Form 990-PF

# EXTENDED TO NOVEMBER 15, 2017 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.

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| Depart         | ment   | of the Treasury                   |                               | ▶ Do not enter                                       | social security numbers on   | this form as                                     | it may be ma           | ide public.   | <b>LU 10</b>                                 |
|----------------|--|-----------------------------------|-------------------------------|--|------------------------------|--|------------------------|---|--|
| nterna         | Reve   | enue Service                      |                               |  | rm 990-PF and its separate   |  |                        | .gov/torm990pt.   | Open to Public Inspection                    |
|                |  | dar year 2016                     | or tax year                   | r beginning  | <del>.</del>                 | , and e  |                        |   |  |
| Nam            | e of   | foundation                        |                               |  |                              |  |                        | A Employer identification   | number                                       |
|                |  |                                   |                               |  |                              |  |                        | 39 389  |  |
|                |  |                                   |                               | AL FOUNDATION  |                              |  |                        | **-***3553  |  |
|                |  | •                                 |                               | if mail is not delivered to street                   | et address)                  |  | Room/suite             | B Telephone number  |  |
|                | _  |                                   |                               | SON AVE.   |                              |  |                        | (314)569-2  | 400  |
| -              |  |                                   |                               | untry, and ZIP or foreign                            | postal code                  |  |                        | C if exemption application is pe  | anding, check here                           |
| S              | <u>.                                    </u> | LOUIS,                            | MO                            | 63104  |                              |  |                        |   |  |
| a Ch           | eck  | all that apply:                   |                               | Initial return                                       | Initial return of a fo       | rmer public (                                    | charity                | D 1 Foreign organizations,  | , check here                                 |
|                |  |                                   |                               | Final return   | Amended return               |  |                        | 2 Faveler avganizations mas   | ting the 9594 test                           |
|                |  |                                   |                               | Address change                                       | Name change                  |  |                        | <ol><li>Foreign organizations mee<br/>check here and attach cor</li></ol> | nputation PL                                 |
| ł Cr           | eck  | type of organiz                   | ation.                        | X Section 501(c)(3) 6                                | exempt private foundation    |  | -1                     | E If private foundation state   | us was terminated                            |
|                | Sec  | tion 4947(a)(1                    | ) nonexem                     | npt charitable trust 🗀                               | Other taxable private founda | ition  | 04                     | under section 507(b)(1)(  | (A), check here 🕨 🗀                          |
| Fai            | mai  | rket value of all                 | assets at                     | end of year J Accoun                                 | ting method Cash             | X Acci   | rual                   | F If the foundation is in a 6   | 0-month termination                          |
| (fro           | m P  | art II, col. (c),                 | line 16)                      |  | Other (specify)              |  |                        | under section 507(b)(1)(  |  |
|                | \$   |                                   | 5,414                         | <b>4 , 209 .</b> (Part I, col                        | umn (d) must be on cash i    | basis )  |                        |   |  |
| Pa             | rt I   | Analysis of R                     | evenue ar                     | nd Expenses  | (a) Revenue and              |  | vestment               | (c) Adjusted net  | (d) Disbursements<br>for charitable purposes |
|                |  | necessarily equ                   | ounts in colu<br>at the amour | umns (b), (c), and (d) may not<br>nts in column (a)) | expenses per books           |  | ome                    | ` income  | (cash basis only)                            |
| Т              | 1  | Contributions.                    | gıfts, gran                   | its, etc., received                                  | 1,610,476.                   |  |                        |   |  |
| - [            |  |                                   |                               | on is not required to attach Sch. B                  |                              |  |                        |   |  |
|                | _  | Interest on saving                | as and temp                   |  | 264.                         |  | 264.                   |   | STATEMENT 1                                  |
|                |  | Dividends and                     |                               | om securities  |                              |  |                        |   |  |
|                |  | Gross rents                       |                               |  |                              |  |                        |   |  |
|                |  | Net rental Income                 | or (loss)                     | -  | 1                            |  |                        |   |  |
| ŀ              |  |                                   | · · -                         | f assets not on line 10                              | 1                            |  |                        |   |  |
| 일              |  | Gross sales price                 | for all                       | assets not on line 10                                |                              |  |                        |   |  |
| 티              |  | assets on line 6a                 |                               | 0-48/ ( 0)   |                              |  | 0.                     |   |  |
| Revenue        |  | Capital gain net i                |                               | -  |                              |  | <u> </u>               |   |  |
|                |  | Net short-term                    |                               | w:   |                              |  |                        |   |  |
| l              |  | Income modifi<br>Gross sales less |                               | i  |                              |  |                        |   |  |
| -              |  | and allowances                    |                               |  | ļ                            |  | <del> ,</del>          |   |  |
| 1              |  | Less Cost of go                   |                               | L  | <u> </u>                     |  |                        | <del></del>   | <u> </u>                                     |
| - 1            |  | Gross profit or                   | (1088)                        |  | 21 175                       |  | 1 175                  | 0.  | STATEMENT 2                                  |
| - 1            |  | Other income                      |                               |  | 31,175.                      | 3  | $\frac{31,175}{1,430}$ |   | SIAIEMENT 4                                  |
| 4              | 12   | Total . Add line                  | <del></del>                   |  | 1,641,915.                   | 3  | 1,439.                 | 0.  | 152 000                                      |
|                |  | •                                 |                               | rectors, trustees, etc.                              | 170,000.                     | <b></b>  | 8,500.                 | 0.  | 153,000                                      |
| -              |  | Other employe                     |                               |  | 22,471.                      | <u> </u>   | $\frac{1,124}{1,220}$  | 0.  | 20,224                                       |
| g              |  | Pension plans                     | , employee                    |  | 26,579.                      |  | 1,329.                 | 0.  | 23,921                                       |
| benses         |  | Legal fees                        |                               | STMT 3   | 850.                         |  | 0.                     | 0.  | 425  |
| 夏              |  | Accounting fe                     |                               | STMT 4   | 8,879.                       | ļ  | 8,879.                 | 0.  | 0  |
| ŭΙ             | C  | Other professi                    | onal fees                     | STMT 5   | 1,506.                       |  | 0.                     | 0.  | 0  |
| اعٍ.           | 17   | interest                          |                               |  |                              |  |                        |   |  |
| Į              |  | Taxes _                           |                               | STMT 6   | 16,711.                      |  | 836.                   | 0.  | 15,040                                       |
| [일             | 19   | Depreciation a                    | nd deplete                    | on   |                              |  |                        |   |  |
| Administrative | 20   | Occupancy                         |                               |  |                              |  |                        |   |  |
| ¥              | 21   | Travel, confer                    | ences, and                    | f meetings   | 31,060.                      | 1  | 0.                     | 0.  | 31,060                                       |
| 밀              |  | Printing and p                    | -                             |  |                              | T  |                        |   |  |
| 9              |  | Other expense                     |                               | STMT 7   | 158,970.                     |  | 453.                   | 0.  | 120,409                                      |
| 딅              |  | Total operation                   |                               |  |                              |  |                        |   | -  |
| Operating and  |  | expenses. Ad                      |                               |  | 437,026.                     | 2  | 21,121.                | 0.  | 364,079                                      |
| 히              | 25   | Contributions                     |                               |  | 54,550.                      | <del>                                     </del> |                        | 1   | 54,550                                       |
|                |  | Total expense                     |                               |  | 32,330.                      | <del>                                     </del> |                        |   | 32,230                                       |
|                | 20   |                                   |                               |  | 491,576.                     | -  | 21,121.                | 0.  | 418,629                                      |
| $\dashv$       | 07   | Add lines 24 a                    |                               |  | ±31,3/0.                     | <del>                                     </del> | ,.4.                   | 1   | 210,023                                      |
|                |  | Subtract line 2                   |                               |  | 1,150,339.                   |  |                        |   |  |
| ı              |  | Excess of revenu                  |                               |  | 1 T.TDU.339.                 | I  |                        | <u> </u>  |  |
|                |  |                                   |                               |  |                              | · · · · · · · · · · · · · · · · · · ·            | A 240                  | 1   | 1  |
|                | b  | Net investme                      | nt income                     | enses and disoursements (if negative, enter -0-)     |                              | 1  | 0,318.                 | 0.  |  |

| _                 |       | Balance Sheets Attached schedules and amounts in the description                | Beginning of year  | End of         |                                       |
|-------------------|-------|---|--------------------|----------------|---------------------------------------|
| <u> </u>          | art   | column should be for end-of-year amounts only                                   | (a) Book Value     | (b) Book Value | (c) Fair Market Value                 |
|                   | 1     | Cash - non-interest-bearing   | 188,987.           | 675,012.       | 675,012.                              |
|                   | 2     | Savings and temporary cash investments  | 248.               | 200,391.       | 200,391.                              |
|                   | 3     | Accounts receivable ► 929.  |                    |                |                                       |
|                   |       | Less: allowance for doubtful accounts   | 929.               | 929.           | 929.                                  |
|                   | 4     | Pledges receivable ► 32,697.  |                    |                |                                       |
|                   | -     | Less: allowance for doubtful accounts   |                    | 32,697.        | 32,697.                               |
|                   | 5     | Grants receivable   |                    |                |                                       |
|                   |       | Receivables due from officers, directors, trustees, and other                   |                    |                | · · · · · · · · · · · · · · · · · · · |
|                   | Ĭ     | disqualified persons  |                    |                |                                       |
|                   | 7     | Other no tes and loans receivable   |                    | <del></del>    |                                       |
|                   | •     | Less: allowance for doubtful accounts   | 300,000.           | 0.1            | 0.                                    |
| "                 | ۰     | Inventories for sale or use   | 300,000.           |                |                                       |
| Assets            |       | Prepaid expenses and deferred charges   |                    |                |                                       |
| Ass               |       | Investments - U.S. and state government obligations                             |                    | <del></del>    | <del></del>                           |
| •                 |       |   |                    |                | <del></del>                           |
|                   |       | Investments - corporate stock   |                    |                |                                       |
|                   | ١     | Investments - corporate bonds   |                    |                | <del></del>                           |
|                   | 111   | Investments - land, buildings, and equipment basis                              |                    |                |                                       |
|                   | ١.,   | Less accumulated depreciation   |                    |                |                                       |
|                   |       | Investments - mortgage loans  |                    |                |                                       |
|                   |       | Investments - other   |                    |                | <del></del>                           |
|                   | 14    | Land, buildings, and equipment basis ► 781,112.                                 | 745 405            | 500 055        | 500 055                               |
|                   |       | Less accumulated depreciation 92,246.   | 715,405.           | 688,866.       | 688,866.                              |
|                   |       | Other assets (describe ► STATEMENT 8 )  | 3,110,782.         | 3,816,314.     | 3,816,314.                            |
|                   | 16    | Total assets (to be completed by all filers - see the                           |                    |                |                                       |
|                   |       | instructions. Also, see page 1, item I)   | 4,316,351.         | 5,414,209.     | 5,414,209.                            |
|                   | 17    | Accounts payable and accrued expenses   | 6,125.             | 3,334.         |                                       |
|                   | 18    | Grants payable  |                    |                |                                       |
| S                 | 19    | Deferred revenue  |                    |                |                                       |
| Liabilities       | 20    | Loans from officers, directors, trustees, and other disqualified persons        |                    |                |                                       |
| api               | 21    | Mortgages and other notes payable   |                    |                |                                       |
| Ξ                 | 22    | Other liabilities (describe STATEMENT 9)  | 50,000.            | 310.           |                                       |
|                   |       |   |                    |                |                                       |
|                   | 23    | Total liabilities (add lines 17 through 22)                                     | 56,125.            | 3,644.         |                                       |
|                   |       | Foundations that follow SFAS 117, check here                                    |                    |                |                                       |
|                   |       | and complete lines 24 through 26 and lines 30 and 31.                           |                    |                |                                       |
| ès                | 24    | Unrestricted  | 4,260,226.         | 5,410,565.     |                                       |
| Balances          | 25    | Temporarily restricted  |                    |                |                                       |
| Bai               | i     | Permanently restricted  |                    |                |                                       |
| Þ                 |       | Foundations that do not follow SFAS 117, check here                             |                    |                |                                       |
| Ē                 |       | and complete lines 27 through 31.   |                    |                |                                       |
| Net Assets or Fur | 27    | ·   | }                  | İ              |                                       |
| ets               | 28    | Paid-in or capital surplus, or land, bldg., and equipment fund                  |                    |                |                                       |
| Ass               | 29    | Retained earnings, accumulated income, endowment, or other funds                |                    |                |                                       |
| ŧ                 | 30    |   | 4,260,226.         | 5,410,565.     |                                       |
| Z                 | "     | Total net assets of fund valances.  | 4,200,220.         | 3,410,3031     |                                       |
|                   | 9,    | Total liabilities and net assets/fund balances                                  | 4,316,351.         | 5,414,209.     |                                       |
| =                 |       |   |                    | 3,414,4031     |                                       |
| P                 | art   | Analysis of Changes in Net Assets or Fund B                                     | alances            |                |                                       |
| 1                 | Tota  | I net assets or fund balances at beginning of year - Part II, column (a), line  | 30                 | 1 1            | <del></del>                           |
| •                 |       | st agree with end-of-year figure reported on prior year's return)               |                    | 1.1            | 4,260,226.                            |
| 9                 | •     | r amount from Part I, line 27a  |                    | 2              | 1,150,339.                            |
|                   |       | r increases not included in line 2 (itemize)                                    |                    | 3              | 1,130,339.                            |
|                   |       | lines 1, 2, and 3   |                    | <del></del>    | 5,410,565.                            |
|                   |       |   |                    | 4              | 0.                                    |
|                   |       | eases not included in line 2 (itemize)  | olumn (h) line 20  | 5              | 5,410,565.                            |
| 6                 | ı ota | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c | olumn (b), line 30 | 6              | Form <b>990-PF</b> (2016)             |
|                   |       |   |                    |                | romi <b>330-PF</b> (2016)             |

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| Part IV Capital Gains                  | and Losses for Tax on I  | nvestment                      | Income              |                   |  |                  |                              |  |
|--|--|--------------------------------|---------------------|-------------------|--|------------------|------------------------------|--|
| (a) List and desc<br>2-story brick w   | cribe the kind(s) of property sold (e g<br>arehouse; or common stock, 200 sh | ., real estate,<br>s. MLC Co ) |                     | ( <b>b</b> ) <br> | How acquired<br>- Purchase<br>- Donation |                  | acquired<br>day, yr )        | (d) Date sold<br>(mo., day, yr.)               |
| 1a                                     |  |                                |                     |                   |  |                  |                              |  |
| b NC                                   | NE   |                                |                     | _                 |  |                  | · · · · · · ·                |  |
| <u>c</u>                               |  |                                |                     | ┢                 |  |                  |                              |  |
| <u>d</u>                               |  |                                |                     |                   |  |                  |                              |  |
|  | (f) Depreciation allowed   | (n) Cos                        | t or other basis    |                   |  | (b) (            | Gain or (loss                | <u>                                       </u> |
| (e) Gross sales price                  | (or allowable)   |                                | xpense of sale      |                   |  |                  | ıs (f) mınus                 |  |
| 8                                      |  |                                | <del> </del>        |                   | · · · · · · · · · · · · · · · · · · ·    |                  |                              |  |
| b                                      |  |                                |                     |                   |  |                  |                              |  |
| С                                      |  |                                |                     |                   |  |                  |                              |  |
| <u>d</u>                               |  |                                |                     | _                 |  |                  |                              |  |
| Complete only for assets show          | l<br>ng gain in column (h) and owned by                                      | the foundation                 | on 12/31/69         | {                 |  | (I) Coine (      | Col. (b) com                 | minun  |
|  | (j) Adjusted basis   | T                              | cess of col. (i)    |                   |  | òl. (k), but     | Col (h) gain<br>not less tha | n -0-) <b>o</b> r                              |
| (i) F M.V. as of 12/31/69              | as of 12/31/69   |                                | col (j), if any     |                   |  | Losses           | s (from col. (               | (h)) ´   |
| a                                      |  |                                |                     |                   |  |                  |                              |  |
| b                                      |  |                                |                     |                   |  |                  |                              |  |
| С                                      |  |                                |                     |                   |  |                  |                              |  |
| <u>d</u>                               |  |                                |                     | _                 |  |                  |                              |  |
| <u>e</u>                               |  | <u> </u>                       |                     | ╮┤                |  |                  |                              |  |
| 2 Capital gain net income or (net c    | apital loss) { If gain, also ente<br>if (loss), enter -0                     |                                |                     |                   | 2  |                  |                              |  |
| 3 Net short-term capital gain or (lo   | •  |                                | •                   | 7                 | <del></del>                              |                  |                              |  |
| If gain, also enter in Part I, line 8  | ,  | 10 (0)                         |                     | ٦١                |  |                  |                              |  |
| If (loss), enter -0- in Part I, line 8 | 1  |                                |                     | Ĵ                 | 3  |                  |                              |  |
| Part V Qualification \                 | Jnder Section 4940(e) for  | r Reduced                      | Tax on Net          | inv               | estment Ir                               | come             | <del></del>                  |  |
| (For optional use by domestic private  | te foundations subject to the section  | 4940(a) tax on                 | net investment ir   | ncome             | 9.)                                      |                  |                              |  |
| if section 4940(d)(2) applies, leave t | this part blank.   |                                |                     |                   |  |                  |                              |  |
| Was the foundation liable for the sec  | ction 4942 tay on the distributable an                                       | nount of any ve                | ar in the hase ne   | rınd?             |  |                  |                              | Yes X No                                       |
| If "Yes," the foundation does not qua  |  |                                | •                   | 1100-             |  |                  |                              | 103 (22) 110                                   |
|  | each column for each year; see the i   |                                |                     | ntries            | i.                                       |                  |                              |  |
| (a)<br>Base period years               | (b)  |                                |                     | (c)               |  | . [              | Distrit                      | (d)<br>oution ratio                            |
| Calendar year (or tax year beginn      |  |                                | Net value of no     | nchai             | ritable-use asse                         |                  | (col. (b) dr                 | nded by col. (c))                              |
| 2015                                   |  | 2,691.<br>5,789.               |                     | 1                 | 165,78<br>,253,63                        |                  |                              | 2.006738<br>.291784                            |
| 2014                                   |  | 2,039.                         |                     |                   | 748,38                                   |                  | <del></del>                  | .457034  |
| 2013                                   |  | 2,033.                         |                     |                   | 740,30                                   | <del>-   -</del> |                              | • 43/034                                       |
| 2011                                   |  |                                |                     |                   |  |                  |                              |  |
| <del>,</del>                           |  | ·····                          |                     |                   |  |                  |                              |  |
| 2 Total of line 1, column (d)          |  |                                |                     |                   |  | 2                |                              | 2.755556                                       |
| 3 Average distribution ratio for the   |  | on line 2 by 5,                | or by the number    | of ye             | ars                                      |                  |                              | 040540   |
| the foundation has been in existe      | ence if less than 5 years  |                                |                     |                   |  | 3                | ļ                            | .918519  |
| A Franciska makualua af manakanda      | ble was assets for 0010 from Dark V  | less 5                         |                     |                   |  | 1.               |                              | 270 106  |
| 4 Enter the net value of noncharita    | Die-use assets for 2016 from Part X,   | line 5                         |                     |                   |  | 4                | <del> </del>                 | 278,486.                                       |
| 5 Multiply line 4 by line 3            |  |                                |                     |                   |  | 5                |                              | 255,795.                                       |
| o intuitiply line i by line o          |  |                                |                     |                   |  | ا ا              | †                            | 23377331                                       |
| 6 Enter 1% of net investment inco      | me (1% of Part I, line 27b)  |                                |                     |                   |  | 6                |                              | 103.   |
|  |  |                                |                     |                   |  |                  |                              |  |
| 7 Add lines 5 and 6                    |  |                                |                     |                   |  | 7                | <u> </u>                     | 255,898.                                       |
| 9 Enter quelléure distributes - f      | m Dort VII. line 4   |                                |                     |                   |  |                  |                              | A10 620  |
| 8 Enter qualifying distributions from  | m Part XII, line 4<br>n line 7, check the box in Part VI, line               | th and some                    | late that part your | NO 0 11           | 0/ tay rata                              | 8                | <u> </u>                     | 418,629.                                       |
| See the Part VI instructions           |  | , 10, and comp                 | note that part usil | ıya I             | /v ILLA 1016.                            |                  |                              |  |

|     | 1 ,  | 2                   |             | _          |            |        |             |
|-----|--|---------------------|-------------|------------|------------|--------|-------------|
|     |  | -/                  | 38          | 389        |            |        |             |
|     | n 990-PF (2016) LARSON FINANCIAL FOUNDATION  | _/                  | **_         |            | <u>553</u> |        | Page 4      |
|     | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),  |                     | 4948        | - see ii   | nstru      | ection | ns)         |
| 18  | Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔛 and enter "N/A" on line 1.  |                     | 1           |            |            |        |             |
|     | Date of ruling or determination letter: (attach copy of letter if necessary-see instru   |                     |             |            |            |        |             |
| þ   | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter  | 1%                  | 1           | Ь—         |            | 1      | 03.         |
|     | of Part I, line 27b  |                     | 1           | 1          |            |        |             |
|     | : All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, t   | col. (b). ノ         |             |            |            |        | _           |
|     | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  |                     | 2           | <b>↓</b> _ |            |        | 0.          |
| 3   | Add lines 1 and 2  |                     | . 3         | L          |            | 1      | <u>03.</u>  |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  |                     | 4           | <u> </u>   |            |        | <u>0.</u>   |
| 5   | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  |                     | 5           | <u> </u>   |            | 1      | 03.         |
|     |  |                     | 1           | ŀ          |            |        |             |
| а   | a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a   |                     | _           |            |            |        |             |
|     | Exempt foreign organizations - tax withheld at source  |                     |             |            |            |        |             |
|     | : Tax paid with application for extension of time to file (Form 8868)  | 100                 | <u> </u>    | ŀ          |            |        |             |
| d   | 1 Backup withholding erroneously withheld  |                     | _           |            |            |        |             |
| 7   | Total credits and payments. Add lines 6a through 6d  |                     | . 7         |            |            | 1      | <u>00.</u>  |
| 8   | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached   |                     | 8           | <u> </u>   |            |        | <del></del> |
| 9   | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  | 🕨                   | 9           | <u> </u>   |            |        | <u>3.</u>   |
| 10  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  | ., <b>&gt;</b>      | 10          |            |            |        |             |
|     | Enter the amount of line 10 to be; Credited to 2017 estimated tax  | Refunded <b>▶</b>   | - 11        | <u> </u>   |            |        |             |
| _   | art VII-A Statements Regarding Activities  |                     |             |            |            |        |             |
| 1a  | a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it parti   | icipate or interve  | ne in       |            |            | Yes    |             |
|     | any political campaign?  |                     |             |            | 1a         |        | X           |
| b   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instruction   |                     |             |            | 1b         |        | _X          |
|     | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any  | materials publ      | ished o     | r          |            |        |             |
|     | distributed by the foundation in connection with the activities.   |                     |             |            |            |        |             |
|     | Did the foundation file Form 1120-POL for this year?   |                     |             |            | 1¢         |        | 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 o  | on foundation       |             |            | 1          |        |             |
| _   | managers. ▶ \$ 0.  |                     |             |            |            |        |             |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?  |                     | ·           |            | 2          |        | <u>X</u>    |
| _   | 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    | , ог        |            |            |        |             |
|     | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes   |                     |             |            | 3          | 77     | <u>X</u>    |
|     | a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  |                     |             |            | 4a         | X      |             |
| - 5 | o If "Yes," has it filed a tax return on Form 990-T for this year?   |                     |             |            | 4b         | X      |             |
| 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.  |                     |             |            |            |        |             |
| 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 co  | onflict with the st | ate law     |            |            |        |             |
| _   | remain in the governing instrument?  |                     |             |            | 6          | X      |             |
| ′   | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, con  | i. (c), and Part    | χV          | -          | 7          | X      |             |
| _   | Cutar the above to intend the family that are not as well above the second seco |                     |             | ļ          |            |        |             |
| 8a  | a Enter the states to which the foundation reports or with which it is registered (see instructions)   |                     |             |            |            |        |             |
|     | MO   |                     |             |            |            |        |             |
| b   | of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or   | • ,                 |             |            |            | -      |             |
| _   |  |                     |             |            | 8b         | X      |             |
| 9   | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or  |                     | alendar     |            |            |        |             |
| 4.0 | year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV   |                     | Om 40       | !          | 9          | 77     | X           |
| 10  | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names   | and addresses       | <u>STM1</u> | 10         | 10         | X      |             |

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Form **990-PF** (2016)

|     |   | , , , , ,     |              | Paye 5   |
|-----|---|---------------|--------------|----------|
| Pa  | rt VII-A Statements Regarding Activities (continued)  |               | Yes          | No       |
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of                                      |               |              |          |
|     | section 512(b)(13)? If "Yes," attach schedule (see instructions)  | 11            |              | X        |
| 12  | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?                  |               |              |          |
|     | If "Yes," attach statement (see instructions)   | 12            |              | X        |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?   | _13           | X            |          |
|     | Website address ► WWW.LARSONFINANCIALFOUNDATION.COM   |               | 0.40         |          |
| 14  | The books are in care of ▶ JOHN PETERS  Telephone no. ▶ (314)5  |               |              | <u>U</u> |
|     | Located at ► 2501 S. JEFFERSON AVE., ST. LOUIS, MO ZIP+4 ►63  | 104           |              | т т      |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here   | 3.7           | •<br>•       | · [      |
| 4.0 | and enter the amount of tax-exempt interest received or accrued during the year  15   |               | /A<br>Yes    | No       |
| 16  | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,                                | 16            | 1 65         | X        |
|     | securities, or other financial account in a foreign country?  | H**           |              | <u> </u> |
|     | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country                            |               |              |          |
| Pá  | art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required   | <u> </u>      |              | Ь        |
| _   | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.   |               | Yes          | No       |
| 18  | During the year did the foundation (either directly or indirectly):   |               |              |          |
|     | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  | 1             | İ            |          |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)   |               |              |          |
|     | a disqualified person? Yes X No   | 1             | 1            | 1        |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  | ł             | 1            | l        |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  | 1             |              |          |
|     | (5) Transfer any income or assets to a disqualified person (or make any of either available   |               | 1            |          |
|     | for the benefit or use of a disqualified person)?   |               | l            |          |
|     | (6) Agree to pay morney or property to a government official? (Exception, Check "No"  |               | 1            |          |
|     | If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) |               |              |          |
|     | o If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations                             | 1             | 1            |          |
| •   | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?   | 16            |              | х        |
|     | Organizations relying on a current notice regarding disaster assistance check here  |               |              |          |
|     | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected                             |               | İ            | 1        |
|     | before the first day of the tax year beginning in 2016?   | 10            | •            | х        |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation                            |               |              |          |
|     | defined in section 4942(j)(3) or 4942(j)(5)):   | 1             |              |          |
| :   | a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning                      | 1             | 1            | l        |
|     | before 2016?  |               | 1            |          |
|     | If "Yes," list the years  | 1             | 1            |          |
| 1   | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect                       |               |              |          |
|     | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach                        |               |              | i        |
|     | statement - see instructions.)  N/A   | 2b            | <del> </del> | ├        |
| (   | c if the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.                                   |               |              |          |
| 0.  | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time   |               | 1            | l        |
| 3   | V VIII.   |               | 1            | 1        |
| 1   | b if "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after                    | 1             | 1            |          |
|     | 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                        | 1             | 1            | ł        |
|     | of holdings acquired by gift or bequest or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,                           |               |              |          |
|     | Form 4720, to determine if the foundation had excess business holdings in 2016.)  N/A   | 3ь            |              |          |
| 4   | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | 4a            |              | X        |
|     | b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that                    |               |              |          |
|     | had not been removed from jeopardy before the first day of the tax year beginning in 2016?  | 4b            |              | <u> </u> |
|     | Fr  | orm <b>99</b> | 0-PF         | (2016)   |

| , ,   |  | 3                  | 38 389   |   |
|---|--|--------------------|--|---|
| orm 990-PF (2016) LARSON FINANCIAL FOUNDAT  |  |                    | **-***35   | 53 Page 6                                   |
| Part VII-B Statements Regarding Activities for Which F  | orm 4/20 may be r                                | sequirea (contini  | iea)   | <del></del>                                 |
| <ul><li>5a During the year did the foundation pay or incur any amount to:</li><li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section</li></ul> | 4045(4))2  | □ v-               | s X No   |   |
| (2) Influence the outcome of any specific public election (see section 4955); or  |  |                    | 8 LALINO   |   |
|   |  |                    | s X No   | 1 1   |
| any voter registration drive?   |  |                    | s X No   |   |
| (3) Provide a grant to an individual for travel, study, or other similar purposes:  |  | Ye                 | B LALINO   |   |
| (4) Provide a grant to an organization other than a charitable, etc., organization  |  |                    | . [ <del>ए</del> ]   | 1 1   |
|   |  |                    | s X No   | l i   |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,   |  |                    | . ( <del>V</del> )   | 1 1   |
| the prevention of cruelty to children or animals?   |  | Ye                 | s X No   | 1 1   |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und  |  |                    | 37/3   | _,  |
| section 53.4945 or in a current notice regarding disaster assistance (see instru  |  |                    | N/A  | 5b  |
| Organizations relying on a current notice regarding disaster assistance check his   |  |                    |  |   |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr  |  | . —                | l  |   |
| expenditure responsibility for the grant?   |  | I/_A Ye            | s L No   |   |
| If "Yes," attach the statement required by Regulations section 53.4945  |  |                    |  |   |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p   | pay premiums on                                  |                    | (TEE)  |   |
|   |  | Ye الــــا Ye      | s X No   | .   |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p   | ersonal benefit contract?                        |                    | · · · [_   | Sb X  |
| If "Yes" to 6b, file Form 8870  | _  | <b>—</b> .         |  | <b>!</b>                                    |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax st   | • •  | . <b>لــــا</b> Ye | s X No   |   |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu  |  |                    |  | 7b  |
| Part VIII Information About Officers, Directors, Trustor Paid Employees, and Contractors  | ees, Foundation Ma                               | nagers, Highly     | 1  |   |
| List all officers, directors, trustees, foundation managers and their   |  |                    |  |   |
| List all officers, directors, trustees, foundation managers and their   | <del></del>                                      | (c) Compensation   | (d) Contributions to   | (a) Evnança                                 |
| (a) Name and address  | (b) Title, and average<br>hours per week devoted | (If not paid,      | (d) Contributions to<br>employee benefit plans<br>and deferred                 | (e) Expense<br>account, other               |
| DATE D. TARCON  | to position                                      | enter -0-)         | compensation   | allowances                                  |
|   | DIRECTOR   | ĺ                  |  |   |
|   | 0 10   | ا م                |  | 0   |
| ST. LOUIS, MO 63104<br>JOHN PETERS  | 0.10   | 0.                 | 0.   | 0.  |
|   | EXECUTIVE DIR                                    | ECTOR              |  |   |
|   | E0 00  | 05 000             | 0  | •   |
| ST. LOUIS, MO 63104<br>ANDY KIM   | 50.00  | 85,000.            | 0.   | 0.  |
|   | DIRECTOR OF P                                    | HILANTHRO          | PI   |   |
| 2501 S. JEFFERSON AVE.<br>ST. LOUIS, MO 63104   | E0 00  | 05 000             | ا م  | 0   |
| 51. LOUIS, MO 63104   | 50.00  | 85,000.            | 0.   | 0.  |
|   |  |                    |  |   |
|   |  |                    |  |   |
| 2 Compensation of five highest-paid employees (other than those inc   | luded on line 1). If none                        | enter "NONE "      |  | <del> </del>                                |
| Compensation of the highest-paid employees (office than those inc   | (b) Title, and average                           | enter NONE.        | (d) Contributions to   | (a) Expense                                 |
| (a) Name and address of each employee paid more than \$50,000   | hours per week devoted to position               | (c) Compensation   | (d) Contributions to<br>employee benefit plans<br>and deferred<br>compensation | (e) Expense<br>account, other<br>allowances |
| NONE  | devoted to position                              |                    | compensation   | allowances                                  |
| NOME  |  | ł                  |  |   |
|   |  |                    |  |   |
| · · · · · · · · · · · · · · · · · · ·   |  |                    | ' <b> </b>   |   |
|   |  |                    |  |   |
|   |  | ļ                  | , ,  |   |
|   |  |                    |  |   |
| <del></del>   |  |                    |  |   |
|   |  |                    |  | <del></del>                                 |
|   |  | ļ                  |  |   |
| Cotal number of other employees paid over \$50,000  |  |                    |  | 0   |

Form **990-PF** (2016)

| Form 990-PF (2016) LARSON FINANCIAL FOUNDATION  | **-***3      | 553 Page 7             |
|---|--------------|------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)          | ıly          |                        |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE."   | <del> </del> |                        |
| (a) Name and address of each person paid more than \$50,000 (b) Type of se  | rvice        | (c) Compensation       |
| NONE  |              |                        |
|   |              |                        |
|   |              |                        |
|   |              |                        |
|   |              |                        |
|   |              |                        |
|   |              |                        |
|   |              |                        |
|   |              |                        |
| Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities             | <b>&gt;</b>  | 0                      |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the | <del></del>  |                        |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.                              |              | Expenses               |
| 1 N/A   |              |                        |
|   |              |                        |
|   |              |                        |
| 2   |              |                        |
|   |              |                        |
| 3   |              |                        |
|   |              |                        |
|   |              |                        |
| 4   | <del></del>  |                        |
|   |              |                        |
| 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   |              |                        |
|   |              |                        |
| 2   |              |                        |
|   |              |                        |
|   |              |                        |
| All other program-related investments See instructions.   |              |                        |
| 3   |              |                        |
|   |              |                        |
|   |              |                        |
|   |              |                        |
|   |              |                        |
| Total. Add lines 1 through 3  | <b>&gt;</b>  | 0.                     |
|   | For          | m <b>990-PF</b> (2016) |

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| P  | art X 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:   | - [              |                  |
| a  | Average monthly fair market value of securities   | 1a               | 0.               |
|    | Average of monthly cash balances  | 1b               | 282,727.         |
|    | Fair market value of all other assets   | 1c               | 0.               |
| d  | Total (add lines 1a, b, and c)  | 1d               | 282,727.         |
| е  | Reduction claimed for blockage or other factors reported on lines 1a and  |                  |                  |
|    | 1c (attach detailed explanation) 1e 0.  | 1                |                  |
| 2  | Acquisition indebtedness applicable to line 1 assets  | 2                | 0.               |
| 3  | Subtract line 2 from line 1d  | 3                | 282,727.         |
| 4  | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)   | 4                | 4,241.           |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4  | 5                | 278,486.         |
| 6  | Minimum investment return. Enter 5% of line 5   | 6                | 13,924.          |
| P  | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.) | d certain        |                  |
| 1  | Minimum investment return from Part X, line 6   | 1                | 13,924.          |
| 2a | Tax on investment income for 2016 from Part VI, line 5  |                  |                  |
| b  | Income tax for 2016. (This does not include the tax from Part VI.)  2b 3,373.   |                  |                  |
| C  | Add lines 2a and 2b   | 2c               | 3,476.           |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1   | 3                | 10,448.          |
| 4  | Recoveries of amounts treated as qualifying distributions   | 4                | 0.               |
| 5  | Add lines 3 and 4   | 5                | 10,448.          |
| 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                | 10,448.          |
| P  | 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               | 418,629.         |
| 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                | 418,629.         |
| 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                | 103.             |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4  | 6                | 418,526.         |
|    | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years             | qualifies for th | ne section       |

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Undistributed Income (see instructions) Part XIII (a) (b) (c) (d) Corpus Years prior to 2015 2015 2016 1 Distributable amount for 2016 from Part XI, 10,448. 2 Undistributed income, if any, as of the end of 2016 0 a Enter amount for 2015 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2016: a From 2011 bFrom 2012 304,682. c From 2013 303,107. dFrom 2014 324,402. eFrom 2015 932,191 f Total of lines 3a through e 4 Qualifying distributions for 2016 from 418,629 Part XII, line 4: ►\$ 0 a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 10,448. dApplied to 2016 distributable amount 408,181 e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2016 (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: 1,340,372 & Corpus Actol lines 3f, 4c, and 4e Subtract line 5 bPnor 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 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount - see instr. 0. f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2011 0 not applied on line 5 or line 7 9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a 1,340,372 10 Analysis of line 9: a Excess from 2012 304,682. bExcess from 2013 303,107. c Excess from 2014 324,402. dExcess from 2015 408,181 e Excess from 2016

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

| 3 Grants and Contributions Paid During the      | Year or Approved for Future  | Payment                              | l l                              |        |
|---|--|--------------------------------------|----------------------------------|--------|
| Recipient                                       | If recipient is an individual,   |                                      |                                  |        |
| Name and address (home or business)             | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or contribution | Amount |
| O Could division the vision                     | or substantial contributor   | recipient                            | <del> </del>                     | ·      |
| a Paid dunng the year                           |  |                                      |                                  |        |
| EAGLE COLLEGE PREPATORY SCHOOLS                 | N/A  | NC                                   | SCHOOL UNIFORMS                  |        |
| 3716 MORGANFORD RD                              |  |                                      |                                  |        |
| ST. LOUIS, MO 63116                             | <u> </u>   |                                      |                                  | 5 (    |
|   |  |                                      |                                  |        |
| DESALLES COMMUNITY HOUSING                      | N/A  | PC                                   | RENOVATIONS MADE AT              |        |
| 2759 RUSSELL BLVD                               |  |                                      | DOWN TOWN SHELTER                |        |
| ST. LOUIS, MO 63104                             |  |                                      | FACILITY.                        | 5!     |
|   |  |                                      |                                  |        |
| ST. LOUIS RENEWAL INITIATIVE                    | N/A  | PC                                   | TO EXPAND JOB TRAINING           |        |
| 2505 S. JEFFERSON AVENUE<br>ST. LOUIS, MO 63104 |  |                                      | PROGRAM CAPACITY.                | 53,50  |
| 51. 10015, NO 03104                             |  |                                      |                                  | 33,3   |
|   |  |                                      |                                  |        |
|   |  |                                      |                                  |        |
|   |  |                                      |                                  |        |
|   |  |                                      |                                  |        |
|   |  |                                      |                                  |        |
|   |  |                                      |                                  |        |
| Total .   |  |                                      | <b>▶</b> 3a                      | 54,55  |
| <b>b</b> Approved for future payment            |  |                                      |                                  |        |
| NONE  |  |                                      |                                  |        |
|   |  |                                      |                                  |        |
|   |  |                                      |                                  | ·····  |
|   |  |                                      |                                  |        |
|   |  |                                      |                                  |        |
|   |  | <del> </del>                         |                                  |        |
|   |  |                                      |                                  |        |
|   |  |                                      |                                  |        |
|   | i  | 1                                    | 1                                |        |

| Form 990-PF (2016) LARSON FI  | NANCIAL FOUNDA        | TION           |   | **_1                                  | ***3553 Page 12                        |
|---|-----------------------|----------------|---|---------------------------------------|--|
| Part XVI-A Analysis of Income   | -Producing Activities | <b>S</b>       |   |                                       |  |
| Enter gross amounts unless otherwise indicated.                               | Unrelated bu          | isiness income |   | by section 512, 513, or 514           | (e)                                    |
| Ethor gross amounts amoss other mas moreates.                                 | (a)<br>Business       | (b)            | (C)<br>Exclu-                                     | (d)                                   | Related or exempt                      |
| 4 Program convice revenue:  | Business code         | Amount         | sion  | Amount                                | function income                        |
| 1 Program service revenue:  | code                  |                | 1000  |                                       |  |
| 8   |                       | <del></del>    |   |                                       |  |
| b   |                       |                | <del>                                     </del>  |                                       |  |
| c   |                       |                |   |                                       |  |
| ď   |                       |                |   |                                       |  |
| e   | 1 1                   |                | $T^{-1}T^{-1}$                                    |                                       |  |
| f   |                       |                |   |                                       |  |
| g Fees and contracts from government agenc                                    | ies                   |                |   |                                       | <del></del>                            |
| 2 Membership dues and assessments   |                       |                | 1 1   |                                       |  |
|   |                       |                | +   |                                       | <del></del>                            |
| 3 Interest on savings and temporary cash                                      |                       |                | 14  | 264.                                  |  |
| investments   | <u> </u>              |                | <del>  + +</del>                                  | 204.                                  |  |
| 4 Dividends and interest from securities                                      |                       |                |   |                                       |  |
| 5 Net rental income or (loss) from real estate:                               |                       |                | <del>                                     </del>  |                                       |  |
| <ul> <li>Debt-financed property</li> </ul>                                    | <u> </u>              |                | <u> </u>  |                                       |  |
| b Not debt-financed property  |                       |                | 1   |                                       |  |
| 6 Net rental income or (loss) from personal                                   |                       |                |   |                                       | <u> </u>                               |
| property  | <b> </b>              |                |   |                                       |  |
| 7 Other investment income   | 900000                | 31,175.        |   |                                       |  |
| 8 Gain or (loss) from sales of assets other                                   | <del></del>           | 3-,3           | <del>'                                     </del> |                                       |  |
| than inventory  |                       |                |   |                                       |  |
|   | 1                     |                | <del>}                                    </del>  |                                       |  |
| 9 Net income or (loss) from special events                                    | <del></del>           |                | ┼┼-   |                                       | _ <del></del>                          |
| 10 Gross profit or (loss) from sales of inventory                             | <u> </u>              |                | <del>                                     </del>  |                                       | <del> </del>                           |
| 11 Other revenue:   | l i                   |                |   |                                       |  |
| a   |                       |                |   |                                       |  |
| b   |                       |                |   |                                       |  |
| c   |                       |                |   | _                                     |  |
| d   |                       |                |   |                                       |  |
| e   |                       |                |   |                                       |  |
| 12 Subtotal. Add columns (b), (d), and (e)                                    |                       | 31,175.        |   | 264.                                  | 0.                                     |
| 13 Total. Add line 12, columns (b), (d), and (e)                              | ·                     |                | · · · · · · · · · · · · · · · · · · ·             | 13                                    | 31,439                                 |
| (See worksheet in line 13 instructions to verify calc                         |                       |                |   | · · · · · · · · · · · · · · · · · · · |  |
|   | tivities to the Accom | nlishment of F | xempt P   | Purnoses                              | ······································ |
|   |                       | ·              |   |                                       | - lab-rant of                          |
| Line No. Explain below how each activity for the foundation's exempt purposes |                       |                | A contribute:                                     | o importantly to the accom            | plisnment of                           |
|   |                       |                |   |                                       | <del> </del>                           |
|   | ·                     |                |   |                                       |  |
|   |                       |                |   | ~                                     |  |
|   |                       |                |   |                                       |  |
| <del></del>   |                       |                |   |                                       |  |
|   |                       |                |   |                                       |  |
|   |                       |                |   | <u>.</u>                              |  |
|   |                       |                |   |                                       |  |
|   |                       |                |   |                                       |  |
|   |                       |                |   |                                       |  |
|   |                       |                |   |                                       |  |
|   |                       |                |   |                                       |  |
|   |                       |                |   |                                       |  |
|   |                       | ·              |   |                                       | ····                                   |
|   |                       |                |   |                                       |  |
|   | <del></del>           | <del></del>    |   |                                       |  |
|   |                       |                |   |                                       |  |
| i   |                       |                |   |                                       |  |

| Form 990           |          |                                    | N FINANCI                             |                     |                                   | d D-1-it'                |                             | **3553                                  |              | ige 13  |
|--------------------|----------|------------------------------------|---------------------------------------|---------------------|-----------------------------------|--------------------------|-----------------------------|---|--------------|---------|
| rait               | AVII     | Exempt Organ                       |                                       | sters 10 a          | and Transactions                  | and Relations            | nips with Non               | icnaritabi                              | e<br>        |         |
|                    |          | ganızatıon directly or indir       |                                       |                     |                                   |                          | ion 501(c) of               |   | Yes          | No      |
| the                | Code (   | other than section 501(c)          | )(3) organizations) o                 | r in section 52     | ?7, relating to political orga    | nizations?               |                             | 1                                       |              |         |
| a Tra              | nsfers   | from the reporting found           | ation to a noncharita                 | ble exempt or       | ganization of:                    |                          |                             |   |              |         |
| (1)                | Cash     |                                    |                                       |                     |                                   |                          |                             | 1a(1)                                   |              | Х       |
| (2)                | Other    | assets                             |                                       |                     |                                   | • • • • • •              | ·····                       | 1a(2)                                   | _            | Х       |
|                    |          | sactions:                          |                                       |                     |                                   |                          |                             | · · ·   · · · · · · · · · · · · · · · · | <del> </del> |         |
|                    |          | of assets to a noncharital         | hle evemnt organiza                   | tion                |                                   |                          |                             | 1b(1)                                   |              | х       |
|                    | _        | iases of assets from a noi         | , -                                   |                     |                                   |                          |                             | <del></del>                             | ├            | X       |
|                    |          |                                    | •                                     | Ji yanizanon        |                                   |                          |                             | 1b(2)                                   |              |         |
|                    |          | l of facilities, equipment,        |                                       |                     |                                   |                          |                             | 1b(3)                                   |              | X       |
|                    |          | bursement arrange ments            |                                       |                     |                                   |                          |                             | 1b(4)                                   |              | X       |
|                    |          | s or loan guarantees               |                                       |                     |                                   |                          |                             | 1b(5)                                   | <u> </u>     | X       |
| (6)                | Perfo    | rmance of services or me           | mbership or fundrai                   | sıng solicitatıo    | กร                                |                          |                             | 1b(6)                                   |              | X       |
|                    | -        | facilities, equipment, ma          | -                                     |                     | •                                 |                          |                             | 1c                                      | <u> </u>     | X       |
| d Ifti             | ne ansv  | ver to any of the above is         | "Yes," complete the                   | following sche      | edule. Column (b) should a        | lways show the fair r    | market value of the go      | oods, other as:                         | sets,        |         |
| OF S               | service  | s given by the reporting fo        | oundation. If the fou                 | ndation receive     | ed less than fair market va       | lue in any transactior   | n or sharing arrangen       | nent, show in                           |              |         |
| col                | umn (d   | l) the value of the goods,         | other assets, or serv                 | rices received      |                                   |                          |                             |   |              |         |
| ( <b>a</b> )Line n | •        | (b) Amount involved                | (c) Name of                           | f noncharitable     | e exempt organization             | (d) Description          | n of transfers, transaction | is, and sharing a                       | rangeme      | nts     |
|                    | $\top$   |                                    |                                       | N/A                 |                                   | <u> </u>                 |                             |   |              |         |
|                    | $\neg$   |                                    |                                       | <del></del>         |                                   |                          |                             | <del></del>                             |              |         |
|                    | +        | •                                  |                                       | •                   |                                   |                          |                             |   |              |         |
|                    | +-       |                                    |                                       |                     | <del></del>                       |                          |                             |   |              |         |
|                    | +        |                                    |                                       |                     | <del></del>                       | +                        |                             |   |              |         |
|                    |          |                                    |                                       |                     |                                   |                          | <del></del>                 |   |              |         |
|                    |          |                                    | · · · · · · · · · · · · · · · · · · · | -                   |                                   | <del>-  </del>           |                             |   |              |         |
|                    | -        |                                    |                                       |                     |                                   |                          |                             |   |              |         |
|                    |          |                                    |                                       |                     |                                   |                          |                             |   |              |         |
|                    |          |                                    |                                       |                     |                                   |                          |                             |   |              |         |
|                    |          |                                    |                                       |                     |                                   |                          |                             |   |              |         |
|                    |          |                                    |                                       |                     |                                   |                          | _                           |   |              |         |
|                    |          |                                    |                                       |                     |                                   |                          |                             |   |              |         |
|                    | 1        |                                    |                                       |                     |                                   |                          |                             |   |              |         |
|                    |          |                                    |                                       |                     |                                   |                          |                             |   |              |         |
|                    | $\top$   |                                    |                                       |                     |                                   |                          |                             |   |              |         |
|                    | $\dashv$ |                                    |                                       |                     |                                   |                          |                             |   |              |         |
| 2a Ist             | he four  | ndation directly or indirect       | tly affiliated with, or i             | related to, one     | or more tax-exempt organ          | nizations described      |                             | ···.                                    |              |         |
| ın s               | ection   | 501(c) of the Code (other          | r than section 501(c)                 | )(3)) or in sect    | tion 527?                         |                          |                             | Yes                                     | X            | No      |
| b If"              | res," co | implete the following sch          | edule.                                |                     |                                   |                          | _                           |   |              |         |
|                    |          | (a) Name of org                    | janization                            |                     | (b) Type of organization          |                          | (c) Description of rel      | ationship                               |              |         |
|                    |          | N/A                                |                                       |                     |                                   |                          |                             |   |              |         |
|                    |          |                                    |                                       |                     |                                   |                          |                             |   |              |         |
|                    |          |                                    |                                       |                     |                                   |                          |                             |   |              |         |
|                    |          | <u> </u>                           |                                       |                     |                                   |                          |                             | <del></del>                             |              |         |
|                    |          |                                    |                                       |                     |                                   |                          | •                           |   |              |         |
|                    |          | penalties of perjury, I declare    | that I have examined thi              | is return, includin | g accompanying schedules an       | d statements, and to the | best of my knowledge        | May the IRS                             | dinauca      | hio     |
| Sign               | and be   | flef, it is true, correct, and con | nplete Declaration of pr              | eparer (other than  | n taxpayer) is based on all infor | mation of which prepare  | r has any knowledge         | return with th                          | e prepar     | er      |
| Here               |          | 1/1                                |                                       |                     | 11/14/17                          | DIRECT                   | ror                         | shown below                             |              | ]<br>No |
|                    | Sign     | ature officer or trustee           | 1                                     |                     | Date                              | Title                    |                             | -                                       |              |         |
|                    |          | Print/Type preparer's na           | ime                                   | Preparer's se       | ignature                          | Date                     | Check   if                  | PTIN                                    | -            |         |
|                    |          | RICHARD G.                         |                                       |                     | -                                 |                          | self- employed              |   |              |         |
| Paid               |          | JR.                                | ,                                     | RICHAD              | D G. EBERLE                       | 11/11/17                 |                             | P00521                                  | 711          |         |
| Prepa              | arer     | Firm's name ► MUE                  | T.T.ER DROG                           |                     | o e. prekne                       | H-1,1                    | Firm's EIN ▶ * *            | F00521<br>-***47                        |              |         |
| Use (              |          | Transmanic Prob                    | LUBIC FROS                            | ,                   |                                   |                          | PROISEIN P                  |   | J 4          |         |

Phone no. (314) 862-2070

Firm's address ► 7733 FORSYTH BLVD., SUITE 1200 ST. LOUIS, MO 63105

### 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.lrs.gov/form990.

LARSON FINANCIAL FOUNDATION

OMB No 1545-0047

2016

Name of the organization

Employer identification number 38 38人
\*\*-\*\*3553

| Organiz   | ation type (check o   | ne).  |
|-----------|---|---|
| Filers of | f:  | Section:  |
| Form 99   | 0 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 99   | 0-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  |
| Note: O   | nly a section 501(c)  | s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions  |
| General   | i Kule  |   |
| X         |   | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor Complete Parts I and II. See instructions for determining a contributor's total contributions.   |
| Special   | Rules   |   |
|           | sections 509(a)(1) any one contributo                             | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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, , line 1 Complete Parts I and II  |
|           | year, total contribu  | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III  |
|           | year, contributions<br>is checked, enter the<br>purpose Don't con | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year |
| but it m  | ust answer "No" on  | nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),<br>I Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to<br>the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  |

Name of organization

Employer identification number

% 3% \*\*-\*\*\*3553

#### LARSON FINANCIAL FOUNDATION

Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 1 PAUL LARSON X Person Payroll 275 NORTH LINDBERGH, STE. 10 581,637. Noncash (Complete Part II for ST. LOUIS, MO 63128 noncash contributions) (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 THE LARSON FINANCIAL FOUNDATION Person Payroll 1015 CORPORATE SQUARE DRIVE, STE. 914,033. Noncash (Complete Part II for ST. LOUIS, MO 63132 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 JEFF LARSON X Person Payroll 1287 SHADOW BEND CT. 1,035. Noncash (Complete Part II for FENTON, MO 63026 noncash contributions) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 4 THE COCHLAN GROUP Person Payroll 1 WALKER AVE. 13,771. Noncash (Complete Part II for CLARENDON, IL 60514 noncash contributions.) (a) (b) (c) (d) No. Type of contribution Name, address, and ZIP + 4 Total contributions 5 RAVI VIJ X Person **Payroll** 1378 ARBOR BLUFF CIRCLE 100,000. Noncash (Complete Part II for BALLWIN, MO 63021 noncash contributions.) (a) (b) (c) (d) Nο. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) 623452 10-18-16 Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

38 389 \*\*-\*\*\*3553

# LARSON FINANCIAL FOUNDATION

| Part II                      | Noncash Property (See instructions). Use duplicate copies of Part I | I if additional space is needed.               |                      |
|------------------------------|---|--|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                          | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| _                            |   | _  |                      |
|                              |   | \$   |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                          | (c) FMV (or estimate) (See instructions)       | (d)<br>Date received |
|                              |   | _<br>_   |                      |
|                              |   | <u> </u>                                       |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                          | (c) FMV (or estimate) (See instructions)       | (d)<br>Date received |
|                              |   | _  |                      |
|                              |   |  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                          | (c) FMV (or estimate) (See instructions)       | (d)<br>Date received |
|                              |   | _  |                      |
|                              |   | \$   |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                          | (c) FMV (or estimate) (See instructions)       | (d)<br>Date received |
|                              |   | _  |                      |
|                              |   | _   \$   |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                          | (c) FMV (or estimate) (See instructions)       | (d)<br>Date received |
|                              |   | _  |                      |
| _                            |   | _<br>_  <br>_                                  |                      |

13461114 792632 19865001

| Name of orga              |  |  |                      | Employer identification number 38 38 9 4 **- *** 3553 |  |  |
|---------------------------|--|--|----------------------|---|--|--|
| Part III                  | Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religion.  Use duplicate copies of Part III if addition | columns (a) through (e) and the four contributions of \$1,000 to the contribution of \$1,000 to the contribution of \$1,000 | lowina line entry, i | c)(7), (8), or (10) that total more than \$1,000 for  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift  |                      | (d) Description of how gift is held                   |  |  |
|                           |  |  |                      |   |  |  |
|                           |  | (e) Transfer of  | ift                  |   |  |  |
|                           | Transferee's name, address, a  | and ZIP + 4  | Relation             | ship of transferor to transferee                      |  |  |
| (a) No.                   | (b) Purpose of gift  | (c) Use of gift  |                      | (d) Description of how gift is held                   |  |  |
| Part I                    | (b) Ful pose of girt   | (c) Use of gift  |                      | (d) Description of how gift is held                   |  |  |
|                           | (e) Transfer of gift   |  |                      |   |  |  |
|                           | Transferee's name, address, and ZIP + 4  |  | Relation             | Relationship of transferor to transferee              |  |  |
| (a) No.                   | (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, a  | and ZIP + 4  | Relation             | ship of transferor to transferee                      |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift  |                      | (d) Description of how gift is held                   |  |  |
| Parti                     |  |  |                      |   |  |  |
| -                         | (e) Transfer of gift   |  |                      |   |  |  |
| _                         | Transferee's name, address, and ZIP + 4  |  | Relation             | Relationship of transferor to transferee              |  |  |
|                           |  |  |                      |   |  |  |

| FORM 990-PF INTEREST ON SAV  | INGS AND TE                  | MPORARY                | CASH 1                 | INVESTMENTS                       | STATEMENT 1                   |
|------------------------------|------------------------------|------------------------|------------------------|-----------------------------------|-------------------------------|
| SOURCE                       | REV                          | A)<br>ENUE<br>BOOKS    |                        | (B)<br>INVESTMENT<br>INCOME       | (C)<br>ADJUSTED<br>NET INCOME |
| INTEREST INCOME              |                              | 264.                   |                        | 264.                              | 264.                          |
| TOTAL TO PART I, LINE 3      |                              | 264.                   |                        | 264.                              | 264.                          |
| FORM 990-PF                  | OTHER                        | INCOME                 |                        |                                   | STATEMENT 2                   |
| DESCRIPTION                  |                              | (A)<br>REVEN<br>PER BO | UE                     | (B)<br>NET INVEST-<br>MENT INCOME |                               |
| INCOME FROM WELLSPRING CLEAR | ING K-1                      | 3                      | 1,175.                 | 31,175                            | . 0.                          |
| TOTAL TO FORM 990-PF, PART I | , LINE 11 =                  | 3                      | 1,175.                 | 31,175                            | 0.                            |
| FORM 990-PF                  | LEGA                         | L FEES                 | <u> </u>               |                                   | STATEMENT 3                   |
| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | NET I                  | B)<br>NVEST-<br>INCOME | (C)<br>ADJUSTED<br>NET INCOM      |                               |
| LEGAL FEES                   | 850                          | ).                     | 0                      | •                                 | 0. 425.                       |
| TO FM 990-PF, PG 1, LN 16A   | 850                          | ).                     | 0                      | •                                 | 0. 425.                       |
| FORM 990-PF                  | ACCOUNT                      | ING FEE                | S                      |                                   | STATEMENT 4                   |
| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | NET I                  | B)<br>NVEST-<br>INCOME |                                   |                               |
| ACCOUNTING FEES              | 8,879                        | <del></del>            | 8,879                  | •                                 | 0. 0.                         |
| TO FORM 990-PF, PG 1, LN 16B | 8,879                        | <del>.</del>           | 8,879                  | •                                 | 0. 0.                         |
|                              |                              |                        |                        |                                   |                               |

| FORM 990-PF C  | THER PROFES  | SIONAL FEES                                       | STATEMENT 5                      |  |  |
|--|--|---|----------------------------------|--|--|
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS   | (B)<br>NET INVEST-<br>MENT INCOME                 | (C)<br>ADJUSTED<br>NET INCOME    | (D)<br>CHARITABLE<br>PURPOSES  |  |
| OTHER PROFESSIONAL FEES  | 1,506.   | 0.  | 0.                               | 0.   |  |
| TO FORM 990-PF, PG 1, LN 16C   | 1,506.   | 0.  | 0.                               | 0.   |  |
|  |  | *********   |                                  |  |  |
| FORM 990-PF  | XAT  | ES<br>  | SI                               | 'ATEMENT 6   |  |
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS   | (B)<br>NET INVEST-<br>MENT INCOME                 | (C)<br>ADJUSTED<br>NET INCOME    | (D)<br>CHARITABLE<br>PURPOSES  |  |
| PAYROLL TAXES PROPERTY TAXES   | 14,053.<br>2,658.  | 703.<br>133.                                      | 0.                               | 12,648.<br>2,392.  |  |
| TO FORM 990-PF, PG 1, LN 18  | 16,711.  | 836.  | 0.                               | 15,040.  |  |
| FORM 990-PF  | OTHER E  | XPENSES   | SI                               | 'ATEMENT 7   |  |
| DESCRIPTION  | (A)<br>EXPENSES<br>PER BOOKS   | (B)<br>NET INVEST-<br>MENT INCOME                 | (C)<br>ADJUSTED<br>NET INCOME    | (D)<br>CHARITABLE<br>PURPOSES  |  |
| EVENT EXPENSE INSURANCE EXPENSE TRAINING EXPENSES DUES & SUBSCRIPTIONS OFFICE EXPENSES COMMUNICATIONS FEES MISCELLANEOUS EXPENSES OTHER RESEARCH TRIP EXPENSES     | 9,422.<br>3,380.<br>2,820.<br>211.<br>2,104.<br>510.<br>22,874.<br>3,359.<br>59,166. | 0.<br>169.<br>0.<br>11.<br>105.<br>0.<br>0.<br>0. | 0.<br>0.<br>0.<br>0.<br>0.<br>0. | 9,422.<br>3,042.<br>2,820.<br>190.<br>1,894.<br>510.<br>22,874.<br>3,359.<br>53,249.<br>846. |  |
| REPAIRS AND MAINTENANCE SHIPPING & POSTAGE INTERNET EXPENSES AMORTIZATION EXPENSE BANK FEES CONSULTING FEES DEPRECIATION EXPENSE PAYROLL EXPENSES BAD DEBT EXPENSE | 940.<br>2,412.<br>666.<br>771.<br>20,032.<br>26,539.<br>2,036.<br>1,728.             | 121.<br>0.<br>0.<br>0.<br>0.                      | 0.<br>0.<br>0.<br>0.<br>0.       | 2,171.<br>0.<br>0.<br>20,032.<br>0.<br>0.  |  |

| FORM 990-PF                                       | OTHER ASSETS                  |                             | STATEMENT 8          |
|---|-------------------------------|-----------------------------|----------------------|
| DESCRIPTION                                       | BEGINNING OF<br>YR BOOK VALUE | END OF YEAR<br>BOOK VALUE   | FAIR MARKET<br>VALUE |
| STARTUP CAPITAL - CARIS                           | 2,175,000.                    | 2,690,000.                  | 2,690,000.           |
| STARTUP CAPITAL - NARRATIVE                       | 90,000.                       | 155,000.                    | 155,000.             |
| STARTUP CAPITAL - WELLSPRING CL                   | 31,026.                       | 38,202.                     | 38,202.              |
| ACCRUED INTEREST RECEIVABLE                       | 1,728.                        | 0.                          | 0.                   |
| ACCRUED OTHER                                     | 3,000.                        | 3,000.                      | 3,000.               |
| ORGANIZATION COSTS                                | 8,055.                        | 7,389.                      | 7,389.               |
| STARTUP CAPITAL - N.AFRICA                        | 800,000.                      | 800,000.                    | 800,000.             |
| DUE FROM NARRATIVE                                | 687.                          | 800,000.<br>0.<br>28,723.   | 0.                   |
| DUE FROM WELLSPRING                               | 1,286.                        |                             | 28,723.              |
| STARTUP FEED MILL PROJECT-CARIS                   | 0.                            | 94,000.                     | 94,000.              |
| TO FORM 990-PF, PART II, LINE 15                  | 3,110,782.                    | 3,816,314.                  | 3,816,314.           |
| FORM 990-PF OT                                    | THER LIABILITIES              |                             | STATEMENT 9          |
| DESCRIPTION                                       |                               | BOY AMOUNT                  | EOY AMOUNT           |
|   |                               |                             |                      |
| DUE TO INDIA                                      |                               | 50,000.                     | 0.                   |
| CREDIT CARD PAYABLES                              |                               | 0.                          | 310.                 |
| TOTAL TO FORM 990-PF, PART II, LI                 | NE 22                         | 50,000.                     | 310.                 |
| FORM 990-PF LIST OF SUE PART                      | STATEMENT 10                  |                             |                      |
| NAME OF CONTRIBUTOR                               | ADDRESS                       |                             |                      |
| PAUL LARSON                                       | 275 NORTH LIN                 | IDBERGH, STE. 10<br>0 63128 | )                    |
| JEFF LARSON 1287 SHADOW BEND CT. FENTON, MO 63026 |                               |                             |                      |