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SCANNED JUL 0 1 2010

Department of the Treasury Internal Revenue Service

Return of Frivate Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2009

F	or ca	alendar	year 2009, d	or ta	ax year	beginning	, 2009, and ending , 20								, 20				
G	Ch	eck all t	hat apply		Initial	return		Initial	return	of a former			Final retu	ırn					
	Amended return						_		Addre	ss change	[l	Name chan	ge	 '				
			Name of four	ndat	ion								A Employe	r identif	ication numbe	r			
ι	Jse t	the IRS																	
		bel.	B & E GI	LM	AN FA	MILY FO	UNDAT	TION					03-0474038						
Otherwise, Number and street (or P O box number if							f mail is	not delivered	to stree	t address)	Room/s	uite	8 Telephone r	number (se	e page 10 of the inst	tructions)			
							ENT (GROUP		·									
_		type.	1000 SEC	ON	D AVE	NUE					3400			(20	06) 667-	0300			
		pecific	City or town,								i		C If exempti			•			
II	ารเกเ	ıctions.	,										pending, o						
			SEATTLE,	W	A 981	04-1022							D 1 Foreign organizations, check here						
	Chr	ack type	of organizat	_		Section 501	(0)(3)	avamet e	rivata	foundation			85% tes	st, check l	here and attach				
'n	$\overline{}$		9 01 019anızan 1947(a)(1) nor							rivate founda	tion		comput	lation .		– 🗀			
_			t value of all		•			method.			rual		,		n status was term	- I I			
•						16-	_	pecify)	<i></i> ا	asii Acc	Juai			-)(1)(A), check her				
		/eai (//∪ ► \$	m Part II, col. פס		595.				st he or	cash basis)			1		in a 60-month ter)(1)(B), check her				
			sis of Rever					17 (d) 111dc	J. 20 01	1 00011 00010)		П	utidet sec	מן יטב ווטוו	(d) Disbui				
ш	ait	total o	f amounts in co	lum	ns (b), (c)), and (d)	(a)	Revenue		(b) Net inve	estment	(c) Adjusted	net	for cha				
			ot necessarily				l e	xpenses p books	er	incom	ie	ļ	income		purpo				
$\overline{}$		***	n (a) (see page						,496.			 			(cash ba	sis only)			
- [1		ions, gifts, grants, e	etc , re bund:	eceived (atta- ation is not	ch schedule) . t required to			, 350.			\vdash							
ļ	2	Check	attach 9	Sch	В							 							
ı	3		on savings and t					<u> </u>	,786.		9,786.	-				•			
	4		nds and interes						, 700.		9, 100.	-							
			ents				ļ					-							
ļ	b	Net rent	at income or (los	s)			ļ	0.0	,521.			├							
ne			or (loss) from sales price for all	ale o			ļ	00	, 521.										
ē	U	assets o				340,774.					0 501	ļ							
Kevenue	7	Capital	gain net incor	ne (from Part	IV, line 2) .					8,521.								
_	8	Net sho	ort-term capital	gaıı	n		_					-							
ı.	9		modifications	٠;			$\vdash \vdash$												
ľ	-	and allow	tes less returns wances	لجذ	<u> </u>	LML	70	\			·								
-			st of goods sold		1 4	مستنطا	_/&					ļ							
	C	Gross p	orofit or (loss)(atta	eh schedu	7 3 8 ふいん	<u> </u>	<u> / g</u>											
	11	Other II	ncome (attach	sch	edule) ₍ []/	1 % 9 50	1	27	000		0 000								
4	12	i otai. <i>P</i>	laa iines 1 thro	gugr	1, 11		1	1,007	,803.	9	8,307.								
- [13	Compen	sation of officers	, hire	otors, trus	tees eight			0.										
. I	14	Other e	mployee saları	iea a	and wages	المستنسبة													
26	15	Pension	n plans, employ	ye d 1	benefits														
je j			ees (attach sch																
ŭ	b	Accoun	ting fees (atta	ch s	chedule)						2 2 2 2								
2	C	Other p	rofessional fee	es (a	ittach sch	edule).*		15,	.000		3,000.					12,000			
[편]	17	Interest																	
<u> </u>	18	Taxes (a	ttach schedule) (s	see p	age 14 of th	e instructions)													
Ē ·	19	Depreci	ation (attach s	sche	edule) and	d depletion.													
₹ :	20	Occupa	ncy																
3 2	21	Travel,	conferences, a	nd n	neetings														
ē ;																			
23 Other expenses (attach schedule) ATCH 2.									335.										
24 Total operating and administrative expenses																			
2	Add lines 13 through 23								15,335. 3,000.							12,000			
7/2	25		utions, gifts, gi					964,								964,370			
	26		enses and disburse					979,	705.	<u>-</u>	3,000.					976,370			
7	27		t line 26 from																
	а	Excess of	revenue over expe	nses	and disbur	sements		28,	098										
			estment incom							9	5,307.								
-	c Adjusted net income (if negative enter -0-).													-0-	- <u>-</u> -				

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. * ATCH 1 JSA 9E1410 1 0000 2CD48U K378 V 09-6.4 23885

	arti	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End of year			
ш	arti	amounts only (See instructions.)	(a) book value	(b) Book Value	3	(c) Fair Market Value		
	1 `	Cash - non-interest-bearing	247,689.	120,	567.	120,567		
	2	Savings and temporary cash investments						
	3	Accounts receivable						
		Less: allowance for doubtful accounts ▶						
	4	Pledges receivable						
		Less: allowance for doubtful accounts ▶						
	5	Grants receivable	1					
	6	Receivables due from officers, directors, trustees, and other						
	•	disqualified persons (attach schedule) (see page 16 of the instructions)						
	7	Other notes and loans receivable (attach schedule)		·····				
	'	Less: allowance for doubtful accounts						
	8		1					
Assets	°	Inventories for sale or use Prepaid expenses and deferred charges						
SS	9							
⋖		Investments - U.S. and state government obligations (attach schedule)		94.1	056.	117,028		
	ŀ	Investments - corporate stock (attach schedule) ATCH 3		73/	330.	117,020		
	11 °	Investments - corporate bonds (attach schedule)						
		Less. accumulated depreciation (attach schedule)	1					
	12	Investments - mortgage loans				<u></u>		
	13	Investments - other (attach schedule)						
	14	Land, buildings, and equipment basis				•		
		equipment basis Less' accumulated depreciation (attach schedule)						
	15	Other assets (describe)				<u> </u>		
	16	Total assets (to be completed by all filers - see the						
		instructions Also, see page 1, item I)	292,964.	214,	623.	237,595		
	17	Accounts payable and accrued expenses	332.		0.			
	18	Grants payable		····				
Ś	19	Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				1		
豆	21	Mortgages and other notes payable (attach schedule)						
Ë	22	Other liabilities (describe)						
					\neg			
	23	Total liabilities (add lines 17 through 22)	332.		0.			
_		Foundations that follow SFAS 117, check here ► X		· · · · · · · · · · · · · · · · · · ·	$\neg \neg$			
		and complete lines 24 through 26 and lines 30 and 31.						
S		,	292,632.	214,6	523.			
)	24 25 26	Unrestricted	272702					
ala	25	Temporarily restricted						
18	26	Permanently restricted	-		—			
Ĕ		Foundations that do not follow SFAS 117,			ŀ			
r F		check here and complete lines 27 through 31. ▶						
S	27	Capital stock, trust principal, or current funds			-			
Net Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund						
Asi	29	Retained earnings, accumulated income, endowment, or other funds			-			
동	30	Total net assets or fund balances (see page 17 of the	292,632.	214 4	222	;		
Z		instructions)	292,032.	214,6	23.			
	31	Total liabilities and net assets/fund balances (see page 17	202 064	214 /				
		of the instructions)	292,964.	214,6)23.			
		Analysis of Changes in Net Assets or Fund						
		net assets or fund balances at beginning of year - Part II,						
		of-year figure reported on prior year's return)			1	292,632.		
		amount from Part I, line 27a			2	28,098.		
3	Othe	the state of the s		l l	3			
4	Add I				4	320,730.		
5	Decr	ines 1, 2, and 3 eases not included in line 2 (itemize) ► ATTACH	MENT 4		5	106,107.		
		net assets or fund balances at end of year (line 4 minus l			6	214,623.		

Part IV Capital Gains	and Losses for Tax on Inv	estment Income										
(a) List and	d describe the kind(s) of property sold (e g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr.)							
1a SEE PART IV SCHE	2-story brick warehouse; or common stock, 200 shs. MLC Co.) SEE PART IV SCHEDULE											
b												
С			ļ									
d			ļ									
e				L	L							
(e) Gross sales price		(h) Gain or (lo (e) plus (f) minu										
<u>a</u>			 									
b												
С												
d			<u> </u>									
<u>e</u>		<u> </u>	ļ									
Complete only for assets sl	howing gain in column (h) and own (i) Adjusted basis	ned by the foundation on 12/31/69		Gains (Col. (h) g								
(i) F.M.V. as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	COI.	(k), but not less t Losses (from co									
a												
b												
С												
d												
e												
2 Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		88,521.							
3 Net short-term capital gain	or (loss) as defined in sections 12	22(5) and (6):										
•	line 8, column (c) (see pages 13 ine 8,	-	3									
Part V Qualification Un	der Section 4940(e) for Redu	iced Tax on Net Investment Inc	ome									
		e section 4940(a) tax on net investi		me)								
		utable amount of any year in the bath Do not complete this part.	ase perpo	¹ ? □	Yes X No							
		, see page 18 of the instructions be	fore mak	ing any entries.								
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution re (col (b) divided by								
2008	934,692.	223,163.			4.188382							
2007	234,021.	160,785.			1.455490							
2006	173,726.	282,410.			0.615155							
2005	85,629.	253,750.			0.337454							
2004	30,152.	161,398.			0.186818							
2 Total of line 1, column (d)			2		6.783299							
3 Average distribution ratio f	for the 5-year base period - divide lation has been in existence if less		3		1.356660							
•	charitable-use assets for 2009 fro		4		373,550.							
					506,780.							
			5									
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		953.							
7 Add lines 5 and 6	Add lines 5 and 6											
8 Enter qualifying distribution If line 8 is equal to or gre	Enter qualifying distributions from Part XII, line 4. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the											
Part VI instructions on page	e 18.			Form	990-PF (2009)							

V 09-6.3

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	tructi	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			953.
	here ► X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			
	of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			953.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			953.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 243.			
þ	Exempt foreign organizations-tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c 1,000.			
đ	Backup withholding erroneously withheld		1 .	
7	Total credits and payments. Add lines 6a through 6d		1,2	243.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		-	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		-	290.
10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2010 estimated tax 290 Refunded 11			290.
	t VII-A Statements Regarding Activities	$\overline{}$	V	N ₂
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No X
	participate or intervene in any political campaign?	1a		 ^` -
Þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	45		x
	of the instructions for definition)?	1 b		
_	published or distributed by the foundation in connection with the activities.	1 c		х
٥	Did the foundation file Form 1120-POL for this year?	-16		
u	(1) On the foundation (1) any) of tax on political experiences (section 4955) imposed during the year. (2) On foundation managers \$\infty\$			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
•	on foundation managers. > \$	Ì		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
-	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	_3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T		- 1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1		
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	.	1	
	conflict with the state law remain in the governing instrument?	_6_	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV.	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		}	
	instructions) ► WA,		ĺ	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	<u> </u>	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page		ŀ	٠,,
	27)? If "Yes," complete Part XIV	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			v
	names and addresses	10	ļ	Х

11 At any time during the year, dut the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions).	orm	9po-PF (2009)			
meaning of section \$12(b)(13)? If "Yes," attach schedule (see page 20 of the instructions). 2 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?. 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 14 The books are in care of \$\bigcit{FOD}\overline{DAT}\ove	Par	t VII-A Statements Regarding Activities (continued)			
meaning of section \$12(b)(13)? If "Yes," attach schedule (see page 20 of the instructions). 2 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?. 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 14 The books are in care of \$\bigcit{FOD}\overline{DAT}\ove	11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
12 Did the foundation acquire a direct or indirect interest in any applicable insurance confract before August 17, 2089?. 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Ix Website address 14 The books are in case of FOUNDATION MANACEMENT GEP_LIC 15 Telephone no. 16 Telephone no. 17 Telephone no. 17 Telephone no. 17 Telephone no. 17 Telephone no. 18 Telephone no. 18 Telephone no. 18 Section 48 AV(3(4)) nonexempt charitable trusts filing Form 990-Fr ni leu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 16 Section 48 AV(3(4)) nonexempt charitable trusts filing Form 990-Fr ni leu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 18 Section 48 AV(3(4)) nonexempt charitable trusts filing Form 990-Fr ni leu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 19 Telephone 10 Telepho			_11_		X
August 17, 2008?. 12 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X Websites address P_FOINDATION_MANACEMENT_GRF_ILC 14 The books are in care of FOINDATION_MANACEMENT_GRF_ILC 15 Section 4947(a)(1) nonexempt charitable futsits filing Form 990-Fr in lieu of Form 1041 - Check here and enter the amount of its exempt interest received or accrued during the year of the foundation and the exempt interest received or accrued during the year and enter the amount of its exempt interest received or accrued during the year of the foundation (either directly or indirectly): 15 Section 4947(a)(1) nonexempt charitable futsits filing Form 990-Fr in lieu of Form 1041 - Check here and enter the amount of its exempt interest received or accrued during the year of the foundation (either directly or indirectly): 16 File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 17 Section 4947(a)(1) nonexempt foundation (either directly or indirectly): 18 During the year did the foundation (either directly or indirectly): 19 Engage in the sale or exchange, or leasing of property with a disqualified person? 10 File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 10 File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 11 Engage in the sale or exchange, or leasing of property with a disqualified person? 10 File Form 4720 if any item is checked in the "Yes" X No or otherwise extended for a sale or exchange, or leasing of property with a disqualified person? 10 File Form 4720 if any item is checked in the "Yes" X No or otherwise extended for a sale or exchange, or leasing of property or any of either available for the beat end or a great property to a disqualified person? 10 File Form 4720 in any item is a sale and item is a disqualified person? 10 File Form 4720 in any item is a sale and item is a	12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X Website address N/A			12		X
Website address	13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<u> </u>	<u> </u>
and enter the amount of tax-exempt interest received or accrued during the year Tail Statements Regarding Activities for Which Form 4720 May Be Required		N/A			
and enter the amount of tax-exempt interest received or accrued during the year Tail Statements Regarding Activities for Which Form 4720 May Be Required	14	The books are in care of FOUNDATION MANAGEMENT GRP, LLC Telephone no. 206-66	7-03	00	
and enter the amount of tax-exempt interest received or accrued during the year Tail Statements Regarding Activities for Which Form 4720 May Be Required		Located at ▶1000 SECOND AVENUE, 34TH FLOOR SEATTLE, WA ZIP+4 ▶ 98104			
and enter the amount of tax-exempl interest received or accrued during the year File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a 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?	15			▶	· 🔲
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Touring the year did the foundation (either directly or indirectly):		and enter the amount of tax-exempt interest received or accrued during the year			
1a 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?	Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		·	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . Yes No disqualified person? . Yes No disqualified person? . Yes No Addition of the provisions of section 4942(a)(2) to all years listed, answer 'No' and attach statement - see page 20 of the instructions) A reference of the provisions of section 4942(a)(2) to all years listed in 2a, list the years beroff the provisions of section 4942(a)(2) to all years listed in Agas (2009). The lapse of the 10-, 15, or 20-year first phase holding period (7) (Use Schedule C. Form 4720, to determine if the foundation invest during the year any mount in a manner that would jeopardize its charitable purposes? . 4a determine in proposes? . 4a determine in proposes? . 4a determine in 1969 the condition of the provisions of section 59. The provisions of section 4942(a)(2) to all years listed may be year? so the lapse of the 10-, 15, or 20-year first phase holding period? (Use Schedule C. Form 4720, to determine if the foundation invest during the year any amount in a manner that would jeopardize its both that charitable purposes? . 4a determine in the foundation had excess business holdings in 2009. 4a bill the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . 4a determine if the foundation had excess business holdings in 2009. 4a bill the foundation in a manner that would jeopardize its charitable purposes? . 4a determine if the foundation had excess business holdings in 2009. 4a bill the foundation in a manner that would jeopardize its charitable purposes? . 4a determine if the foundation had excess business holdings in 2009. 4a bill the foundation in a manner that would jeopardize its charitable purposes? . 4a determine if the foundation had excess business holdings in 2009. 5a a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(or)(7) to dispose o		File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . Yes No disqualified person? . Yes No disqualified person? . Yes No Addition of the provisions of section 4942(a)(2) to all years listed, answer 'No' and attach statement - see page 20 of the instructions) A reference of the provisions of section 4942(a)(2) to all years listed in 2a, list the years beroff the provisions of section 4942(a)(2) to all years listed in Agas (2009). The lapse of the 10-, 15, or 20-year first phase holding period (7) (Use Schedule C. Form 4720, to determine if the foundation invest during the year any mount in a manner that would jeopardize its charitable purposes? . 4a determine in proposes? . 4a determine in proposes? . 4a determine in 1969 the condition of the provisions of section 59. The provisions of section 4942(a)(2) to all years listed may be year? so the lapse of the 10-, 15, or 20-year first phase holding period? (Use Schedule C. Form 4720, to determine if the foundation invest during the year any amount in a manner that would jeopardize its both that charitable purposes? . 4a determine in the foundation had excess business holdings in 2009. 4a bill the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . 4a determine if the foundation had excess business holdings in 2009. 4a bill the foundation in a manner that would jeopardize its charitable purposes? . 4a determine if the foundation had excess business holdings in 2009. 4a bill the foundation in a manner that would jeopardize its charitable purposes? . 4a determine if the foundation had excess business holdings in 2009. 4a bill the foundation in a manner that would jeopardize its charitable purposes? . 4a determine if the foundation had excess business holdings in 2009. 5a a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(or)(7) to dispose o	1a	During the year did the foundation (either directly or indirectly):	ł		
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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 tay year beginning in 2009? Ab X			+4		
	b	Did the toundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	Ah.		х

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Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,	
3 Five high	est-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Comp	
NONE			
Total number	er of others receiving over \$50,000 for professional services	▶	NONE
Part IX-A	Summary of Direct Charitable Activities		
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number ins and other beneficianes served, conferences convened, research papers produced, etc.	Exper	nses
		 	
1 NONE]	
			
2			
			
3			
		ļ.—	
*			
		<u> </u>	
Part IX-B	Summary of Program-Related Investments (see page 23 of the instructions)	<u> </u>	*
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amo	unt
1 NONE			
·			
2			
All other prog	ram-related investments. See page 24 of the instructions.		
3 NONE			

Pa	Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.)	gn foundation	S,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	97,250.
	Average of monthly cash balances	1b	281,989.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	379,239.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	<u> </u>	
?	Acquisition indebtedness applicable to line 1 assets	2	0.
\$	Subtract line 2 from line 1d	3	379,239.
ı	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
		4	5,689.
;	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	373,550.
;	Minimum investment return. Enter 5% of line 5	6	18,678.
Рa	The price of the instructions of the instruction of the ins	ate operating part.)	
	Minimum investment return from Part X, line 6	1	18,678.
!a	Tax on investment income for 2009 from Part VI, line 5 2a 953.		
b	Income tax for 2009. (This does not include the tax from Part VI) 2b	1	
	Add lines 2a and 2b	1 2c	953.
,	Distributable amount before adjustments Subtract line 2c from line 1		17,725
	Recoveries of amounts treated as qualifying distributions	4	
		5	17,725.
	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions)	6	
	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	17,725.
		. ·	
Pa	Qualifying Distributions (see page 25 of the instructions)	,	-
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	976,370.
b	Program-related investments - total from Part IX-B	1b	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		•
	purposes	2	0.
	Amounts set aside for specific charitable projects that satisfy the:]	
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3 b	0.
	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	976,370
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	953-
	Adjusted qualifying distributions. Subtract line 5 from line 4	6	975,417.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w qualifies for the section 4940(e) reduction of tax in those years.	hether the four	ndation

Pa	Part XIII Undistributed Income (see page 26 of the instructions)												
		(a)	(b)	(c)	(d)								
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009								
•	line 7				17,725.								
2	Undistributed income, if any, as of the end of 2009												
a	Enter amount for 2008 only												
a L	Total for prior years 20 07 .20 06 .20 05		0.										
2													
3	Excess distributions carryover, if any, to 2009.												
a	Excess distributions carryover, if any, to 2009: From 2004												
D													
C													
d	From 2007												
θ	110111 2000	1 400 104											
f	Total of lines 3a through e	1,409,194.											
4	Qualifying distributions for 2009 from Part XII,	Ì											
	line 4 [.] ▶ \$ 976,370.												
а	Applied to 2008, but not more than line 2a												
b	Applied to undistributed income of prior years (Election	ł	1										
	required - see page 26 of the instructions)												
c	Treated as distributions out of corpus (Election	ļ											
	required - see page 26 of the instructions)												
d	Applied to 2009 distributable amount				17,725.								
е	Remaining amount distributed out of corpus	958,645.											
5	Excess distributions carryover applied to 2009												
	(If an amount appears in column (d), the same												
6	amount must be shown in column (a).) Enter the net total of each column as												
•	indicated below:												
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,367,839.			-								
	Prior years' undistributed income. Subtract												
Đ	line 4h from line 2h		0.										
С	Enter the amount of prior years' undistributed												
	income for which a notice of deficiency has been				,								
	issued, or on which the section 4942(a) tax has been previously assessed			i									
	, ,			 									
đ	Subtract line 6c from line 6b. Taxable amount - see page 27 of the instructions		0.										
е	Undistributed income for 2008. Subtract line	· · · · · · · · · · · · · · · · · · ·											
	4a from line 2a. Taxable amount - see page												
	27 of the instructions												
f	Undistributed income for 2009. Subtract lines												
	4d and 5 from line 1. This amount must be												
7	distributed in 2010	-			· · · · · · · · · · · · · · · · · · ·								
•	to satisfy requirements imposed by section												
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the												
8	instructions)												
•	applied on line 5 or line 7 (see page 27 of the	22 060											
	instructions)	22,868.											
9	Excess distributions carryover to 2010.	2 244 255											
	Subtract lines 7 and 8 from line 6a	2,344,971.			·								
	Analysis of line 9:												
а	Excess from 2005												
b	Excess from 2006 160, 953.	ļ											
C	Excess from 2007 226, 440.	1											
d	Excess from 2008 923, 950.												
	Excess from 2009 958, 645.												

Form	n 990-PF (2009)			03-0	474038	Page 10
Pa	rt XIV Private Oper	ating Foundations	(see page 27 of the	instructions and Pa	art VII-A, question 9) NOT APPLICABLE
1 a	If the foundation has					
	foundation, and the ruling					1(1/2) 1 1040(1/5)
þ	Check box to indicate wh		a private operating found		n 4942	2(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year	#10000	Prior 3 years	(4) 2006	(e) Total
	justed net income from Part I or the minimum investment	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	return from Part X for each					
_	year listed					·-
b	85% of line 2a		· · · · · · · · · · · · · · · · · · ·			
C	Qualifying distributions from Part XII, line 4 for each year listed				•	
d	Amounts included in line 2c not	····				
-	used directly for active conduct					1
e	of exempt activities					
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
а	alternative test relied upon "Assets" alternative test - enter					
_	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
C	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on secunties to					
	or royalties)			<u> </u>	-	
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(m)					
	(3) Largest amount of sup- port from an exempt					
	organization			<u> </u>	<u> </u>	
Рa		ry Information (C	omplete this part	only if the found	lation had \$5,000	or more in assets
بخبي			e page 28 of the ins		, and ,	
1	Information Regarding	Foundation Manage	rs:			
а	List any managers of t	he foundation who h	nave contributed more	than 2% of the total	al contributions rece	ved by the foundation
	before the close of any	tax year (but only if the	ney have contributed n	tore than \$5,000). (S	see section 507(a)(2).)
	EILEEN GILM					
b	List any managers of	the foundation who	own 10% or more of	the stock of a corp	oration (or an equal	ly large portion of the
	ownership of a partner	ship or other entity) of	f which the foundation	has a 10% or greate	r interest.	
	/-					
	N/A Information Regarding	Cardaibudia - Carad	Cift I can Cabalarah	in etc. Dreamen		
2				_		
	Check here ► if the unsolicited requests for	ne foundation only i	nakes contributions i	o preselected char	itable organizations	and does not accept
	organizations under oth				e 20 Of the manuch	ons) to individuals of
	The name, address, ar	<u> </u>			o oddroscod:	
а	N/A	ia telephone number	of the person to whom	i applications should t	de addressed.	
	The form in which appli	reations should be sui	mitted and information	n and materials they	should include:	
D	The form in which appli	ications should be sui	omitted and informatio	in and materials tries	Should molddo.	
	ATTACHME	NT 6				
	Any submission deadlir					
·	y Gazimodion deadill					
	NONE					
d	Any restrictions or lin	nitations on awards.	such as by geogra	phical areas, charita	able fields, kinds of	institutions, or other
_	factors.		· , · g · · g· ·			·
	NONE					
JSA 190 1 0	000					Form 990-PF (2009)
	2CD48U K378		V 09-6.	3 23	885	PAGE 11

Form 990-PF (2009)	•		03-0474038	Page 1 1
Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Du	ring the Year or Appl	roved for	Future Payment	
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	A
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Of Substituting Contributor			
a Tala daming the year				
ATTACHMENT 7				
ATTACMIBAT /				
			:	
			ı	
		1		
		}		
			1	
			1	
	<u> </u>	L		
Total	 		<u>▶</u> 3a	964,370.
b Approved for future payment				
		1		1
				:
	<u></u>	L <u>.</u>	<u> </u>	
Total			<u> ▶</u> 3b	1

Part XV	I-A Analysis of Income-Produ	cing Activ	vities			
	s amounts unless otherwise indicated.		ated business income	Excluded by	y section 512, 513, or 514	(e) Related or exempt
_	m service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related of exempt function income (See page 28 of the instructions)
a	n service revenue.					
d						
e						
f —						
g Fee	s and contracts from government agencies					
-	rship dues and assessments					
	on savings and temporary cash investments					
	ds and interest from secunties			14	9,786.	
	tal income or (loss) from real estate					
	ot-financed property					
	debt-financed property				-	
	al income or (loss) from personal property					
	nvestment income					
	(loss) from sales of assets other than inventory			18	88,521.	
	ome or (loss) from special events					
	profit or (loss) from sales of inventory					,
-	evenue: a					
_						
d						
е						
12 Subtota	I. Add columns (b), (d), and (e)				98,307.	
	dd line 12, columns (b), (d), and (e)				13	98,307.
(See works	heet in line 13 instructions on page 28 t	to verify calcu	ulations.)			
Part XVI	-B Relationship of Activities	to the Ac	complishment of Exe	empt Purp	oses	
Line No. ▼	Explain below how each activi the accomplishment of the fo page 29 of the instructions)					
					-	
						-
						
			NOT APPLICABLE			
			· · · · · · · · · · · · · · · · · · ·			
			-			
						

Pa	irt XV		information Exempt Org	_	_	ırans	sters	ro an	id Irai	ısacı	lions	s and	Reia	tionsi	iips v	vitn i	vonc	narı	table
1	Did	the org	ganization direc	tly or	ındirectly	engag	ge in	any of	the follo	owing	with	any of	her o	rganizat	ion des	cribed		Yes	No
_	in se organ	ection (501(c) of the (;? om the reporting	Code (other than	n sect	ion 50	01(c)(3)	organiza	tions)	or in	section	527,	relatin	g to po	litical			
•																	1a(1)		x
																	1	l .	X
Ŀ		r transa			• • • • •			• • • •	• • • •		• • •	• • • • •				• • •	12.2		
_			assets to a none	charital	ole exempt	organiz	ation										16(1)		Х
			es of assets fron																Х
			f facilities, equipi														i		Х
	(4) R	Reimbur	sement arrangen	nents		1b(4)		Х
	(5) L	oans or	loan guarantees														1b(5)		Х
	-		ance of services															<u> </u>	Х
			icilities, equipme															<u></u> _	Х
d			ver to any of																
			e goods, other				-	•											
	value	ın an	y transaction o	or sha	rıng arran	ngemen	it, sho	w in co	olumn (d	i) the	value	e of the	e goo	ds, oth	er asse	s, or	service	es rec	ceived
(2)	Line no	(b)	Amount involved		c) Name of	noncha	ritable s	evemnt org	anization		(d) D4	escription	of trans	efere tran	eactions	and char	no arra	ngeme	nte
(4)	Cirio No	N/		 '	c) Name of	Honcha	i kabie e	skempt org	anization		N/A		OI tidii.	31013, 1141	isactions,	arra sira	ing and	ingenie	
		 		+						\dashv							· · · · · · · · · · · · · · · · · · ·		
		 		+															
-		 	·· ······	 		_		· · · · · · · · · · · · · · · · · · ·											
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		<u>.</u>																	
2a			ation directly or		•		•					•	•			ed in	-	Γ-	7 .
_			of the Code (ot			501(c)(3)) or i	n section	527?					• • • •		٠. ١	Ye	s <u> </u>	No [
b	<u>II "Ye</u>		plete the following lame of organization		dule.		/b)	Type of o			—-т			(c) Dose	nption of	ralations	hin		
		(a) i	vame of organization	JII			(0)	y i ype oi u	nganization	<u>'</u>				(c) Desc	ription of	Telauoris	шр		
												·							
																	-		
	Under	penalties	of perjury, I dec	are the	t I have ex	emned	this ret	tum, inclu	ding acco	mpanyır	ng sch	edules an	d state	ments, a	nd to the	best o	my kı	nowled	ge and
	belief,	it is true	, correct, and com	1plete /	eclaration of	of propa	arer (oth	ner than ta	xpåyer or		11.	based on	all≀nfo ∴1∖	rmation o	of which	preparer	has ar	ıy knov	vledge
	X			1		\				×	6/1	20/10	<u>_</u> _	1	Secre	etar	-9		
စ္ [St	gnature	of officer or trustee								ate	/		Title			<i></i>		
Sign Here								_	Dat	е		Chec	ck if			oarer's iber (Se			
6	ح يُر	Prepar	er's 🕨 🗡	`	()	_)	JU	N 2	1 20	010 self-	employ	yed ▶∟	page	30 of t	ne instri		
ร	Paid Preparer's Use Only	signat	ure X	<u>Wre</u>	nie!	<u></u>	()	- Ago	<u> الم</u>			_]			1	1053			
- }	Pret Use	Firm's	name (or yours if		BADER			P.S.	2.45		202	·		EIN D	<u> 91−:</u>	1501	121		
	4. _	self-en	nployed), address B codo	s, y	1000 5			VENUE,	, 34TH	FLO		2104	1000					000	
- 1		and Zi	r code		SEATTI	uĽ,	WA				98	3104-3	1022	Phone	no. کا	70-07	7 T – T	900	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2009

Employer Identification number

B & E GILMAN FAMILY FOUNDATION 03-0474038 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and 11. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

for Form 990, 990-EZ, or 990-PF.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

B & E GILMAN FAMILY FOUNDATION

Employer Identification number 03-0474038

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	EILEEN GILMAN 111 W. HIGHLAND DRIVE, #3W SEATTLE, WA 98119	\$905,670.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page

of Part II

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization B & E GILMAN FAMILY FOUNDATION

Employer identification number 03-0474038

of

art II Noncasi	Property	(see instructions)
----------------	----------	--------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1_1	VARIOUS SECURITIES		
		\$ 905,670.	06/22/2009
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

JSA 9E1254 1 000

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

B & E GILMAN FAMILY FOUNDATION

FORM 990-PF - PART IV

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME Date Date sold Kind of Property Description acquired FMV Gain Gross sale Depreciation Cost or Adi. basis Excess of price less allowed/ other as of FMV over or as of expenses of sale allowable 12/31/69 adi basis (loss) basis 12/31/69 SEE ATTACHMENT B **VARIOUS** VARIOUS PROPERTY TYPE: SECURITIES 54,902. 45,733. 9,169. SEE ATTACHMENT B **VARIOUS VARIOUS** PROPERTY TYPE: SECURITIES 785,872. 706,520. 79,352. TOTAL GAIN (LOSS) 88,521.

- OTHER PROFESSIONAL FEES

PART I

FORM 990PF,

NET

INVESTMENT	3,000.
XS XS	.000

12,000.

3,000.

23885

DESCRIPTION LICENSE FEES BANK CHARGES ATTACHMENT 2

FORM 990PF, PART I - OTHER EXPENSES

REVENUE

AND

EXPENSES PER BOOKS 35.

300.

TOTALS

335.

72005		
2 9 00 11		
11		
0707		
7		

JCh		
FURM SOUFF, FARI II - CURFURAIE SIUCA		
. 11		
FARI		ı
SOUPE		DESCRIPTION
r ORM		DESCRIPT

DESCRIPTION	ENDING BOOK VALUE
EQUITIES MUTUAL FUNDS	47,4.

ENDING FMV	71,
ING	47,448. 46,608.

FMV	71,628

94,056.

PAGE 21

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED HOLDING LOSS ON INVESTMENTS

106,107.

TOTAL

106,107.

•	•					
	EXPENSE ACCT AND OTHER ALLOWANCES	.0	.0		Ö	0
	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS		Ö	.0	Ö	0
	COMPENSATION	.0	.0	.0	.0	0
	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRES/TREAS/DIRECTOR 2.00	SECRETARY 2.00	DIRECTOR 2.00	DIRECTOR 2.00	GRAND TOTALS
	NAME AND ADDRESS	EILEEN GILMAN 1000 SECOND AVENUE, 34TH FLOOR SEATTLE, WA 98104-1022	DANIEL M. ASHER 1000 SECOND AVENUE, 34TH FLOOR SEATTLE, WA 98104-1022	CHARLES J. PRATT 11033 NE 24TH STREET, SUITE 100 BELLEVUE, WA 98004	MICHAEL L. COHEN DORSEY & WHITNEY 1420 FIFTH AVENUE, SUITE 3400 SEATTLE, WA 98101-2338	

ATTACHMENT 5

2CD48U K378

23885

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

APPLICATIONS SHOULD BE MADE THROUGH A CONCISE LETTER OR E-MAIL OF INQUIRY (ONE OR TWO PAGES), WHICH SHOULD INCLUDE THE FOLLOWING INFORMATION:

- 1. A BRIEF STATEMENT OF THE ORGANIZATION'S HISTORY AND GOALS;
- 2. THE EXACT PURPOSE OF THE PROJECT AND GRANT REQUEST;
- 3. AN EXPLANATION OF HOW THE ORGANIZATION'S PROGRAM FITS THE CHARITABLE PURPOSES OF HEALTH, EDUCATION, AND NUTRITION.
- 4. THE TARGET POPULATION(S) TO BE SERVED; AND,
- 5. THE AMOUNT REQUESTED, TOTAL PROJECT BUDGET, TOTAL ORGANIZATION BUDGET AND OTHER SOURCES OF FUNDS ANTICIPATED OR COMMITTED.

TELEPHONE INQUIRIES WILL NOT BE ACKNOWLEDGED.

YEAR
THE
DURING
PAID
GRANTS AND CONTRIBUTIONS PAID DURING
AND
GRANTS
~
PART
990PE,
FORM

ATTACHMENT 7		AMOUNT	964,370.
		PURPOSE OF GRANT OR CONTRIBUTION	
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND FOUNDATION STATUS OF RECIPIENT	NONE EXEMPT
		RECIPIENT NAME AND ADDRESS	SEE ATTACHMENT A

	964.370	
	TOTAL CONTRIBUTIONS PAID	

ATTACHMENT 7 PAGE 25

23885

V 09-6.3

SCHEDULE D (Form 1041)

Capital Gains and Losses

Department of the Treasury Internal Revenue Service Name of estate or trust

B & E GILMAN FAMILY FOUNDATION

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Employer identification number

03-0474038

Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (c) Date sold (a) Description of property the entire year Subtract (e) from (d) (see page 4 of the instructions) (d) Sales price (Example: 100 shares 7% preferred of "Z" Co) (mo , dav, vr) (mo . day. vr.) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b 9,169. Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2008 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, 9,169. column (3) on the back Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (a) Description of property (Example, 100 shares 7% preferred of "Z" Co) (c) Date sold the entire year Subtract (e) from (d) (d) Sales price (see page 4 of the (mo, day, yr) (mo, day, yr) instructions) 6a b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 79**,**352. 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 9 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2008 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, 79,352. column (3) on the back. Schedule D (Form 1041) 2009 For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

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Sche	dule D (Form 1041) 2009					Page Z
Par	t III Summary of Parts I and II		(1) Beneficianes'	(2) Estat		(3) Total
	. Caution: Read the instructions before completing this	part.	(see page 5)	or trust	's	
13	Net short-term gain or (loss)	13				9,169.
14	Net long-term gain or (loss):					
а	Total for year	14a				79,352.
		14b				 -
С	28% rate gain	14c				88,521.
15		15				
Note	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For irt V, and do not complete Part IV If line 15, column (3), is a net loss, complete P	m 990 Part IV s	-1, Part I, line 4a). It line and the Capital Loss Cal	es 14a and 15, rvover Worksh	column (1 leet. as no	2), are net gains, go ecessary
		411.77	21/0 0/0 Capital 1000 Ca.			7000017.
	t IV Capital Loss Limitation)	4- if - t-ust) the er	nollor of:		
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P				ie (,
a Note	The loss on line 15, column (3) or b \$3,000	 e 1. lin	e 22 (or Form 990-T. li		s. compl	lete the Capital Loss
Carry	over Worksheet on page 7 of the instructions to figure your capital loss carryover	r			-,,	
Par	t V Tax Computation Using Maximum Capital Gains Rate	S				,
	n 1041 filers. Complete this part only if both lines 14a and 15 in colu			nount is ente	red in P	art I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor					
	tion: Skip this part and complete the worksheet on page 8 of the instru	ctions	: If.			•
	other line 14b, col. (2) or line 14c, col. (2) is more than zero, or oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero					
	n 990-T trusts. Complete this part only if both lines 14a and 15 are	e gair	s or qualified divide	ends are incl	luded in	income in Part I
of F	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this par	rt and	complete the works	sheet on pag	je 8 of t	the instructions if ,
eithe	er line 14b, col. (2) or line 14c, col. (2) is more than zero.		·			-
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	4)	17			
18	Enter the smaller of line 14a or 15 in column (2)	•				•
-	but not less than zero			1		
19	Enter the estate's or trust's qualified dividends				-	
	from Form 1041, line 2b(2) (or enter the qualified					
	dividends included in income in Part I of Form 990-T) 19					
20	Add lines 18 and 19					
21	If the estate or trust is filing Form 4952, enter the				ļ	•
	amount from line 4g, otherwise, enter -0 ▶ 21					
22	Subtract line 21 from line 20. If zero or less, enter -0		22		į	-
23	Subtract line 22 from line 17. If zero or less, enter -0-		. 23			
24	Enter the smaller of the amount on line 17 or \$2,300		24			•
25	Is the amount on line 23 equal to or more than the amount on line 24	?				
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box					1
	No. Enter the amount from line 23					‡
26	Subtract line 25 from line 24		26			
27	Are the amounts on lines 22 and 26 the same?					
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or lin	ne 22	27		į	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28			
29	Subtract line 28 from line 27					
30	Multiply line 29 by 15% (.15)				30	
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rate					
	(see the Schedule Ginstructions in the instructions for Form 1041).			\cdots	31	
	Add Imag 20 and 24				32	
32	Add lines 30 and 31		dule for Estates on		-	
33					33	
34	(see the Schedule Ginstructions in the instructions for Form 1041). Tax on all taxable income. Enter the smaller of line 32 or line 33 h				- +-	
, 	G. line 1a (or Form 990-T, line 36)				34	

Schedule D (Form 1041) 2009

SCHEDULE D-1 (Form 1041) '

Continuation Sheet for Schedule D (Form 1041) ▶ See instructions for Schedule D (Form 1041).

OMB No 1545-0092

2009

Department of the Treasury Internal Revenue Service

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

Name of estate or trust

Employer identification number

03-0474038 B & E GILMAN FAMILY FOUNDATION Short-Term Capital Gains and Losses - Assets Held One Year or Less (d) Sales price (see page 4 of the instructions) (b) Date (e) Cost or other basis (f) Gain or (loss) Subtract (e) from (d) (a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.) (c) Date sold acquired (mo , day, yr.) (see page 4 of the instructions) (mo., day, yr) 1a 54,902. 45,733. SEE ATTACHMENT B **VARIOUS** VARIOUS 9,169.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b

Schedule D-1 (Form 1041) 2009

9,169.

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer Identification number

(b) Date	(c) Date sold (mo , day, уг)	(d) Sales pnce (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
	UNDTOLIC			70 252
VARIOUS	VARIOUS	185,812.	706,520.	79,352
				- ,
				
				-
				-
	····			
				 -
	· · · · · · · · · · · · · · · · · · ·			
				
		(b) Date (c) Date sold (mo , day, yr)	(b) Date acquired (mo , day, yr) (mo , day, yr) (d) Sales price (see page 4 of the instructions)	(b) Date acquired (mo , day, yr) (c) Date sold (mo , day, yr) (d) Sales pnce (see page 4 of the instructions) (e) Cost or other basis (see page 4 of the instructions)

Recipient Name and Address	Relationship to Substantial Contributor and Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
God's Love We Deliver 166 Avenue of the Americas New York, NY 10013	None Exempt	Human Services	21,000.00
Rogue Valley Metaphysical Library 258 A Street, Suite 2A Ashland, OR 97250	None Exempt	Education	11,000.00
National Gay & Lesbian Task Force 80 Maiden Lane, Suite 1504 New York, NY 10038	None Exempt	Human Services	520.00
Seattle Chapter Hadassah 1750 - 112th Avenue NE, Surte C225 Bellevue, WA 98004	None Exempt	Human Services	1,000.00
Hadassah 50 West 58th Street New York, NY 10019	None Exempt	Human Services	00.000,69
National Council of Jewish Women 1501 17th Avenue, Box 105 Seattle, WA 98122	None Exempt	Human Services	1,250 00
WA State Jewish Historical Society 2031 Third Avenue Seattle, WA 98121	None Exempt	Human Services	250.00
NW Kidney Centers Foundation PO Box 3035 Seattle, WA 98114	None Exempt	Health	100.00
Longhouse Reserve 133 Hands Creek Road East Hampton, NY 11937	None Exempt	Arts B & E C	1,000 00 B & E GILMAN FAMILY FOUNDATION 03-0474038 2009 FORM 990-PF ATTACHMENT A PAGE 1 OF 7

Relationship to Substantial Contributor and Foundation Status of Recipient Purpose of Grant or Contribution	None Human Services 20,000.00 Exempt	None Arts 1,250 00 Exempt	None Arts 50,000.00 Exempt	e None Human Services 10,000.00	None Exempt	None Arts 500.00 Exempt	None Animal Rescue 1,000.00	None Human Services 101,000.00 Exempt	CenterNoneHealth500,000.00ExemptB & E GILMAN FAMILY FOUNDATION
nd Foundation Status	one	lone	lone	lone	lone	lone	lone	lone	vone
	xempt	xempt	.xempt	:xempt	:xempt	:xempt	:xempt	:xempt	:xempt
Recipient Name and Address	Sommunity Foundation 187501	ance	ony 111	of Greater Seattle 2412	Council 1003	FI. 310		ation urte 100	Research Center
Recipient Na	New Mexico Commu	Music of Remembrance	Seattle Symphony	Jewish Federation of Gre	Historic Districts Council	In The Life Media	Second Chance Ranch	The Kline Galland Found	Fred Hutchinson Cancer
	343 Alameda	PO Box 27500	PO Box 21906	2031 Third Avenue	232 East 11th St	184 Fifth Ave, 4th FI.	Po Box 899	1200 University Street, S	1100 Fairview Avenue N
	Santa Fe, NM 87501	Seattle, WA 98165	Seattle, WA 98111	Seattle, WA 98121-2412	New York, NY 10003	New York, NY 10010	Elma, WA 98541	Seattle, WA 98101-2883	Seattle, WA 98109

tion	5,000 00	5,000.00	55,000.00	10,000.00	2,500.00	2,000.00	5,000.00	5,000.00	1,000.00 B & E GILMAN FAMILY FOUNDATION 03-0474038 2009 FORM 990-PF ATTACHMENT A
Purpose of Grant or Contribution	Education	Education	Human Services	Environment	Human Services	Human Services	Arts	Human Services	Health
Relationship to Substantial Contributor and Foundation Status of Recipient	None	None	None	None	None	None	None	None	None
	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt	Exempt
Recipient Name and Address	College Success Foundation	Cornish College of the Arts	Jewish Family Service	Washington Environmental Council	American Jewish Committee	WA State Holocaust Education Resource Ctr	A Contemporary Theatre	American Committee for the Weizmann	American Friends of ALYN Hospital
	1605 NW Sammamish Rd, #101	710 East Roy Street	1601 - 16th Avenue	1402 Third Avenue, Suite 1400	1402 Third Avenue, Suite 305	2031 Third Avenue	700 Union Street	633 Third Avenue	51 East 42nd St., Suite 308
	Sammamish, WA 98027	Seattle, WA 98102	Seattle, WA 98122	Seattle, WA 98101	Seattle, WA 98101	Seattle, WA s98121	Seattle, WA 98101	New York, NY 10019	New York, NY 10017

Recipient Name and Address	Relationship to Substantial Contributor and Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
Amnesty International 5 Penn Plaza, 14th Floor New York, NY 10001	None Exempt	Human Services	1,000 00
Bailey-Boushay House 2720 East Madison St. Seattle, WA 98112	None Exempt	Human Services	1,000 00
Children's Hospital Foundation PO Box 50020, S-200 Seattle, WA 98195	None Exempt	Health	5,000 00
Habitat for Humanity of Seattle 15439 53rd Ave. S., Suite B Seattle, WA 98188	None Exempt	Human Services	2,500.00
Hillel at the University of Washington 4745 17th Ave. NE Seattle, WA 98105	None Exempt	Education	1,000.00
KCTS/Seattle 401 Mercer Street Seattle, WA 98109	None Exempt	Education	3,000.00
Lakeside School 1450 1st Avenue NE Seattle, WA 98125	None Exempt	Education	1,500.00
Medic One Foundation 325 Ninth Avenue Seattle, WA 98104	None Exempt	Health	1,500.00
Mercy Corps 3015 SW First Avenue Portland, OR 97201	None Exempt	Human Services	5,000.00 B & E GILMAN FAMILY FOUNDATION 03-0474038 2009 FORM 990-PF ATTACHMENT A PAGE 4 OF 7

Recipient Name and Address	Relationship to Substantial Contributor and Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
Rotary First Harvest PO Box 94117 Seattle, WA 98124	None Exempt	Human Services	3,000.00
Seattle Lighthouse for the Blind PO Box 14159 Seattle, WA 98114	None Exempt	Human Services	1,000.00
Seattle Repertory Theatre 155 Mercer Street Seattle, WA 98109	None Exempt	Arts	5,000.00
Southern Poverty Law Center PO Box 548 Montgomery, AL 36177-9621	None Exempt	Human Services	5,000.00
TechnoServe 1800 M Street, NW Washington, DC 20036	None Exempt	Education	1,000.00
Temple De Hirsch Sinar 1511 East Pike Seattle, WA 98122	None Exempt	Education	2,500.00
University of Washington - Jewish Studies PO Box 353650 Seattle, WA 98105	None Exempt	Education	4,000 00
Harlem Stage 150 Convent Ave , West 135th St. New York, NY 10031	None Exempt	Arts	10,000.00
AIDS Community Research Initiative 230 West 38th Streetm 17th FI. New York, NY 10018	None Exempt	Human Services B & E C	5,000.00 B & E GILMAN FAMILY FOUNDATION 03-0474038 2009 FORM 990-PF ATTACHMENT A PAGE 5 OF 7

Recipient Name and Address	Relationship to Substantial Contributor and Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
WNYC Radio One Centre Street, 24th Floor New York, NY 10007	None Exempt	Human Services	500.00
Group for the East End PO Box 569 Bridgehampton, NY 11932	None Exempt	Human Services	500.00
DDJW/The Valley, Inc. PO Box 3092, Manhattanville Station Harlem, NY 10027	None Exempt	Human Services	200.00
Center for Sacred Studies PO Box 745 Sonora, CA 95370	None Exempt	Human Services	4,000 00
Institute for Noetic Sciences 101 San Antonio Road Petaluma, CA 94952	None Exempt	Environmental	1,000.00
FINCA International 1101 Fourteenth St., NW Washington, DC 20005	None Exempt	Human Services	1,000.00
EnlightenNext PO Box 2360 Lenox, MA 01240	None Exempt	Human Services	3,000.00
National Alliance for the Mental Illness 802 NW 70th Street Seattle, WA 98117-5135	None Exempt	Human Services	1,000.00
Seattle Art Museum 100 University Street Seattle, WA 98101	None Exempt	Arts B & E	5,000 00 B & E GILMAN FAMILY FOUNDATION 03-0474038 2009 FORM 990-PF ATTACHMENT A PAGE 6 OF 7

Amount	10,000 00
Purpose of Grant or Contribution	Education
Relationship to Substantial Contributor and Foundation Status of Recipient	None Exempt
Recipient Name and Address	American Society for Technion PO Box 129 Mercer Island, WA 98040

Total Grants Paid

964,370.00

B & E GILMAN FAMILY FOUNDATION
03-0474038
2009 FORM 990-PF
ATTACHMENT A
PAGE 7 OF 7

Qtv	Purchase <u>Date</u>	Sale <u>Date</u>	Original <u>Cost</u>	Sales <u>Proceeds</u>	Realized Gain/(Loss)
Short Term 1,800 Microsoft Corporation 550 Microsoft Corporation	2/10/2009 5/22/2009	6/23/2009	34,628 11,105	42,053 12,849	7,425
Subtotal - Short Term			45,733	54,902	9,169
			•	1	
	10/2/2005	6/23/2009	50,842	54,707	3,865
	112/2007	6/23/2009	82,602	86,392	3,789
	5/8/2007	6/23/2009	105,383	110,707	5,324
	5/11/2007	6/23/2009	167,255	204,586	37,330
1,500 Ross Stores Inc	12/5/2007	6/24/2009	40,529	56,633	16,104
50,000 Mesa Util Sys 5.0% 7/1/19	10/2/2005	6/25/2009	51,553	53,268	1,715
50,000 Mesa Util Sys 5.0% 7/1/19	8/4/2006	6/25/2009	51,315	53,268	1,953
	7/3/2007	6/30/2009	73,111	77,318	4,207
100,000 Lakeland Electric 10/1/13	10/2/2005	7/6/2009	83,930	88,995	5,065
Subtotal - Long Term			706,520	785,872	79,352
TOTAL			752,252	840,775	88,521

Form **886**,8

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return

Internal Revenue S	ervice Prite a Separate application for each return.	
 If you are f 	iling for an Automatic 3-Month Extension, complete only Part I and check this box	X
 If you are f Do not comple 	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page te Part II unless you have already been granted an automatic 3-month extension on a prev	e 2 of this form) riously filed Form 8868
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).	
A corporation	required to file Form 990-T and requesting an automatic 6-month extension - epeck this b	ox and complete
•		
time to file inco	orations (including 1120-C filers), partnerships, REMICs, and trusts must use form 7.0 ome tax returns	
one of the reference of	ng <i>(e-file)</i> . Generally, you can electronically file Form 8868 if you want a 3-month auto- turns noted below (6 months for a corporation required to file Form 990-T). However, f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated From 990-T Instead, you must submit the fully completed and e details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Ci	er, you cannot file Form 8868 990-BL, 6069, or 8870, group signed page 2 (Part II) of Form
Type or	Name of Exempt Organization	Employer Identification number
print	B & E GILMAN FAMILY FOUNDATION	03-0474038
File by the due date for	Number, street, and room or suite no If a P O box, see instructions C/O FOUNDATION N 1000 SECOND AVENUE	MANAGEMENT GROUP
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions	SEATTLE, WA 98104-1022	
Check type of	f return to be filed (file a separate application for each return)	
Form 990		n 4720
Form 990	-BL Form 990-T (sec 401(a) or 408(a) trust) Form	ກ 5227
Form 990-		n 6069
X Form 990-	PF Form 1041-A Form	n 8870
		
If the organIf this is forfor the whole g	No. ▶ 206 667-0300 FAX No ▶	
	t an automatic 3-month (6 months for a corporation required to file Form	2 000 T) extension of time
until for the or	calendar year 2009 or tax year beginning, and ending, and ending	
2 If this tax	year is for less than 12 months, check reason. Initial return Final return	Change in accounting period
3a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, le	
	lable credits See instructions.	3a \$ 1,243.
b If this app	plication is for Eorm 990-PF or 990-T, enter any refundable credits and estimated tax pa	syments
made inc	lude any prior year pyonayment allowed as a credit	3b \$ 243.
c Balance I with FTD instruction	Due. Subtracting to from line 3a. Include your payment with this form, or, if required, occupion or, if required by using EFTPS (Electronic Federal Tax Payment System is.	deposit (1) (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
	are going to make an electronic and withdrawal with this Form 8868, see Form 8453-EO	
for payment ins		
	t and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)