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SCANNED SEP. 0 6 2012

Form **990-PF** Department of the Treasury Internal Revenue Service

# Return of Private 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

For	calen	idar year 2011 or lax year deginning		, and ending		
Nar	ne of	foundation			A Employer identification	n number
L	AR:	RY BENAROYA FAMILY FOUN	DATION		20-3890382	2
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	<b>B</b> Telephone number	
_3	60	0 136TH PLACE SE		250	425-440-67	720
		own, state, and ZIP code			C If exemption application is p	pending check here
_B	EL:	LEVUE, WA 98006				
G	heck	all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return			
		Address change	Name change		2. check here and attach co	omputation
H (	heck	type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	atus was terminated
<u>L</u>	_		Other taxable private founda	tion	under section 507(b)(1	)(A), check here
I Fa	ur ma	rket value of all assets at end of year   J   Accounts	-	Accrual	F If the foundation is in a	60-month termination
(fi	om I		her (specify)		under section 507(b)(1	)(B), check here
	\$	6 , 614 , 061 . (Part I, colu	mn (d) must be on cash b	oasis)		
Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c) and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a) )	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	1,820,035.		N/A	
	2	Check Id the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	319.	319.		STATEMENT 1
	4	Dividends and interest from securities	377,219.	377,219.		STATEMENT 2
	5a	Gross rents				
	b	Net rental income or (loss)				
ō	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	6,322.			
enn	b	Gross sales price for all assets on line 6a 2,137,422.				
Revenue	7	Capital gain net income (from Part IV, fine 2)		6,322.		
	8	Net short-term capital gain		······································		
	9	Income modifications Gross sales less returns			<u> </u>	<b>_</b>
		and allowances				·
		Less Cost of goods sold		· · · · · · · · · · · · · · · · · · ·	ļ	<del> </del>
		Gross profit or (loss)	2 750	2.750		CITE TO THE COLUMN COLU
	11	Other income	3,750.	3,750.		STATEMENT 3
	12	Total. Add lines 1 through 11	2,207,645.	387,610.		<del></del>
	13	Compensation of officers, directors, trustees, etc		0.		0.
	14	Other employee salaries and wages		<del></del>		<del>                                     </del>
S	15	Pension plans, employee benefits	<u>-</u>		ECTIVED.	
penses		Legal fees				151
×		Accounting fees Other professional fees		<del></del>	2017	<del></del>
e Ex		Other professional fees Interest		15/	SEP 0 4 2012	(2)
ativ		Taxes		101	The state of the s	-r - \
stra	19	Depreciation and depletion		<u> </u>	OGDEN, UT	<del>                                     </del>
Operating and Administrative		Occupancy			113131	<del>-</del>
Adn	21	Travel, conferences, and meetings				<del> </del>
Ď	22	Printing and publications	<del></del>	<del></del>	<del> </del>	<del>                                     </del>
g	23	Other expenses STMT 4	34.	12.	<del> </del>	13.
ř.	ı	Total operating and administrative			<del> </del>	<del> </del>
era		expenses. Add lines 13 through 23	34.	12.		13.
Ö	25	Contributions, gifts, grants paid	718,685.		<del> </del>	13. 718,685.
		Total expenses and disbursements				1 20,000.
	آ	Add lines 24 and 25	718,719.	12.		718,698.
_	27	Subtract line 26 from line 12.				120,000
		Excess of revenue over expenses and disbursements	1,488,926.			
		Net investment income (if negative, enter -0-)	_,,,	387,598.	<del> </del>	<del>                                     </del>
		Adjusted net income (if negative, enter -0-)		,	N/A	<del> </del>
1235		LHA For Paperwork Reduction Act Notice, see	instructions.		·	Form <b>990-PF</b> (2011)

Г	Part II Balance Sheets Attached schedules and amounts in the description rolumn should be for end of year amounts only		Beginning of year		l of year		
ட	ait	column should be for end of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Gash - non-interest-bearing	32.				
	2	Savings and temporary cash investments	1,650,113.	1,915,926.	1,915,926.		
	3	Accounts receivable ►					
		Less, allowance for doubtful accounts					
	4	Pledges receivable ►					
		Less allowance for doubtful accounts					
	5	Grants receivable					
		Receivables due from officers, directors, trustees, and other					
	ľ	disqualified persons					
	7	, ,					
	′	Other notes and loans receivable  Less allowance for doubtful accounts					
Assets	8	Inventories for sale or use		<u>-</u>	<del> </del>		
Ass	ľ	Prepaid expenses and deferred charges					
		Investments - U.S. and state government obligations	E14 E00	F14 F00	F F 77 11 A		
		Investments - corporate stock STMT 5	514,580.	514,580.	557,110.		
	Ι	Investments - corporate bonds STMT 6	3,075,208.	4,298,810.	4,141,025.		
	11	Investments land buildings, and equipment basis					
	١	Less accumulated depreciation					
	l	Investments - mortgage loans					
	13	Investments - other					
	14	Land, buildings, and equipment, basis					
		Less accumulated depreciation					
	15	Other assets (describe ► ACCRUED INTEREST )	457.	0.	0.		
_	16	Total assets (to be completed by all filers)	5,240,390.	6,729,316.	6,614,061.		
	17	Accounts payable and accrued expenses					
	18	Grants payable					
es	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
jab	21	Mortgages and other notes payable					
_	22	Other liabilities (describe )					
			_				
	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow SFAS 117, check here	1				
"		and complete lines 24 through 26 and lines 30 and 31.					
ances	24	Unrestricted					
	25	Temporarily restricted					
B	26	Permanently restricted					
Š		Foundations that do not follow SFAS 117, check here					
Ē		and complete lines 27 through 31.					
S	27	Capital stock, trust principal, or current funds	0.	0.			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
Net Assets or Fund Ba	29	Retained earnings, accumulated income, endowment, or other funds	5,240,390.	6,729,316.			
Š	30	Total net assets or fund balances	5,240,390.	6,729,316.			
_	31	Total liabilities and net assets/fund balances	5,240,390.	6,729,316.			
Г	art	III Analysis of Changes in Net Assets or Fund B	lalances		<del></del>		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30				
		st agree with end-of-year figure reported on prior year's return)		1	5,240,390. 1,488,926.		
		r amount from Part I, line 27a		2			
		r increases not included in line 2 (itemize)	<u></u>	3	0.		
		lines 1, 2, and 3		4	6,729,316.		
		reases not included in line 2 (itemize)	······································	5	0.		
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	6,729,316.		
					Form <b>990-PF</b> (2011)		

Part IV Capital Gains a	nd Losses for Tax on In	rvestment	Income					
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			( <b>b)</b> H P - D -	ow acquired Purchase Donation		acquired day, yr )	(d) Date sold (mo , day, yr.)	
1a WELLS FARGO PFD	9.750% V/R				P	01/2	5/10	04/14/11
b QWEST CORP 7.37					P		8/11	08/18/11
c SOUTHMARK CORP.	SECURITIES LIT	IGATIO	7		P	07/1	9/11	07/19/11
d								
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				Gain or (loss s (f) minus	
a 1,635,000.			1,631,10					3,900.
b 502,127.		<u> </u>	500,00	0.				2,127.
c 295.								295.
d								
е								
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69				Col. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col (1), if any		(		not less tha (from col. (	
a								3,900.
b								2,127.
С								295.
đ								
e				t				
2 Capital gain net income or (net cap	If gain, also enter			}	2		-	6,322.
, ,	, ( (		1	가	-			0,522.
3 Net short-term capital gain or (loss		nd (6):		٦				
If gain, also enter in Part I, line 8, c	olumn (c)			}	,		N/A	
If (loss), enter -0- in Part I, line 8  Part V   Qualification Ur	der Section 4940(e) for	Reduced	Tay on Net	Inve	3   estment li	come	N/A	<u> </u>
L	<del></del>				_	ICOITIC		· · · · · · · · · · · · · · · · · · ·
(For optional use by domestic private t	oundations subject to the section (	4940(a) tax on	net investment in	come.	)			
If section 4940(d)(2) applies, leave this	s part blank							
. , , , , , ,								
Was the foundation liable for the section			· ·	1007				Yes X No
If "Yes," the foundation does not qualif  Tenter the appropriate amount in ea				200				·
(a)		uctions before	making any entrie					(d)
Base period years	Adjusted qualifying dis	tributions	Net value of no	(C) nchari	tahla-usa assa	ote	Distril	(d) bution ratio
Calendar year (or tax year beginning	9 "''/   ' ' ' ' ' '	1	1400 Value of 110				(cor (b) ar	vided by col (c)) •157719
2010		8,296. 5,537.			744,49			.064513
2009								
2008		6,417.			126,94			.052440
2007		2,306.			440,57			.054566
2006	18	8,500.		_ 3 ,	558,68	1 •		.052969
2 Total of line 1, column (d)						2		.382207
3 Average distribution ratio for the 5	year base period - divide the total	on line 2 by 5,	or by the number	of yea	rs			
the foundation has been in existent	ce if less than 5 years					3		.076441
4 Enter the net value of noncharitable	e-use assets for 2011 from Part X,	line 5				4		5,033,836.
5 Multiply line 4 by line 3						5		384,791.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)					6	ļ	3,876.
7 Add lines 5 and 6						7		388,667.
8 Enter qualifying distributions from	Part XII, line 4					8		718,698.
If line 8 is equal to or greater than See the Part VI instructions.	•	e 1b, and comp	olete that part usin	ıg a 1%	6 tax rate.	<u> </u>		<del></del>

		<u> 3890:</u>			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see ir	ıstru	ictioi	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔀 and enter 1%			3,8	76.
	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-)				0.
3	Add lines 1 and 2			3,8	76.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			3,8	76.
6	Credits/Payments.				
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 7, 356.				
þ	Exempt foreign organizations - tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868)				
ď	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments. Add lines 6a through 6d			7,3	56.
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				
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			3,4	
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ 3,480 • Refunded ▶ 11				0.
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities				
C	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers ► \$0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	L	2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	L	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	[	4a		Х
		/A [	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	ļ	5		X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?	Ļ	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	ļ	7	Х	
_	If "Yes," complete Part II, col (c), and Part XV				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	<u> </u>			
	WA				
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)	ŀ			
	of each state as required by General Instruction G? If "No," attach explanation	ļ	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	ļ			
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	ļ	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		Х

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 2011?

Form 990-PF (2011) LARRY BENAROYA FAMILY FOUNDATION	20-3890	0382 _	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)	nly	_	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type of so	ervice	(c) Com	pensation
NONE			
		_	
	<u> </u>		
		<u> </u>	
		<u> </u>	
		<u> </u>	
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		<u>'</u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ļ	Expenses	;
37/3	<del></del>		
1N/A			
	<del></del>		
3	<del></del>	<del></del>	
	<del></del>		
4			
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			
	<del></del> -		
T-1-1 Add Issa 1 May rah 2			

Form **990-PF** (2011)

4940(e) reduction of tax in those years

Form 990-PF (2011)

### Undistributed Income (see instructions) (a) (b) (c) (d) Corpus Years prior to 2010 2010 2011 1 Distributable amount for 2011 from Part XI, 247,816. line 7 2 Undistributed income, if any, as of the end of 2011 0. a Enter amount for 2010 only b Total for prior years 0 3 Excess distributions carryover, if any, to 2011: 10,596. a From 2006 20,293. **b** From 2007 10,442. c From 2008 76,849 dFrom 2009 e From 2010 516,359 634,539 f Total of lines 3a through e 4 Qualifying distributions for 2011 from 718,698. Part XII, line 4: ►\$ 0 a Applied to 2010, 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) 247,816. d Applied to 2011 distributable amount 470,882 e Remaining amount distributed out of corpus 0 . 0. Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a) ) 6 Enter the net total of each column as indicated below: 1,105,421 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract 0. line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b Taxable 0. amount - see instructions e Undistributed income for 2010 Subtract line 0 4a from line 2a Taxable amount - see instr f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 0. 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by 14,580 section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2006 0 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. 1,090,841 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 16,309. a Excess from 2007 10,442. b Excess from 2008 76,849. c Excess from 2009

Form **990-PF** (2011)

dExcess from 2010

e Excess from 2011

516,359.

470,882.

Part XIV Private Operating Fo		Structions and Part VIII		N/A	90382 Page 1
<u> </u>	<del>`</del>		-A, question 9)	N/A	
1 a If the foundation has received a ruling or		, , ,			
foundation, and the ruling is effective for	•	· ·	t ► L	4040()(0) == 1 4	0.40(.)(5)
b Check box to indicate whether the found	Tax year	ig iounidation described i	Prior 3 years	4942(J)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
income from Part I or the minimum investment return from Part X for	(4/2011	(1)20.0	(0)2000	(4)2000	(0) 10.21
each year listed b 85% of line 2a					
c Qualifying distributions from Part XII.					<del></del>
line 4 for each year listed					
d Amounts included in line 2c not					<del>                                     </del>
used directly for active conduct of					
exempt activities					ĺ
e Qualifying distributions made directly	<del></del>	<u> </u>	<del></del>	<del></del>	
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			· · · · · · · · · · · · · · · · · · ·	<del> </del>	<del>                                     </del>
alternative test relied upon			<b> </b>		
a "Assets" alternative test - enter  (1) Value of all assets					
` ′	-			<del>                                     </del>	<u> </u>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return			1		
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)	•				
(3) Largest amount of support from	·				
an exempt organization					
_(4) Gross investment income					
Part XV Supplementary Info			if the foundation	had \$5,000 or m	ore in assets
at any time during t	he year-see insti	ructions.)			<del></del>
1 Information Regarding Foundatio	•				
a List any managers of the foundation who			ributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed m	iore man \$5,000) (See S	ection 307 (u)(2) )			
NONE			<del> </del>	_ <del></del>	
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large porti	on of the ownership of a p	partnership or
***	s a 10 % of greater interes	51			
NONE					
2 Information Regarding Contributi					
Check here  I if the foundation of the foundation makes gifts, grants, etc.					
	<u> </u>			bilipiete itellis za, u, u, u, ali	u u.
a The name, address, and telephone number LARRY R. BENAROYA, 4	•	• •	addressed		
3600 136TH PLACE SE,			WX 09006		
b The form in which applications should b WRITTEN PROPOSAL	e submitted and imorna	non and materials they si	iouid incidue.		
					<del></del>
c Any submission deadlines: NONE					
	cuch as hu assarashio	al areas charitable fields	kinds of institutions ==	other factors	<del></del>
d Any restrictions or limitations on awards THE LARRY BENAROYA F					אר בטיינו אכ
TO GEOGRAPHIC LOCATI				TIN TH SCOP	CW DIOG W
123601 12-02-11	OH MID IO F	MOGICIAI DERV	TCEO.		Form <b>990-PF</b> (2011)
					- 1 01111 <b>2 2 U − F</b>

Form **990-PF** (2011)

2 Create and Contributions Boid During the		Downant		Γ -
3 Grants and Contributions Paid During the N	If recipient is an individual			
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 Substantial Continuation	recipient		
a Faid during the year				
SCHEDULE ATTACHED	NONE	PUBLIC	SEE ATTACHED	710 605
				718,685.
				1
				!
Total			<b>▶</b> 3a	718,685.
<b>b</b> Approved for future payment				
NONE				
		İ		
				Ļ
				<b>\</b>
Total	<del></del>	_ <del></del> .	▶ 3b	0.

123621 12-02-11

nter gross amounts unless otherwise indicated	Unrelated bu	isiness income		y section 512, 513, or 514	(e)
tter gross amounts unicss otherwise maleated	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					-
investments			14	319.	
Dividends and interest from securities			14	377,219.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					_
Other investment income			19	3,750.	
Gain or (loss) from sales of assets other					
than inventory			18	6,322.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue.		· ·			<del></del>
a					
b					
c					
d					
e					
Subtotal. Add columns (b), (d), and (e)		0.	•	387,610.	
Total. Add line 12, columns (b), (d), and (e)		-		13	387,61
ee worksheet in line 13 instructions to verify calculation	is.)				
Part XVI-B Relationship of Activitie	es to the Accom	plishment of E	xempt Pu	urposes	
ine No Explain below how each activity for which the foundation's exempt purposes (other	income is reported in co	lumn (e) of Part XVI-A	A contributed	importantly to the accomp	olishment of
N/A	than by providing funds	ioi sucii pui poses)		<del></del>	<del></del>
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Form **990-PF** (2011)

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

the Code (other than section 50 (c)(3) organizations) or in section 527, relating to political organization?  (1) Cash (2) Other assets  6) Other transactions: (3) Sales of assets to a noncharitable exempt organization (4) Purchases of assets from a noncharitable exempt organization (5) Sales of assets to an anoncharitable exempt organization (6) Performance of transparements (7) Cash or losin quarantees (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or services or membership or fundrasing services or lationship or services or services or services or services or se					g with any other organization		on 501(c) of		Yes	No
(2) Other seasts  5 Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (3) Rental of facilities, equipment, or other assets (4) Remulsionation of services or membership or fundrationing solicitations (5) Loans or loan quarantees (6) Performance of services or membership or fundrationing solicitations (6) Performance of services or membership or fundrationing solicitations (6) Performance of services or membership or fundrations in the fundration received described in the service of services given by the reporting fundration. If the foundation received less than fair market value or the goods, other assets, or services given by the reporting fundration. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (1) this value of the goods, other assets, or services received.  (4) Toward (1)	•					izations?				
(2) Other assets  Other transctons:  (1) Sales of assets to a noncharitable exempt organization  (2) Purchases of assets to an oncharitable exempt organization  (3) Renal of officialities, equipment, or other assets  (4) Renatural organization and the assets of the as		from the reporting founda	ation to a noncharita	ble exempt org	anization of:			l		77
Solitor transactions:   150   X										
(2) Purchases of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Renarbul sement arrangements (5) Loans or load guarantees (6) Performance of services or membership or fundrasing solicitations (7) Loans or load guarantees (8) Performance of services or membership or fundrasing solicitations (9) Renarbul solicities, equipment, mailing lists, other assets, or paid employes (9) If the answer to any of the above is "kes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation creaved less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (9) Amount involved (9) Amount involved (9) Name of inoncharitable exempt organization (9) Amount involved (9) Amount involved (9) Name of organization (9) Type of organization (e) Description of relationship  (9) Name of organization (9) Type of organization (9) Type of organization (e) Description of relationship  (9) Name of organization (9) Type of organization (e) Description of relationship  (9) Name of organization (9) Type of organization (9) Type of organization (e) Description of relationship  (9) Name of organization (9) Type of organization (9) Ty	• •							1a(2)		
(2) Purchases of assets from a noncharitable exempt organization (3) Snettal of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or foan guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (8) Loans or foan guarantees (8) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Performance of services of services or membership or fundrasing solicitations of propert (ofer than topological performance or services or membership or fundrasing solicitations of propert (ofer than topological performance and statements, and to the best of my homelogical performance or services or se			hla avamat arganiza					45/45		v
(4) Rembursement arrangements (5) Loans or loan guarantees (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicidations (7) Enformance of services or membership or fundraising solicidations (8) Performance of services or membership or fundraising solicidations (9) If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services growing bethe dependent of the beat of the poods, other assets, or services incident.  (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of relationship  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??  b) If "Yes," complete the following schedule.  (a) Name of organization (b) Amount involved (c) Name of organization (b) Type of organization (c) Description of relationship  N/A    Complete the following schedule.   Complete	• •		, •							
(4) Rembursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrassing solicitations (6) Performance of services or membership or fundrassing solicitations (7) Performance of services or membership or fundrassing solicitations (8) Performance of services or membership or fundrassing solicitations (9) Performance of services or membership or fundrassing solicitations (8) Performance of services or membership or fundrassing solicitations (9) If the assert or any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services geven by the reporting foundation. If the fundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services geven by the reporting foundation, and sharing arrangement, show in column (d) the value of the goods, other assets, or services geven by the reporting distribution of transfers. It is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??  3 In the good of the section of transfers the section 52??  3 In the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??  4 In the section 501(c) of the Code (other than section 501(c)(3)) or in section 52??  4 In the section 501(c) of the Code (other than section 501(c)(3)) or in section 52??  5 In the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in the section 501(c) of the section 501	` '		•	nyanization						
(6) Loans or loan guarantees (6) Performance of servoices or membership or fundraising solicitations (7) Enformance of servoices or membership or fundraising solicitations (8) Performance of servoices or membership or fundraising solicitations (9) It was navier to any of the above is "Yes," complete the following schedule. Column (9) should always show the fair market value of the goods, other assets, or services received.  (9) Line ro (9) Amount timolived (9) Name of noncharitable exempt organization (9) Description of transfers. transactions. and sharing arrangements  N/A  2a Is the foundation directify or indirectly affiliated with, or related to, one or more tax-exempt organization or sharing arrangements.  AN/A  2a Is the foundation directify or indirectly affiliated with, or related to, one or more tax-exempt organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If yes  No  If Yes, complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Sign  Prior received and the prepared of the proportion direction of propare (other than topology) is based on all information of which prepared in the best of my knowledge station with the prepared of the propared of the pr			or other assets							
(6) Performance of services or membership of fundrissing solicitations  © Sharing of facilities, equipment, mailing lists, other assets, or paid employees  If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services received.  (a) Line no  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Description of transfers, transactions, and sharing arrangements  N/A  2a. Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described  in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??  b If Yes, Complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign  Here  Sign  Under promitive or finisher  Printifying preparer's indicate that have examined this nature, recluding accompanying schedules and statements, and to the beat of my knowledge with the statement of propary, 1 declare that I have examined this nature, recluding accompanying schedules and statements, and to the beat of my knowledge with the statement of propary in declare that I have examined this nature of propary in declare that I have examined this nature, recluding accompanying schedules and statements, and to the beat of my knowledge with the proparer in the statement of propary in declare that I have examined this nature of propary in declare that I have examined this nature of propary in declare that I have examined this nature in the statements of the proparer in the statement of propary in the statement of propary in the proparer in the statement of proparer in the statement of proparer in the statement of the charge of the proparer in the statement of proparer in the state	• •	•						<del>- ` ' '</del>		
Starm of facilities, equipment, mailing lists, other assets, or paid employees  If I X  If I the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.    (a) Line no   (b) Amount involved   (c) Name of noncharitable exempt organization   (d) Description of transfers, transactions, and sharing arrangements   N/A			mbership or fundrai	sına solıcıtatıo	ns				_	
d If the answer to any of the above is "vs." complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services received.			<u>=</u>	=						
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.    All the no   Bit   Amount involved   Co   Name of noncharitable exempt organization   Co   Observation of transfers, transactions, and sharing arrangements						ways show the fair m	narket value of the go		ets.	
(e) Name of noncharitable exempt organization  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)) of the Code (other than section 501(c)) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) or in section 50									,	
N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??    Yes   X   No	column (d	i) the value of the goods, (	other assets, or serv	ices received.						
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)/(3)) or in section 527?    Yes   X   No	(a)Line no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Description	of transfers, transaction	s, and sharing an	angeme	nts
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes				N/A						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes						]		·		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		_ ····								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes				<del></del>					_	
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes							<del></del>			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes			·							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes					·		· •			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes			<u> </u>							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes	<del></del>				<del></del> -					
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes	-	·					<del></del>			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes	2a Is the four	ndation directly or indirect	thy affiliated with or	related to one	or more tay-eyempt organi	izations described	-			
Complete the following schedule.   Complete the following schedule.						izations described		□ Voc	Y	¬ No
(a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and befief, it is true-generally and perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and befief, it is true-generally and perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and statements, and				)(O)) OI III 3001	1011 02) :			163	Lea	טוו ב
N/A    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and befine, it is true-penalties, and somplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and befine, it is true-penalties, and somplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and befine, it is true-penalties of my knowledge and befine, it is true-penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and befine, it is true-penalties of my knowledge and befine, it is best of my knowledge and befine, it is best of my knowledge and befine, it is true-penalties of my knowledge and befine, it is best of my knowledge and knowle	<u> </u>				(b) Type of organization	Γ	(c) Description of rel	ationship		
Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and befiner, it true-periest, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge sterring with the preparer sturn with the prepar			· · · · · · · · · · · · · · · · · · ·							
Sign Here    Sign   And beffief, it is true-person and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   May the IRS discuss this may the IRS discuss	""	· · · · · · · · · · · · · · · · · · ·	•		·					
Sign Here    Sign   And beffief, it is true-person and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   May the IRS discuss this may the IRS discuss										
Sign Here    Sign   And beffief, it is true-person and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   May the IRS discuss this may the IRS discuss						-				
Sign Here    Sign   And beffief, it is true-person and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   May the IRS discuss this may the IRS discuss										
Print/Type preparer's name    Print/Type preparer's name   Preparer's signature   Date   Check   if self-employed   Print's name   Preparer's signature   Date   Print's self-employed   Print's name   Preparer's signature   Date   Print's self-employed   Print's self-employed   Print's name   Preparer's signature   Date   Print's self-employed   Print's self-emplo	l and hå							May the IHS	discuss	this
Paid GARY HOLCOMB Preparer's signature	Sign   L	1112	inplote Decimation of pr	oparor (other than				shown below	(see ins	er str)?
Paid Print/Type preparer's name  Preparer's signature  Date  Check if PTIN self- employed Preparer Use Only  Firm's name ▶ BERNTSON PORTER & COMPANY, PLLC  Firm's address ▶ 155 108TH AVENUE NE, SUITE 510 BELLEVUE, WA 98004  Proparer's signature  Date  Check if PTIN self- employed Po0008027  Firm's EIN ▶ 91-1308574  Phone no. 425-454-7990		Last Tak			8/21/12	. <del>/</del>	ENT	_ X Yes	<u> </u>	□No
Paid Preparer Use Only    Firm's address   155 108TH AVENUE NE, SUITE 510   Phone no.   425-454-7990   Point   Phone no.   425-454-7990   Point   Phone no.   425-454-7990   Phone no.	Sign			10 -	Date		<u> </u>			
Preparer Use Only    GARY HOLCOMB		Print/Type preparer's na	ame	Preparer's si	gnature	Date		PIIN		
Preparer Use Only  Firm's name ▶ BERNTSON PORTER & COMPANY, PLLC  Firm's ellN ▶ 91-1308574  Firm's address ▶ 155 108TH AVENUE NE, SUITE 510  BELLEVUE, WA 98004  Phone no. 425-454-7990	Doid	CARY HOLGO	S=		VAD 1	00,400,410	sen- employed			
Use Only    Firm's address   155 108TH AVENUE NE, SUITE 510   Phone no.   425-454-7990				י מינות	COMPANY DIT		] ]			
Firm's address ► 155 108TH AVENUE NE, SUITE 510 BELLEVUE, WA 98004 Phone no. 425-454-7990	-	rum s name PDER	TAT BON POP	TEK &	COMPANY, PLL	<i>.</i> C	Firm's EIN ► 9.	r-13082	/4	
BELLEVUE, WA 98004 Phone no. 425-454-7990	USE Offing	Firm's address ► 1 E	5 10gmg x	TENTE	NE CITTE E1	0				
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		, <u>DB</u>	<del>(</del>	2000	<u> </u>		TEHORERO. 44			

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization

Employer identification number

LARRY BENAROYA FAMILY FOUNDATION 20-3890382 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private 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 33 1/3% 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 II 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, total 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 total 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, chantable, etc., contributions of \$5,000 or more during the year

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 Part II, 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

1

Employer identification number

LARRY	BENAROYA FAMILY FOUNDATION		<u>0-3890382                                    </u>
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JACK A. BENAROYA  1301 SPRING ST. #31  BELLEVUE, WA 98104	\$1,820,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
122452 01 2		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

### LARRY BENAROYA FAMILY FOUNDATION

20-3890382

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

Name of orga	anization	Employer identification number			
LARRY	BENAROYA FAMILY FOUNDA	TION			20-3890382
Part III	Exclusively religious, charitable, etc., indiv year Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if addition	vidual contributions to section ne following line entry. For org c., contributions of \$1,000 or	n 501(c)(7), (8), anizations comp less for the year	or (10) organization leting Part III, enter (Enter this information once	ns that total more than \$1,000 for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t .	(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	ription of how gift is held
	Transferee's name, address, a	(e) Transfer		elationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	ription of how gift is held
		(e) Transfer			
	Transferee's name, address, at	nd ZIP + 4	Re	elationship of trai	nsferor to transferee

FORM 990-PF INTEREST ON SAVINGS	AND TEMPORARY CA	SH INVESTMENTS	STATEMENT	1
SOURCE			AMOUNT	
MORGAN STANLEY BANK N.A.			3	19.
TOTAL TO FORM 990-PF, PART I, LIN	E 3, COLUMN A		3:	19.
FORM 990-PF DIVIDENDS AND	O INTEREST FROM	SECURITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	)
MORGAN STANLEY SMITH BARNEY HOLDINGS LLC - ACCRUED INTEREST PAID	-23,111.	0.	-23,1	11.
MORGAN STANLEY SMITH BARNEY HOLDINGS LLC - DIVIDENDS	40,002.	0.	40,0	02.
MORGAN STANLEY SMITH BARNEY HOLDINGS LLC - INTEREST	304,238.	0.	304,2	38.
MORGAN STANLEY SMITH BARNEY HOLDINGS LLC - OID INTEREST	56,090.	0.	56,0	90.
TOTAL TO FM 990-PF, PART I, LN 4	377,219.	0.	377,219.	
FORM 990-PF	OTHER INCOME		STATEMENT	3
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
WELLS FARGO CAP - OPTION PREMIUM	3,7	3,750	•	
TOTAL TO FORM 990-PF, PART I, LIN	E 11 3,7	3,750	•	

FORM 990-PF	OTHER EXPENSES			STATEMENT		
DESCRIPTION			(C) ADJUSTEI NET INCOM	DJUSTED CHARIT.		
STATE FILING FEES	34.		12.			13.
TO FORM 990-PF, PG 1, LN 23	34.		12.			13.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	 5 
DESCRIPTION			во	OK VALUE	FAIR MARKE VALUE	T
FREDDIE MAC PFD 8.375% IN DEI HSBC HOLDINGS PLC PFD 8%	FAULT			14,580. 500,000.	35,9 521,2	
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		=	514,580.	557,1	10.
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	6
DESCRIPTION			ВО	OK VALUE	FAIR MARKE VALUE	T
ALAMEDA CORRIDOR TRANS. AUTH COUNTRYWIDE FIN'L CORP 6.25% BANKAMERICA CAPITAL CO 8% 12, NB CAPITAL TRUST II 7.83% 12, NB CAPITAL TRUST IV 8.250% 4, NORTH FORK CAPITAL TR II 8% 1 US WEST COMM. 7.250% 10/15/31 WELLS FARGO PFD V/R	5/15/16 /15/26 /15/26 /15/27 12/15/27	7		836,485. 1,394,170. 715,750. 49,938. 117,898. 720,256. 464,313. 0.	975,5 1,239,8 630,0 44,5 105,8 671,6 473,6	43. 00. 00. 50.
TOTAL TO FORM 990-PF, PART I	I, LINE 10C			4,298,810.	4,141,0	25.

### LARRY BENAROYA FAMILY FOUNDATION

YEAR END DECEMBER 31, 2011

TIN: 20-3890382 IRS FORM 990-PF

## Part XV. line 3a Contributions Paid During the Year

Contributions Paid During the Year				
			Foundation	
		Purpose of	Status of	
Recipient	Address	Grant	Recipient	Amount
	1402 Third Ave Suite 405		<del>-</del>	
AJC Seattle Jewish Film Festivals	Seattle, WA 98101	Religious	Public	2,500.00
	2625 Third Ave	Health and		
American Lung Association	Seattle, WA 98121	Medical Care	Public	500.00
Anti Defensation Learne	1700 Seventh Ave Ste 116-222	0		44 000 00
Anti-Defamation League	Seattle, WA 98101	Social Welfare	Public	11,000.00
Bellevue Arts Museum	510 Bellevue Way NE Bellevue, WA 98004	Visual Arts	Public	10 775 20
Delievue Arts Museum	1600 S Graham Street	Visual Arts	Public	18,775.28
Big Brothers/Big Sisters	Seattle, WA 98108	Social Welfare	Public	500.00
Dig Diothora/Dig Clatera	28901 NE Carnation Farm Rd	COGGI VVCIIGIC	1 abiic	- 000.00
Camp Korey	Carnation, WA 98014	Social Welfare	Public	15,000.00
				,
Washington State University	PO Box 646228			
Celebrate Washington Wine	Pullman, WA 99164	Agro-Education	N/A	35.00
	305 Harrison St			
Children's Museum	Seattle, WA 98109	Visual Arts	Public	2,500.00
	5217 South Brandon Street			
Congregation Ezra Bessaroth	Seattle, WA 98118	Religious	Public	1,500.00
Costco Scholarship Fund/College	1605 NW Sammamish Road			
Success Foundation	Ste 200 Issaquah, WA 98027	Education	Public	14,750.00
V - 'V -	PO Box 497	and social		··· <b>·</b> ···
FirstSwing Foundation	Medina, WA 98039	development	Public	100.00
1 motorring i defidation	1702 NE 150th Street	development	T UDIIC	100.00
Food Lifeline	Shoreline, WA 98155	Social Welfare	Public	500.00
	PO Box 19755	Ciliarens		
Friends of Costos Civild	Seattle, WA 98109	Hospital - Medical		40 400 00
Friends of Costco Guild		Care	Public	12,100.00
Group Health	320 Westlake Ave N Ste 100	Medical Care	Public	1 000 00
Group Health	Seattle, WA 98109 515 116th Ave NE Ste 131	Wedical Care	Public	1,000.00
Hadassah	Bellevue, WA 98004	Religious	Public	5,250.00
	1215 Fourth Ave Ste 1400		1 abiic	0,200.00
JDRF	Seattle, WA 98161	Medical Care	Public	457,735.00
	2031 3rd Avenue	<del></del>		
Jewish Federation of Greater Seattle	Seattle, WA 98121	Religious	Public	30,000.00
	1700 Westlake Ave N Ste 400			
Jr. Achievement	Seattle, WA 98109	Social Welfare	Public	2,500.00
1651- 0 1 0 1511 - 1 14	4091 Factoria Mall SE			
Kids Quest Children's Museum	Bellevue, WA 98006	Visual Arts	Public	1,000.00
Kline Colland Conter	1200 University St Ste 100	Services for the	D. I.I.	2 000 00
Kline Galland Center	Seattle, WA 98101	Elderly	Public	2,000.00
Leadership Advancement Internation	1621 114th Ave Se Ste 132	Social Welfare	Public	5,000.00
Leadership / dvancement internation	PO Box 117	OGGAI VVEIIAIE	Public	3,000.00
Life Enrichment Options	Issaquah, WA 98027	Social Welfare	Public	500.00
Mercer Island				
Youth & Family	2040 84th Ave Se	Youth & Family		
Foundation	Mercer Island, WA 98040	Services	Public	150.00

		Purpose of	Status of	
Recipient	Address	Grant	Recipient	Amount
		Men's Health	•	
•	PO Box 2726	Awareness &		
Movember	Venice, CA 90294	Research	Public	250.00
	192 Nickerson Street Suite	Health and		
National MS Society	100 Seattle, WA 98109	Medical Care	Public	1,500.00
	PO Box 12272			<del></del>
Northwest Harvest	Seattle, WA 98102	Social Welfare	Public	1,000.00
	1035 116th Ave NE	Health and		
Overlake Hospital Foundation	Bellevue, WA 98004	Medical Care	Public	500.00
	108 Water Street			
Parents Helping Parents	Watertown, MA 02472	Social Welfare	Public	5,000.00
	2113 Third Ave			
Plymouth Housing Group	Seattle, WA 98121	Social Welfare	Public	1,000.00
Peace for the				
Streets By Kids	4044 0	Hala a Walla a d		
•	1814 Summit Ave	Helping Youth and	Durb La	4 000 00
From the Streets	Seattle, WA 98122	Young Adults	Public	1,000.00
Rotary Boys & Girls Club	603 Stewart St Ste 300	Social Welfare	Public	500.00
Rotary Boys & Girls Club	Seattle, WA 98101 PO Box 325	Social VVellale	Public	300.00
Rwanda Girls Initiative	Medina, WA 98039	Social Welfare	Public	25,000.00
TWAIIGA CHIS HIMANIVC	2400 NE 95th St	Occidi VVCIIdiC	rubiic	20,000.00
Ryther	Seattle, WA 98115	Social Welfare	Public	1,000.00
- Try aron	2142 Tenth Ave West		1 00.10	1,000.00
Seattle Children's Home	Seattle, WA 98119	Social Welfare	Public	2,500.00
	4742 42nd Ave SW			
Seattle Glee Clubs	Seattle, WA 98116	Social Welfare	Public	500.00
	1765 6th Ave South			
Seattle Goodwill Industries	Seattle, WA 98134	Social Welfare	Public	1,250.00
	901 12th Ave PO Box 222000			
Seattle University	Seattle, WA 98122	Education	Public	18,500.00
	3801 East Mercer Way			
Stroum Jewish Community Center	Mercer Island, WA 98040	Religious	Public	3,790.00
Cusan C. Kaman 2 Day	5005 LBJ Freeway Suite 250	Health and	<b>-</b>	0.500.00
Susan G. Komen 3-Day	Dallas, TX 75244	Medical Care	Public	2,500.00
	101 Merntt 7, Second Floor	Support		
American Friends of Alliance	Norwalk, CT 06851	Educational Activity of the		
Israelite Universelle		University	Public	2,500.00
Israelite Offiverselle	1308 5th Ave Seattle, WA	Oniversity	Public	2,300.00
The 5th Avenue Theatre	98101	Performing Arts	Public	5,250.00
	815 Mercer Street Box 358056	T Griotiting Fato	1 00110	0,200.00
U of W Inst. For Stem Cell Research	Seattle, WA 98109			
& Regenerative Medicine		Medical Research	Public	500.00
	647 Fulton Street	Promote glass as		
UrbanGlass	Brooklyn, NY 11217	a creative medium	Public	6,000.00
	PO Box 1930 D1-MF 1218	Health and		2,000.00
Virginia Mason	Terry Ave Seattle, WA 98111	Medical Care	Public	50,750.00
	2031 Third Ave	<del></del>		<u> </u>
WA State Jewish Historical Society	Seattle, WA 98121	Religious	Public	500.00
	2500 NE 54th Street			
Youth Care	Seattle, WA 98105	Social Welfare	Public	2,500.00

TOTAL CONTRIBUTIONS

718,685.28

## Form **8868** (Rev January 2011)

(Rev January 2011)

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

OMB No 1545 1709

Department of the Treasury

File a separate application for each return.

Internal Revenue	Service	parate appi	ication for each return.	1	
lf you are	e filing for an Automatic 3-Month Extension, con	nplete only	Part land check this box		<u>X</u>
	e filing for an Additional (Not Automatic) 3-Mont				
Do not comp	olete Part II unless you have already been grante	d an autom	atic 3-month extension on a previously	filed Form 8	868
corporation request an e Associated V	ling (e-file). You can electronically file Form 8868 equired to file Form 990-T), or an additional (no xtension of time to file any of the forms listed in Vilh Certain Personal Benefit Contracts, which m ng of this form, visitwww.irs gov/efile and click o	t automatic Part I or P just be sen	) 3-month extension of time. You can el art II with the exception of Form 8870, I I to the IRS in paper format (see instruc	ectronically nformation F	file Form 8868 to Return for Transfers
	utomatic 3-Month Extension of Time.				
	required to file Form 990-T and requesting an			omplete Par	t I only .
•	porations (including 1120-C filers), partnerships,				-
	Name of exempt organization			Employer ide	ntification number
Type or				Í	
print	LARRY BENAROYA FAMILY FOUNDAT	ION		20-389	0382
File by the due date for	Number, street, and room or suite number. If a P.O. box, see in	nstructions			
filing your return See	3600 136th Place SE, #250				
instructions	City, town or post office, state, and ZIP code. For a foreign add	ress, see instri	ctions		
	Bellevue			WA	98006
					<del></del> 1
Enter the Re	turn code for the return that this application is fo	or (file a se	parate application for each return)		04
Application Is For		Return Code	Application Is For		Return Code
Form 990		01	Form 990-T (corporation)		07
Form 990-BL		02	Form 1041-A		08
Form 990-EZ		03	Form 4720		09
Form 990-PF		04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephon  If the org  If this is check this the external the characters.	is are in the care of Robert W. Ash le No. (425) 440-6728 lanization does not have an office or place of but for a Group Return, enter the organization's four s box  If it is for part of the group, checes liston is for.	FAX No siness in th digit Group k this box .	be United States, check this box  Exemption Number (GEN)  and attach a list with the names a		
	st an automatic 3-month (6-months for a corpora				
	Aug 15 20 12 file the exempt org	janızation r	eturn for the organization named above.		
I ne rex	lension is for the organization's return for				
<b>~</b> [ [	calendar year 20 11 or				
<b>"</b> L	tax year beginning, 20	, and endi	ng, 20		
	ax year entered in line 1 is for less than 12 mont ange in accounting period	hs, check r	eason <sup>,</sup> Initial return Fir	nal return	
3a If this a	application is for Form 990-BL, 990-PF, 990-T, 47 undable credits. See instructions		9, enter the tentative tax, less any	3a \$	3,000.
b If this a paymer	application is for Form 990-PF, 990-T, 4720, or 6 nts made. Include any prior year overpayment al	069, enter a lowed as a	any refundable credits and estimated tax credit	3b \$	7,356.
c <b>Balanc</b> EFTPS	e due. Subtract line 3b from line 3a. Include you (Electronic Federal Tax Payment System) See	r payment v	with this form, if required, by using	3c s	0.
Caution. If you	ou are going to make an electronic fund withdrav tructions	wal with this	s Form 8868, see Form 8453-EO and For	rm 8879-EO	for
BAA For Pa	perwork Reduction Act Notice, see Instructions	•		Form	8868 (Rev. 1-2011)

MAILED S/15/12 From CrossRoADS POSTOFFICE

Form 8868 (Rev 1-2012)	_			Page 2
• If you are filing for an Adamenai (Not Automatic) 3-Mont	th Extension	complete only Part II and check	this box .	. ► 🛛
Note. Only complete Part II if you have already been granted	i an automati	c 3 month extension on a previou	sly filed Form 8868	
• If you are filing for an Automatic 3-Month Extension, cor	mplete only F	Part I (on page 1)		
Part II Additional (Not Automatic) 3-Month Ext	tension of	Time. Only file the original	(no copies neede	d).
			r's identifying number,	•
Name of exempt organization or other filer, see instructions			Employer identification no	umber (EIN) or
Type or				
print LARRY BENAROYA FAMILY FOUNDAT:	ION		X 20-3890382	2
Number, street, and room or suite number. If a P O box, see in:	structions		Social security number (S	SSN)
File by the extended				
due date for 13600 136th Place SE, #250				
return See instructions. City, town or post office, state, and ZIP code. For a foreign address	ess, see instructi	ons		
Bellevue	WA 98	8006		
· · · · · · · · · · · · · · · · · · ·				
Enter the Return code for the return that this application is fo	or (file a sepa	rate application for each return)		04
Application	Return	Application		Return
Is For	Code	Is For		Code
Form 990	01			
Form 990-BL	02	Form 1041-A		08
Form 990-EZ	01	Form 4720		09
Form 990-PF	04	Form 5227		10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T (trust other than above)	06	Form 8870		12
Telephone No. > (425) 440-6720  If the organization does not have an office or place of bus.  If this is for a Group Return, enter the organization's four whole group, check this box . >   If it is for part of the	siness in the digit Group l	United States, check this box Exemption Number (GEN)	 1	f this is for the  Ns of all
members the extension is for.			·····	
<ul> <li>I request an additional 3-month extension of time until</li> <li>For calendar year 2011, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months.</li> <li>Change in accounting period</li> <li>State in detail why you need the extension. New a to prepare this return and, thus,</li> </ul>	ngths, check rea	, 20 _ , and ending ason:  Initial return	en engaged	20
the necessary information and pre	epare the	e return		
8a If this application is for Form 990-BL, 990-PF, 990-T, 4 nonrefundable credits. See instructions	720, or 6069,	enter the tentative tax, less any	8a \$	3,000.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6 payments made. Include any prior year overpayment al with Form 8868	5069, enter a llowed as a c	ny refundable credits and estimate redit and any amount paid previou	ed tax usly 8b\$	7,356.
c Balance due. Subtract line 8b from line 8a. Include you EFTPS (Electronic Federal Tax Payment System). See	ir payment w instructions	th this form, if required, by using	8c \$	0.
		st be completed for Part II		
Under penalties of perjury, I doctate that I have examined this form, including accorrect, and complete, and right am authorized to pepare this form.		•	_	
Signature Suppliere, and migra am authorized to prepare this form.	Coni	Aroller	Date >	8/3/12