HEALTH CARE, EDUCATION	
			(K-12), CAMPING, AND	
			BOARDCASTING	60
HOPE CHURCH OF PHEONIX INCORPORATED	NONE	ng.	TO DETAIL MADE OF	
	NONE	PC	TO BRING THE HOPE OF	
P.O. BOX 712			JESUS BY INVESTING IN	
CHANDLER, AZ 85244			NEW GENERATIONS OF NEW	65
			PEOPLE IN NEW PLACES	65
IMPACT	NONE	PC	TO PROVIDE INDIVIDUALS	
P.O. BOX 40090		İ	& GROUPS WITH MISSIONS	
BELLEVUE, WA 98104			OPPORTUNITIES	12,00
MEDICAL TEAMS WORLDWIDE	NONE	₽C	TO PROVIDE MEDICAL	
16541 REDMOND WAY, SUITE 133C			RELIEF TO CHILDREN IN	
REDMOND, WA 98052			REMOTE LOCATIONS	10
			<u> </u>	
MINISTRY RESOURCES INTERNATIONAL	NONE	PC PC	IN SERVICE OF MINISTRY	
733 7TH AVE STE 200			NEEDS	
KIRKLAND, WA 98033				24,00
NEW HORIZONS MINISTRIES	NONE	PC	TO PROVIDE OUTREACH	
P.O. BOX 2801			MINISTRIES	
SEATTLE, WA 98111				2,60
OREGON MINISTRY NETWORK	NONE	PC	DEVELOPING EFFECTIVE	
PO BOX 9178			LEADERS AND BUILDING	
SALEM, OR 97305			HEALTHY CHURCHES	2,40
PRISONERS FOR CHRIST OUTREACH	NONE	PC	TO PROVIDE MISSIONARY	
MINISTRIES			TO PRISONERS	
P.O. BOX 1530				
WOODINVILLE, WA 98072		<u> </u>		5,20
RESCUE FREEDOM	NONE	₽C	TO PROVIDE A SAFE HOME	
PO BOX 77			AND CARE FOR WOMEN AND	
KIRKLAND, WA 98083			CHILDREN WHO HAVE BEEN	
			RESCUED OUT OF SEXUAL	
			SLAVERY	5,00

Part XV Supplementary Information				
3 'Grants and Contributions Paid During the Ye		,		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
SHARED HOPE INTERNATIONAL 2906 E EVERGREEN BOULEVARD/P.O. BOX 65337 VANCOUVER, WA 98665	NONE	PC	TO FURTHER HUMAN AND CIVIL RIGHTS	2,400.
WESTMINSTER CHAPEL 13646 NE 24TH ST BELLEVUE, WA 98005	none	₽C	TO SUPPORT MINISTRY AND CHRISTIAN SERVICES	6,500.
WESTERN WASHINGTON UNIVERSITY 516 HIGH ST. BELLINGHAM, WA 98225		PC .	TO PROMOTE AND PROVIDE HIGHER EDUCATION	200,
	,			
Total from continuation sheets				

The Larson Family Foundation

91-1875867

Tax Year Ending December 31, 2014

Form 990-PF, Part VII-B, Line 5c The following information is provided in accordance with IRC Sec 4945(h)(3) and Reg 53 4945-5(d) to demonstrate that the foundation exercised expenditure responsibility in regard to its grants

Dat¢	Date of Grant	Purpose of	Amounts	To the	Dates	Dates and
		Grant	Expended	Grantor's	of Reports	Results of Any
			by Grantee	Knowledge,	Received from	Verification of
				Grantee Has	the Grantee	the Grantee's
		•		Diverted a		Reports
				Portion of		
				Funds from		
				the Purpose of		
				the Grant		
				(Yes/No)		
7/25/2014 T		To support	\$400	No	6/16/2015	7/27/2015 -
Ē	Ē	missionaries'				Verified
Ĕ	Ĕ	most urgent				affirmatively
ne	ne L	needs				

 								_
6/25/2015 -	Verified	affirmatively		6/25/2015 -	Verified	affirmatively		
6/16/2015				6/16/2015				
N _O				No				
\$300				\$500				
To support	missionaries'	most urgent	spaau	To support	missionaries'	most urgent	needs	
9/30/2013				2/5/2013				
\$300				\$500				_
2 Abba's Ambassadors	PO Box 165 South	Salem, NY 10590		3 Abba's Ambassadors	PO Box 165 South	Salem, NY 10590		
2				က				

• ' ' .

(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.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

				-	1	
	are filing for an Automatic 3-Month Extension, complete	•		· ·		▶ X
If you a	are filing for an Additional (Not Automatic) 3-Month Ext	ension, co	omplete only Part II (on page 2 of t	this form).		
Do not co	3/1/p/01=		ic 3-month extension on a previously			
	ic filing (e-file) . You can electronically file Form 8868 if y					
	to file Form 990-T), or an additional (not automatic) 3-mon					
	ofile any of the forms listed in Part I or Part II with the exc					
Personal	Benefit Contracts, which must be sent to the IRS in paper	er format (s	see instructions) For more details or	the elect	ronic filing of th	is form,
	v.irs.gov/efile and click on e-file for Charities & Nonprofits.					
Part I						
•	ation required to file Form 990-T and requesting an autom	natic 6-moi	nth extension - check this box and c	omplete		, []
Part I onl	•			·		
	corporations (including 1120-C filers), partnerships, REMI come tax returns.	Cs, and tn	usts must use Form 7004 to request		on of time r <u>'s identifying</u>	number
Type or	Name of exempt organization or other filer, see instruc	ctions.		Employer	identification n	umber (EIN) or
print	THE LARSON FAMILY CHARITABL	E FOU	NDATION		91-1875	867
File by the due date for	Number of the Control			Social se	curity number (SSN)
filing your	14224 168TH AVE NE				,	,
return See instructions	City, town or post office, state, and ZIP code For a fo WOODINVILLE, WA 98072	reign addr	ress, see instructions			
		- 				
Enter the	Return code for the return that this application is for (file	a separat	e application for each return)	••		0 4
Applicat	ion	Return	Application			Return
Is For		Code	ls For	_		Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			
Form 47:	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227	_		10
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
	DALE LARSON pooks are in the care of > 14224 168TH AVE	א פווואי		אסט מזי	77	
		2140E T		VA 980	14	
•	hone No ► 800-466-1611	1 (-)	Fax No			_
	organization does not have an office or place of business is for a Group Return, enter the organization's four digit (If this is fo	r the whole gro	en obselvibes
		•	ich a list with the names and EINs of		-	•
<u>box ▶</u>	equest an automatic 3-month (6 months for a corporation				ers the exterision	7113 101
_	AUGUST 17, 2015 , to file the exemp		tion return for the organization name		The extension	
	for the organization's return for					
	X calendar year 2014 or					
	tax year beginning	, an	id ending		_	
2 lf 1	the tax year entered in line 1 is for less than 12 months, ch	neck reaso	on Initial return	Final retui	n	
	Change in accounting period					
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	_		E04
	onrefundable credits. See instructions			3a	\$	594.
	this application is for Forms 990-PF, 990-T, 4720, or 6069,					0.00
	timated tax payments made Include any prior year overp			3b	\$	800.
	alance due. Subtract line 3b from line 3a. Include your pa	•	•		<u></u>	0.
	r using EFTPS (Electronic Federal Tax Payment System) S i. If you are going to make an electronic funds withdrawal			3c	d Form 9970 F	
Instructi	· · · · · · · · · · · · · · · · · · ·	lanect aet	ony with this rothl code, see FORM 6	+JJ-EU a⊓		o for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 423841 05-01-14

Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month I	Extension, c	omplete only Part II and check this	box		▶ X
Note. Only complete Part II if you have already been granted ar	n automatic 3	3-month extension on a previously file	ed Form 8	368	
 If you are filing for an Automatic 3-Month Extension, comp 	olete only Pa	rt I (on page 1).			
Part II Additional (Not Automatic) 3-Month	Extension	of Time. Only file the origina	al (no co	pies r	needed).
		Enter filer's	identıfyın	g numt	per, see instructions
Type or Name of exempt organization or other filer, see inst	tructions.		Employer	ıdentıfi	cation number (EIN) or
print					
File by the THE LARSON FAMILY CHARITABI	E FOUN	DATION	·	91-	1875867
due date for Number, street, and room or suite no. If a P.O. box	, see instruct	ions.	Social se	curity n	umber (SSN)
return See 14224 168TH AVE NE					
City, town or post office, state, and ZIP code For a WOODINVILLE, WA 98072	ı foreign addı	ress, see instructions.			
Enter the Return code for the return that this application is for (file a separat	e application for each return)			0 4
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grant	ed an autom	natic 3-month extension on a previ	ously filed	l Form	8868.
DALE LARSON					
 The books are in the care of	VENUE N	<u> 1E - WOODINVILLE, W</u>	A 980	72	
Telephone No ► 800-466-1611		Fax No.	· · · · · · · · · · · · · · · · · · ·		<u></u>
 If the organization does not have an office or place of business. 					>
• If this is for a Group Return, enter the organization's four dig	ıt Group Exe	mption Number (GEN) I	f this is fo	r the wh	nole group, check this
box ▶ If it is for part of the group, check this box ▶		ch a list with the names and EINs of	all membe	ers the	extension is for.
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2015			
5 For calendar year 2014 , or other tax year beginning		, and ending			
6 If the tax year entered in line 5 is for less than 12 months	, check reaso	on Initial return	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS RESPECTFUL			GATH	ER N	NECESSARY
INFORMATION TO FILE A COMPLET	LE AND	ACCURATE RETURN.			
					
				ı 	
8a If this application is for Forms 990-BL, 990-PF, 990-T, 473	20, or 6069, e	enter the tentative tax, less any			E0.4
nonrefundable credits See instructions.			8a	\$	594.
b If this application is for Forms 990-PF, 990-T, 4720, or 60					
tax payments made Include any prior year overpayment	allowed as a	credit and any amount paid	-		900
previously with Form 8868		to Alle and Comment of the Comment o	8b	\$	800.
C Balance due. Subtract line 8b from line 8a. Include your		ir uns rorm, ir requirea, by using	0-		0.
EFTPS (Electronic Federal Tax Payment System). See ins		t be completed for Part II or	8c nlv	\$	
Under penalties of perjury, I declare that I have examined this form, inc	luding accomp	•	•	my kno	wledge and belief.
it is true, correct, and complete, and that I am authorized to prepare thi	s form.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		,0	
Signature Kurt Support Title	► CPA		Date		8/12/15

Form 8868 (Rev 1-2014)