

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



OMB No 1545-0052

Form **990-PF** Department of the Treasury Internal Revenue Service EXTENDED TO AUGUST 17, 2015

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

For calendar year 2014 or tax year beginning		, and ending		
Name of foundation	A Employer identification	on number		
LARRY BENAROYA FAMILY FOUN	20-389038	2		
Number and street (or P O box number if mail is not delivered to street 3600 136TH PLACE SE	address)	Room/suite 250	B Telephone number 425-440-6	720
City or town, state or province, country, and ZIP or foreign p	ostal code	250	C If exemption application is	· · · · · · · · · · · · · · · · · · ·
BELLEVUE, WA 98006	03001 0000		o ii exemption application is	pending, check here
G Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizatioi	ns, check here
Final return	Amended return			
- Address change	Name change		Foreign organizations n check here and attach or	computation
H Check type of organization: X Section 501(c)(3) ex			E If private foundation st	_
	Other taxable private founda	r t	under section 507(b)(1)(A), check here
·	ng method, X Cash	Accrual	F If the foundation is in a	
(from Part II, col (c), line 16) \$\Bigs\\$ 13,960,989. (Part I, colu	ther (specify)	nasis)	under section 507(b)(1)(B), check here
Part I Analysis of Revenue and Expenses	(a) Revenue and		(a) Adverted par	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	1,509,091.		N/A	
2 Check If the foundation is not required to attach Sch. B				
Interest on savings and temporary cash investments	486.	486.		STATEMENT 1
4 Dividends and interest from securities	711,791.	701,336.		STATEMENT 2
5a Gross rents				
b Net rental income or (loss)	10 145	 		
6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 2,766,658.	19,145.			
b Gross sales price for all 2,766,658. 7 Capital gain net income (from Part IV, line 2)		19,145.		
8 Net short-term capital gain		17,143,		
9 Income modifications				
Gross sales less returns 10a and allowances		···································		
b Less Cost of goods sold				
c Gross profit or (loss)				
11_Other_income	4,350.	4,350.		STATEMENT 3
12 Totall-Adu-lines 1-through 11	2,244,863.	725,317.		
13 compensation of officers directors, trustees, etc	0.	0.		0.
15 Pension plans, employee benefits o				
% 16a Legal fees				
16a Lebal fees Accounting fees I		······································		
		-		
9 17 Interest				
the Cother professional fees 17 Interest 18 Taxes STMT 4 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative expenses Add lines 13 through 23	7,515.	0.		0.
19 Depreciation and depletion			ļ <u>-</u>	
20 Occupancy			ļ	
21 Travel, conferences, and meetings 22 Printing and publications	}		-	
22 Printing and publications 22 23 Other expenses STMT 5	1,219.	12.		13.
24 Total operating and administrative	1,225.			
expenses Add lines 13 through 23	8,734.	12.		13.
25 Contributions, gifts, grants paid	489,860.			13. 489,860.
26 Total expenses and disbursements.				
Add lines 24 and 25	498,594.	12.		489,873.
27 Subtract line 26 from line 12:	1 546 262			
Excess of revenue over expenses and disbursements	1,746,269.	775 205		
b Net investment income (if negative, enter -0-)	 	725,305.	N/A	
C Adjusted net income (if negative, enter -0-) 423501 11-24-14 LHA For Paperwork Reduction Act Notice, see	instructions		IN/A	Form 990-PF (2014)

Б	art II Balance Sheets Attached schedules and amounts in the description		Beginning of year	End of	<u> </u>
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	2,258,834.	1,874,805.	1,874,805.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts		ľ	
y,	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
Ŗ		Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 6	427,007.	79,494.	127,096.
		Investments - corporate bonds STMT 7	8,674,330.	11,177,225.	11,959,088.
		Investments - land, buildings, and equipment basis		· · · · · · · · · · · · · · · · · · ·	
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 8	25,084.	0.	0.
	14	Land, buildings, and equipment; basis ▶	· · · · · · · · · · · · · · · · · · ·		
		Less accumulated depreciation		•	
	15	Other assets (describe ▶			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	11,385,255.	13,131,524.	13,960,989.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Se	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable			
_	22	Other liabilities (describe 🕨)			
			_	_	
	23	Total liabilities (add lines 17 through 22)	0.	0.	r
		Foundations that follow SFAS 117, check here	V		
S		and complete lines 24 through 26 and lines 30 and 31.			
lances		Unrestricted			
	l	Temporarily restricted			
Fund Ba	26	Permanently restricted			
S		Foundations that do not follow SFAS 117, check here			
		and complete lines 27 through 31.	о.	0.	
Net Assets or	27	Capital stock, trust principal, or current funds	0.	0.	
SS(28	Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds	11,385,255.	13,131,524.	
et/	30	Total net assets or fund balances	11,385,255.	13,131,524.	
Ž	30	Total het assets of fullo balances	11,303,233,	13,131,324.	
	31	Total liabilities and net assets/fund balances	11,385,255.	13,131,524.	
	art				· · · · · · ·
\equiv		····			
		I net assets or fund balances at beginning of year - Part II, column (a), line (30		1 11 205 255
	•	st agree with end-of-year figure reported on prior year's return)		1	11,385,255.
		r amount from Part I, line 27a		2	1,746,269.
		r increases not included in line 2 (itemize)			13,131,524.
		lines 1, 2, and 3		4	13,131,324.
		eases not included in line 2 (itemize) ▶ I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	Jumn (h) line 30	5	13,131,524.
<u>. </u>	ı Uld	i not assets of fund balances at end of year fine 4 finitus line of - Fart II, co	ianni (u), inie uu		13,131,32±.

20-3890382

Page_2

LARRY BENAROYA FAMILY FOUNDATION

Part IV Capital Gains and	Losses for Tax on li	nvestmen	t 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)	low ac - Purc - Dona	nase i	(c) Date acquired (mo., day, yr.)		(d) Date sold (mo., day, yr.)
1a									
	PATEMENT								· · · · · · · · · · · · · · · · · · ·
<u>c</u>									
<u>d</u>				_					· -
<u>e</u>	(f) Depression allowed	(a) Co.	at or other been	<u> </u>			(h) Co	un or (loop)	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					un or (loss) (f) minus (
a		 	<u> </u>	\dashv					
b		 	·						
c	-	 	• • •	\dashv		•	-		
d			<u></u>						
e 2,766,658.			2,747,51	3.					19,145
Complete only for assets showing ga	n in column (h) and owned by	the foundation	on 12/31/69					ol. (h) gaın	
(i) F M.V. as of 12/31/69	(j) Adjusted basis		cess of col. (1)			col.		ot less that (from col. (
(1) F M.V. as 01 12/3 1/09	as of 12/31/69	over	col. (j), if any				1.03363 ((110111011)	··//
a		<u> </u>							
b		 							
C		ļ							
d		 							
e		l		-					19,145
04-1	∫ If gain, also ente			JI					19,145
Capital gain net income or (net capital	loss) { If (loss), enter -0)- in Part I, line	7	기	2				19,145
Net short-term capital gain or (loss) as	. ,	nd (6):		٦١					
If gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8	mn (c).				3			N/A	
	er Section 4940(e) for	r Reduced	Tax on Net	Inv	-	nent Inc	ome	11/12	
Vas the foundation liable for the section 4 "Yes," the foundation does not qualify u	nder section 4940(e). Do not co	omplete this pa	ırt.						Yes X No
1 Enter the appropriate amount in each		instructions be	fore making any e	ntries			. ,		/d\
(a) Base period years Calendar year (or tax year beginning in			Net value of no		rıtable-			Dıstrıt (col. (b) dıv	(d) oution ratio rided by col. (c))
2013		06,006.				9,265			.080063
2012		9,550.				6,865			.090752
2011		14,822. 18,296.				3,836			.14200
2010		5,537.		-4	, / 4	4,498 1,030	-		.06451
2009		.5,557.	<u> </u>		, 0)	1,050	+ 1		•00431
? Total of line 1, column (d)							2		.535048
3 Average distribution ratio for the 5-year	ir hase period - divide the total	on line 2 by 5.	or by the number	of ve	ars		+		
the foundation has been in existence if	•	on mo E b, o,	or by the number	01 90	u. 5		3		.10701
	, , , , , , , , , , , , , , , , , , ,								
Enter the net value of noncharitable-us	se assets for 2014 from Part X,	line 5					4	1	2,497,804
	·								
Multiply line 4 by line 3							5		1,337,390
5 Enter 1% of net investment income (1	% of Part I, line 27b)						6		7,253
Add lines 5 and 6							7		1,344,643
									100 07-
B Enter qualifying distributions from Par	t XII, line 4						8		489,873
If line 8 is equal to or greater than line	7, check the box in Part VI, line	e 1b, and comp	plete that part usin	g a 1	% tax	rate.			
See the Part VI instructions.									orm 990-PF (2014
23521 11-24-14									-orin 990-PF (201

Form 990-PF (2014) LARRY BENAROYA FAMILY FOUNDATION		<u> 3890</u>			Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)	or 494	8 - see i	nstru	ctio	ns)
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)	ļ				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🛄 and enter 1%	· _	1	<u> </u>	4,5	06.
of Part I, line 27b	İ				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	j				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	· ·	2			<u>0.</u>
3 Add lines 1 and 2	├	3	$\frac{1}{}$	4,5	<u>06.</u>
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u> </u>	4			<u>0.</u>
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<u> </u>	5	<u> </u>	4,5	06.
6 Credits/Payments:	4.0				
a 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 8 , 1	13.				
b Exempt foreign organizations - tax withheld at source					
c Tax paid with application for extension of time to file (Form 8868) 6c 14,0	00.				
d Backup withholding erroneously withheld			_		4.5
7 Total credits and payments. Add lines 6a through 6d	_	7	2	2,1	<u>13.</u>
8 Enter any penalty for underpayment of estimated tax. Check here X 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	_	9			~
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		7,6	07.
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax > 7,607. Refund	ed 🖊 📗	11			0.
Part VII-A Statements Regarding Activities				V	- N. I
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or in	tervene in			res	No
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 the de			1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials p	ublished	or			
distributed by the foundation in connection with the activities					٠,,
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. ▶ \$	0.				
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0.	n				
					v
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u> </u>
If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpor					
	auon, or		3		x
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			4a		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		 ^
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		и/и	5		X
If "Yes," attach the statement required by General Instruction T			۰		
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 t 	he state lav	AJ .			ŀ
remain in the governing instrument?	no state ta		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 F	Part XV		7	X	
To bid the foundation have account quite assets at any time defining the year. It is to species that it, cor (o), and it	an N		 		
8a Enter the states to which the foundation reports or with which it is registered (see instructions)					
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)		·			
of each state as required by General Instruction G? If "No," attach explanation			8b	х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)	for calend	ar	<u> </u>		t
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		TX
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresse	5		10		X
		For		-PF	(2014)

orm 990-PF (2014) LARRY BENAROYA FAMILY FO			20-38903	82	Page 6		
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)				
5a During the year did the foundation pay or incur any amount to:							
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	Y	es X No					
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,							
any voter registration drive?							
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?	Y	es X No		1		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section		i				
4945(d)(4)(A)? (see instructions)		Y	es X No	1			
(5) Provide for any purpose other than religious, charitable, scientific, literary	y, or educational purposes, or f	for		1	1		
the prevention of cruelty to children or animals?	, ,		es X No				
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	nder the exceptions described	·			ļ		
section 53.4945 or in a current notice regarding disaster assistance (see insti		•	N/A	5b	Ì		
Organizations relying on a current notice regarding disaster assistance check	•						
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ined	_				
expenditure responsibility for the grant?			es 🔲 No	1			
If "Yes," attach the statement required by Regulations section 53 49		.,	100				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			ł				
a personal benefit contract?	z pay promiuma on	v .	es X No				
•	nersonal henefit contract?	¥1	14U	6ь	x		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		-	00	 -		
If "Yes" to 6b, file Form 8870	aboltor transaction - 2		es X No				
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y		, -			
b If "Yes," did the foundation receive any proceeds or have any net income attril				7b			
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	itees, roundation Ma	inagers, Highly	y				
List all officers, directors, trustees, foundation managers and their	r compensation						
Elot all chicors, directors, diastees, foundation managers and the	(b) Title, and average	(c) Compensation	(d) Contributions to	(0)	Expense		
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deterred	acco	Expense unt, other		
· · · · · · · · · · · · · · · · · · ·	to position	`enter'-0-)	compensation	allo	wances		
ARRY R. BENAROYA	PRESIDENT		ļ				
SELLENGE WA 08006		_	_		^		
BELLEVUE, WA 98006	6.00	0.	0.		0.		
SHERRY-LEE BENAROYA	SECRETARY/TRE	EASURER					
59 SKAGIT KEY	1 22		_ ا		^		
BELLEVUE, WA 98006	1.00	0.	0.	<u> </u>	0.		
BROOKE E. DICKSON	DIRECTOR						
3600 136TH PLACE SE			_		_		
BELLEVUE, WA 98006	1.00	0.	0.		0.		
MICHAEL J. BENAROYA	DIRECTOR						
3600 136TH PLACE SE							
BELLEVUE, WA 98006	1.00	0.	0.	<u></u>	0.		
Compensation of five highest-paid employees (other than those in		enter "NONE."					
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deterred		Expense unt, other		
	devoted to position	(c) compensation	and deterred compensation		owances		
NONE							
				L			
· 		 	 	T			
		†	-	†			
Total number of other employees paid over \$50,000			<u> </u>	Ь			
otal named of other employees paid over 400,000				000			

Form 990-PF (2014) LARRY BENAROYA FAMILY FOUNDATION	20-	3890382	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NO	DNE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
NONE			
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced	nformation such as the , etc.	Expenses	3
1 N/A			
2			·
3			
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			
Total Add lines 1 through 3	•	1	0.

	m 990-PF (2014) LARRY BENAROYA FAMILY FOUNDATION	20-3	890382	Page 8
<u>LP</u>	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes			-
a	Average monthly fair market value of securities	1a	11,764	,329.
b	Average of monthly cash balances	1b	11,764 923	,797.
C	Fair market value of all other assets	1c		
d	Total (add lines 1a, b, and c)	1d	12,688	,126.
е	Reduction claimed for blockage or other factors reported on lines 1a and		•	
	1c (attach detailed explanation) 1e 0 •			
2	Acquisition indebtedness applicable to line 1 assets	2		0.
3	Subtract line 2 from line 1d	3	12,688	,126.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	190	,322.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,497	
6	Minimum investment return. Enter 5% of line 5	6		,890.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and	d certain	 	
- -	foreign organizations check here and do not complete this part.)		624	000
1	Minimum investment return from Part X, line 6	1	624	,890.
2a	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
	Income tax for 2014. (This does not include the tax from Part VI.)		1.4	F 0 C
C	Add lines 2a and 2b	2c	(10	,506.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	910	,384.
4	Recoveries of amounts treated as qualifying distributions	4	610	0.
5	Add lines 3 and 4	5	610	,384.
6	Deduction from distributable amount (see instructions)	6	610	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	610	,384.
	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	489	,873.
b	Program-related investments - total from Part IX-B	1b		0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2		
3	Amounts set aside for specific charitable projects that satisfy the			-
a	Suitability test (prior IRS approval required)	3a		
b	Cash distribution test (attach the required schedule)	3b		
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	489	,873.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
	income. Enter 1% of Part I, line 27b	5		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	489	,873.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies for th	•	•

Page 9

e Excess from 2014

423581 11-24-14

Part XIII Undistributed Income (see instructions) (d) (b) (c) 2014 Corpus Years prior to 2013 2013 1 Distributable amount for 2014 from Part XI, 610,384. line 7 2 Undistributed income, if any, as of the end of 2014 0 a Enter amount for 2013 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2014: a From 2009 76,849 **b** From 2010 516,359 470,882 c From 2011 286,774 dFrom 2012 235,545 e From 2013 1,586,409 f Total of lines 3a through e 4 Qualifying distributions for 2014 from 489,873 Part XII, line 4: ►\$ 0 a Applied to 2013, 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) 489,873. d Applied to 2014 distributable amount O. e Remaining amount distributed out of corpus 120,511. 120,511. Excess distributions carryover applied to 2014 (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: 1,465,898 & 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 2013. Subtract line 0. 4a from line 2a Taxable amount - see instr. f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2015 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0. may be required - see instructions) 8 Excess distributions carryover from 2009 0. not applied on line 5 or line 7 9 Excess distributions carryover to 2015. 1,465,898 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 472,697 a Excess from 2010 470,882. b Excess from 2011 286,774. c Excess from 2012 235,545. dExcess from 2013

	ENAROYA FAM			20-38	90382 Page 10
Part XIV Private Operating Fo	oundations (see ins	structions and Part V	I-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2014, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	ation is a private operation	g foundation described	ın section L	4942(j)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for			· ·		
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not			 		
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly		· · · · · · · · · · · · · · · · · · ·	 		
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	-			1	
alternative test relied upon:	i .				
a "Assets" alternative test - enter;	İ				
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					<u> </u>
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross	į				
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)			ļ		
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		<u> </u>			
Part XV Supplementary Info			if the foundation	on had \$5,000 or mo	ore in assets
at any time during t	he year-see insti	ructions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who			tributions received by t	he foundation before the clos	se of any tax
year (but only if they have contributed m	iore than \$5,000). (See s	ection 507(d)(2).)			
NONE					·
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large po	rtion of the ownership of a pa	artnership or
NONE	, a 1070 or greater miteres	J.,			
2 Information Regarding Contributi	on, Grant, Gift, Loan	Scholarship etc. F	rograms:		
Check here if the foundation o				s not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num			 		
LARRY R. BENAROYA, 4			noadona anoulu ue duu	n vəəcu,	
3600 136TH PLACE SE,			WX 08006		
b The form in which applications should b WRITTEN PROPOSAL	e suomitteo ano iniorma	tion and materials they :	snoula include.		
c Any submission deadlines.			· · · · · · · · · · · · · · · · · · ·		
NONE					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	, kinds of institutions, i	or other factors:	
THE LARRY BENAROYA F					E BOTH AS
TO GEOGRAPHIC LOCATI	ON AND TO F	ROGRAM SER	VICES.		
422601 11 24 14					Form 990-PF (2014)

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		<u> </u>
Recipient	show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
SCHEDULE ATTACHED	NONE	PUBLIC	SEE ATTACHED	
VARIOUS				
VARIOUS, WA 98004				489,860.
		 		
				· · · · · · · · · · · · · · · · · · ·
		<u> </u>		
b Approved for future payment		T	<u>▶ 3a</u>	489,860
• Approved for fature payment				
NONE				
		1		
		}		
			1	ļ
Total			<u>▶ 3b</u>	0 DE (0014

423621 11-24-14

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	Unrelated business income		by section 512, 513, or 514	(e)	
1 Program and an annual strength	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code		code	7.1104111		
a h	_		 			
	-	···		-		
<u> </u>	_					
•						
						
a Coop and contracts from accomment accommen	_		_			
g Fees and contracts from government agencies 2 Membership dues and assessments						
•			+		*****	
3 Interest on savings and temporary cash			14	486.		
Investments 4 Dividends and interest from securities	 		14	711,791.		
4 Dividends and interest from securities	<u> </u>		+ + +	/11,/91.	· <u> </u>	
5 Net rental income or (loss) from real estate.			 			
a Debt-financed property	-					
b Not debt-financed property	—		 -			
6 Net rental income or (loss) from personal						
property 7. Other represent magnetic			14	4,350.	 	
7 Other investment income			14	4,330.		
8 Gain or (loss) from sales of assets other			18	19,145.		
than inventory			19	19,143.		
9 Net income or (loss) from special events					··· ·	
10 Gross profit or (loss) from sales of inventory					·	
11 Other revenue.						
a						
b	— 					
C			+ + -		.=	
d	—					
12 Subtotal. Add columns (b), (d), and (e)	_	· · ·	. 	735,772.	0	
13 Total: Add line 12, columns (b), (d), and (e)	11_		<u>' • </u>		735,772	
(See worksheet in line 13 instructions to verify calculations	. 1			13	133,112	
					·	
Part XVI-B Relationship of Activitie	s to the Acco	mplishment of	Exempt P	urposes		
Line No. Explain below how each activity for which	income is reported in	column (a) of Part VV	I-A contributed	t importantly to the accom-	nlichment of	
the foundation's exempt purposes (other t			I'M COMMINDUIE	importantly to the accomp	Distriction of	
N/A					, ,, ,, ,	
					· · · · · · · · · · · · · · · · · · ·	
		-		· · ·		
	·					
					-	
		 				

	·/		COMBILLION	
Part XVII	Information Regarding	Transfers To and	Transactions and Relation	ships With Noncharitable
···	Exempt Organizations			

1	Did the o	rganization directly or indir	rectly engage in any o	of the followin	g with any other organization	on described in section	on 501(c) of	Y	es No
					7, relating to political organ		. ,		
а	Transfer	s from the reporting founda	ation to a noncharitat	ole exempt org	ganization of:				
	(1) Casi	h						1a(1)	X
	(2) Othe	er assets						1a(2)	X
		nsactions;							
	(1) Sale	es of assets to a noncharital	ble exempt organizati	ion				1b(1)	X
	• ,	chases of assets from a no	•	rganization				1b(2)	X
		tal of facilities, equipment,						1b(3)	<u> X</u>
		nbursement arrangements						1b(4)	<u> X</u>
		ns or loan guarantees						1b(5)	X
		formance of services or me						1b(6)	X
	-	of facilities, equipment, ma	-	-				1c	X
					dule. Column (b) should al				,
		(d) the value of the goods,			ed less than fair market vali	ie in any transaction	or snaring arrangement, s	now iii	
(a)Lıı		(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, and	sharing arrang	rements
• /		(4,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	(-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		(-)	or narrows, transactions, area	and nig and	
	-		-						
									
					· • •				
				•					
						<u> </u>			
			ļ						
			ļ						
						 			
									
	la tha fa	undation directly or indirect	the offiliated with lore	alatad ta ana	or more toy everent ergen	antiona described		···	
24		n 501(c) of the Code (other	•	=	or more tax-exempt organ	zations described	Г	Yes	X No
h		complete the following sch		(3)) 01 111 3661	1011 327 1		L	163	LAS IVO
	11 103,	(a) Name of org			(b) Type of organization	T	(c) Description of relations	hip	
		N/A	<u>'</u>		, , , ,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
									
									
		· · · · · · · · · · · · · · · · · · ·							
	land				ng accompanying schedules and n taxpayer) is based on all inform		Ma	y the IRS disc	uss this
Sig	ın I 🔪		inplete Beelaration of pre	parer (ether tha		-	sho	orn with the property (se	
He	I Z	2- Da	AUT PC		1/10/15	PRESID	ENT	X Yes	L No
	Si	nature of officer or trustee			Date '	Title	Oharla Caran		
		Print/Type preparer's na	ame -	Preparer's si	ignature	Date	Check if PTIN		
Pa	id	CARY HOLGO	NAT.	$\mathcal{S} \subset$	11	06/17/1	self- employed	00000	27
	io eparer	GARY HOLCO		mpp -	COMPANY, PLI	06/17/15		00080	
	e Only		TATOON POR	TER &	COMPANI, PLI		Firm's EIN ▶ 91-1	2002/	4
-	- Jill)	Firm's address ▶ 11	100 እነቱ ይመ	H Cm	SUTTE AOO		-		
		ŧ.		A 9800			Phone no. 425-4	54-79	9.0
						-		orm 990-	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization

LARRY BENAROYA FAMILY FOUNDATION

Employer identification number

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	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions					
	(r), (e), or (re) organization out of some series and all a depositar rate decimal decisions					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) any one contributo	For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year.						
but it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), i Part IV, line 2, of its Form 990-PF, Part I, line 2, to 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) (2014)

Name of organization

Employer identification number

LARRY BENAROYA FAMILY FOUNDATION

20-3890382

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	onal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	REBECCA B. BENAROYA 1301 SPRING ST. #31 BELLEVUE, WA 98104	\$\frac{1,500,000.}{-}	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$ \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
400450 416		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

LARRY BENAROYA FAMILY FOUNDATION

20-3890382

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	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. 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
		 \$	990, 990-EZ, or 990-PF) (2

Name of orga	(Form 990, 990-EZ, or 990-PF) (2014) anization		Employer identification numbe		
LARRY	BENAROYA FAMILY FOUNDAY	rion	20-3890382		
Part III	Exclusively religious, charitable, etc., contributer Complete c	ibutions to organizations described i	in section 501(c)(7), (8), or (10) that total more than \$1,000 /ing line entry. For organizations		
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona	s, charitable, etc., contributions of \$1,000 or i	less for the year (Enter this info once)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift	<u> </u>		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
					

FORM 990-PF INTERES	ST ON SAVINO	S AND T	EMPOR	ARY (CASH	INV	ESTMENTS	STATE	MENT	1
SOURCE					(B) INVESTMENT INCOME		ADJ	(C) ADJUSTED NET INCOME		
MORGAN STANLEY BANK	N.A.	-	4	86.			486.			
TOTAL TO PART I, LI	NE 3		4	86.			486.			
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROI	M SEC	URI	TIES	STATE	MENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	RE	(A) VENUE BOOK		(B) NET INVEST MENT INCOM		(C) DJUST T INCO	
MORGAN STANLEY SMITH BARNEY HOLDINGS LLC - MORGAN STANLEY SMITH BARNEY	333,886.		0.	3:	33,88	6.	333,886	б.		
HOLDINGS LLC - MORGAN STANLEY SMITH BARNEY	269,390.		0.	2	59,39	0.	272,07	5.		
HOLDINGS LLC - OID MORGAN STANLEY SMITH BARNEY	95,375.		0.	!	95,37	5.	95,375	5.		
HOLDINGS, LLC -	13,140.		0.	•	13,14	0.	(0.		
TO PART I, LINE 4	711,791.		0.	7:	11,79	1.	701,330	6 .		
FORM 990-PF		OTHER	INCO	ME				STATE	MENT	3
DESCRIPTION			RE	(A) VENU BOO			(B) T INVEST- NT INCOME	AD	(C) JUSTE INCO	
BMC SOFTWARE - MARK	ET DISCOUNT			4	,350.		4,350	•		
TOTAL TO FORM 990-P	F, PART I, I	LINE 11	· · · · ·	4	,350.		4,350	•		_

FORM 990-PF	TAX	ES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS			(C) ADJUSTED NET INCOM		
EXCISE TAX PAYMENTS	7,515.		0.			0.
TO FORM 990-PF, PG 1, LN 18	7,515.		0.			0.
FORM 990-PF	OTHER E	XPENSES	 		STATEMENT	 5
DESCRIPTION	(A) EXPENSES PER BOOKS		EST-			
STATE FILING FEES CREDIT CARD FEES	35. 1,184.		12.			13.
TO FORM 990-PF, PG 1, LN 23	1,219.	-	12.			13.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKET	r
GENERAL MOTORS CO MUNICIPAL MORTGAGE COMMON STO ALIBABA GROUP HLDG LTD	оск			45,494. 0. 34,000.	75,13 51,9	0.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B			79,494.	127,0	96.
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	7
DESCRIPTION			во	OK VALUE	FAIR MARKE	r
FREDDIE MAC PFD 8.375% IN DESHIBC HOLDINGS PLC PFD 8% ALAMEDA CORRIDOR TRANS. AUTH COUNTRYWIDE FIN'L CORP 6.25% OAKLAND CA 9.5% 8/1/34 QWEST CAP FUNDING 7.75%	. 0% 10/01/2	27	:	217,088. 1,057,598. 1,093,750. 1,394,170. 245,000. 498,750.	145,1 1,076,0 1,707,3 1,396,7 236,7 482,1	85. 00. 23. 14.

LARRY BENAROYA FAMILY FOUNDAT:	ION		20-3890382		
US BANCORP		0.	0.		
CITIGROUP INC 6.875%		125,000.	132,900.		
CONNECTOR 2000		118,638.	132,198.		
COUNTRYWIDE CAP V PFD 7% 11/1/30	6	1,189,250.	1,287,500.		
CREDIT AGRICOLE 8.375%		1,164,165.	1,159,400.		
FANNIE MAE SER S PFD IN DEFAULT		41,100.	116,100.		
FIRST REPUBLIC BANK 7%		250,000.	275,000.		
GOODRICH PETROLEUM 10%		0.	0.		
UNITED CONTINENTAL 6%		421,250.	481,250.		
UNITED CONTINENTAL 8%		0.	0.		
REGIONS FINANCIAL 6.375%		1,000,000.	1,014,400.		
UBS CONTINGENT 13.5% 11/5/15	200,000.	203,800.			
CENTURYTEL, INC 7.6% 9/15/39		312,000.	297,000.		
N LAS VEGAS 5.822% 6/1/23		901,290.	935,560.		
PRUDENTIAL SHORT DUR HIGH YIELD	MUTUAL FUND	948,176.	879,870.		
TOTAL TO FORM 990-PF, PART II,	LINE 10C	11,177,225.	11,959,088.		
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 8		
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE		
		· · · · · · · · · · · · · · · · · · ·			
PURCHASED INTEREST - UNITED CONTINENTAL 6%	COST	0.	0.		
PURCHASED INTEREST - UNITED			0.		
CONTINENTAL 8%	COSI	0.	0.		
	-				

TOTAL TO FORM 990-PF, PART II, LINE 13

0.

0.

IRS FORM 990-PF LARRY BENAROYA FAMILY FOUNDATION YEAR END DECEMBER 31, 2014 TIN: 20-3890382

Part XV. line 3a
Contributions Paid During the Year

Contributions Paid During the Year				
		Foundation Status of		
Recipient	Address	Recipient	Purpose	Amount
826 Seattle	PO Box 30764 Seattle, WA 98113	Public	Unrestricted	250
American Heart Association	7272 Greenville Ave Dakkasm TX 75231	Public	Unrestricted	100
American Red Cross	PO Box 3097 Seattle, WA 98114	Public	Unrestricted	5,000
Angel Band Project	6359 Waterman St Louis, MO 63130	Public	Unrestricted	5,000
Antı-Defamatıon League	1700 Seventh Ave Ste 116-222 Seattle, WA 98101	Public	Unrestricted	10,000
Aperture Foundation	547 West 27th St, 4th Floor New York NY 10001	Public	Unrestricted	5,000
Bellevue Arts Museum	510 Bellevue Way NE Bellevue, WA 98004	Public	Unrestricted	13,899
Center for Children & Youth Justice	615 2nd Ave, Ste 275 Seattle, WA 98104	Public	Unrestricted	2,000
College Success Foundation	1605 NW Sammamish Rd Ste 200 Issaquah, WA 98027	Public	Unrestricted	15,730
Congregation Kol Ami	16530 Avondale Rd NE Woodinville, WA 98077	Public	Unrestricted	250
ConnecT1D	2400 MW 80th St, #191 Seattle, WA 98117	Public	Unrestricted	2,500
Cystic Fibrosis Foundation	6931 Arlington Rd, Suite 200 Bethesda, MD 20872	Public	Unrestricted	1,000
DIFFA	200 Lexington Ave, Suite 707 New York, NY 10016	Public	Unrestricted	1,000
Friends of Costco Guild	PO Box 19755 Seattle, WA 98109	Public	Unrestricted	12,000
Goodwill	700 Dearborn PI S Seattle, WA 98114	Public	Unrestricted	1,750
Haymakers for Hope	275 Third St Cambridge, MA 02142	Public	Unrestricted	1,000
Holocaust Center Foundation	2031 Third Ave Seattle, WA 98121	Public	Unrestricted	10,000
JDRF Seattle Guild	1215 Fourth Ave Ste 1400 Seattle, WA 98161	Public	Unrestricted	268,295
Jewish Federation of Greater Seattle	2031 3rd Avenue Seattle, WA 98121	Public	Unrestricted	15,000
Kline Galland	7500 Seward Park Ave S Seattle, WA 98118	Public	Unrestricted	2,000
Looking Out Foundation	PO Box 16159 Seattle, WA 98116	Public	Unrestricted	500
Plymouth Housing Group	2113 Third Ave Seattle, WA 98121	Public	Unrestricted	500
Pratt Fine Arts	1902 S Main St Seattle, WA 98144	Public	Unrestricted	3,500
Seattle Children's Hospital	PO Box 5371 Seattle, WA 98145	Public	Unrestricted	500
Seattle Children's Museum	305 Harrison St Seattle, WA 98109	Public	Unrestricted	2,500
Seattle Symphony	PO Box 21906 Seattle, WA 98111	Public	Unrestricted	31,030
Snoqualmie Valley Hospital Foundation	9801 Frontier Ave SE Snoqualmie, WA 98065	Public	Unrestricted	2,336
Stroum Jewish Community Center	3801 East Mercer Way Mercer Island, WA 98040	Public	Unrestricted	2,120
Swedish Medical Center Foundation	747 Broadway Seattle, WA 98122	Public	Unrestricted	15,100
Virginia Mason Foundation	1218 Terry Ave Seattle, WA 98111	Public	Unrestricted	60,000

TOTAL CONTRIBUTIONS

489,859.84

LP	art IV Capital Gains and Los	sses for Tax on Investment Income				
		describe the kind(s) of property sold ick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
		OUP GOLDING LTD				09/19/14
	500,000 BMC SO		12/1/22			04/24/14
		NTINGENT 12.65%		P		10/31/14
		CONTINENTAL HLD		P		01/17/14
		H PETROLEUM CORP				08/14/14
	40,000 US BANC					06/26/14
	26,984 MMA CAP		· · · · · · · · · · · · · · · · · · ·			10/21/14
h					 	
$\overline{\underline{}}$						
	·					
<u> </u>	 	···				
_ <u>'</u>						
n						
_0						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) ilus (f) minus (g)	
a	46,249.	· · · · · · · · · · · · · · · · · · ·	34,000.		., ,,,,	12,249.
<u>b</u>	350,750.		350,750.			0.
c	200,000.		200,000.			0.
d	500,000.		501,000.			-1,000.
е	306,567.		280,250.			26,317.
f	1,118,030.		1,000,000.		· · · · · · · · · · · · · · · · · · ·	118,030.
g	245,062.		381,513.		-	136,451.
h						
						<u> </u>
l						
<u>k</u>						
m						
n		***************************************				
<u> </u>	Complete only for accets showing	ggain in column (h) and owned by t	ha foundation on 12/21/60	(1) 1	/4 1 /53	
_	Complete only for assets showing			(I) LOS Gains (excess o	sses (from col. (h)) of col. (h) gain ove	r col. (k).
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (I) over col. (J), If any	but n	ot less than "-0-")	(17)
a	-					12,249.
b						0.
С						0.
d						-1,000.
е						26,317.
<u>_f</u>						118,030.
g		-		-	_	136,451.
<u>h</u>						
<u>+</u>			· · · · · · · · · · · · · · · · · · ·			
1						
<u>k</u> 						
<u>'</u>	·					
"						
_		· · · · · · · · · · · · · · · · · · ·				
	Capital gain net income or (net ca	1 11 (1000), 011101	, I	2		19,145.
3	If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) an column (c).	d (6).		/-	
	If (loss), enter "-0-" in Part I, line 8	8	J_	3	N/A	

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-1709

Form 8868 (Rev 1-2014)

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (a-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits [Part I Automatic 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 - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Type or print LARRY BENAROYA FAMILY FOUNDATION LARRY BENAROYA FAMILY FOUNDATION City, town or post office, state, and ZIP code For a foreign address, see instructions BELLEVUE, WA 98006 Enter the Return code for the return that this application is for (file a separate application for each return) Return Application Return Application	• If you are	e filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box				X
Electronic filing (p. r/leg). You can electronically file Form 8868 if you need a 3-month automable extension of time to life (ife months for a corporation recipired for the Form 990-ft) or an additional (in out unable). Amonth extension of time to life any of the form 8816 or didner in the sex extension of time to life any of the forms lated in Part I or Part II with the exception of Form 8870, information Return for Transfers Associated With Certain Personal Benefit Contracts, which was to seen to the IRSn paper format (see instructions). For more details on the electronic filing of this form, wast www or govidelie and clack on e-fele for Chantee's 8 Nonprofits. Part I		-	•		this form)		-	
Electronic filing (p. r/leg). You can electronically file Form 8868 if you need a 3-month automable extension of time to life (ife months for a corporation recipired for the Form 990-ft) or an additional (in out unable). Amonth extension of time to life any of the form 8816 or didner in the sex extension of time to life any of the forms lated in Part I or Part II with the exception of Form 8870, information Return for Transfers Associated With Certain Personal Benefit Contracts, which was to seen to the IRSn paper format (see instructions). For more details on the electronic filing of this form, wast www or govidelie and clack on e-fele for Chantee's 8 Nonprofits. Part I	Do not con	nplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	sly filed Fo	m 8868		
of time to life any of the forms lated in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic fling of this form, wait www.rrs.gov/defice and clack on e-file for Chardes & Nonprortis. Part I							or a corpo	ration
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time Enter filler's identifying number Type or print LARRY BENAROYA FAMILY FOUNDATION 20 – 38 90 38 2 Number, street, and room or sufe no If a PO box, see instructions 36 00 136TH PLACE SE, NO. 250 City, town or post office, state, and ZIP code For a foreign address, see instructions BELLEVUE, WA 98 00 6 Enter the Return code for the return that this application is for (file a separate application for each return) 70 4 Application Serum 990 or Form 990-EZ 10 1 Form 990-T (corporation) 10 7 Form 990-BL 10 2 Form 1041-A 10 8 10 8 10 90-PF 10 4 Form 5227 10 90-PF 10 4 Form 5227 10 90-PF 10 4 Form 5207 10 Form 890-T (rust other than above) 10 8 11 Form 990-T (rust other than above) 11 Form 990-T (rust other than above) 11 Form 990-T (rust other than above) 12 Form 520 Form 52	required to	file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically for	ile Form 88	368 to req	uest an ex	tension
yout www.rs.govi-file and click on e-file for Chantines & Nongrotits	of time to fi	ile any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for ¹	Transfers A	Associated	d With Cer	taın
Part Automatic 3-Month Extension of Time. Only submit original (no copies needed)	Personal B	enefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	on the elec	tronic filin	g of this fo	orm,
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time Enter filler's identifying number Type or print LARRY BENAROYA FAMILY FOUNDATION 20 – 38 90 38 2 Number, street, and room or sufe no If a PO box, see instructions 36 00 136TH PLACE SE, NO. 250 City, town or post office, state, and ZIP code For a foreign address, see instructions BELLEVUE, WA 98 00 6 Enter the Return code for the return that this application is for (file a separate application for each return) 70 4 Application Serum 990 or Form 990-EZ 10 1 Form 990-T (corporation) 10 7 Form 990-BL 10 2 Form 1041-A 10 8 10 8 10 90-PF 10 4 Form 5227 10 90-PF 10 4 Form 5227 10 90-PF 10 4 Form 5207 10 Form 890-T (rust other than above) 10 8 11 Form 990-T (rust other than above) 11 Form 990-T (rust other than above) 11 Form 990-T (rust other than above) 12 Form 520 Form 52	visit www.ii							
Application	Part I	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded)			
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file in come tax returns Type or print LARRY BENAROYA FAMILY FOUNDATION LARRY BENAROYA FAMILY FOUNDATION 20 – 3890382 Number, street, and room or suite no If a PO box, see instructions 3600 136TH PLACE SE, NO · 250 City, town or post office, state, and 2P code For a foreign address, see instructions BELLEVUE, WA 98006 Enter the Return code for the return that this application is for (fife a separate application for each return) Application Return Pool Form 990-EZ 10 1 Form 990-TC Form 990-BL Code Form 990-EZ 10 1 Form 990-TC Form 990-TC	A corporati	on required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete			_
to file income tex returns Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print	Part I only							
Name of exempt organization or other filer, see instructions.			ICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of tin	ne	
LARRY BENAROYA FAMILY FOUNDATION 20 - 3890382	to file incor	ne tax returns			Enter file	r's identi	fying num	ber
LARRY BENARCYA FAMILY FOUNDATION As data data of the feature of the application of the polymer	Type or	Name of exempt organization or other filer, see instru-	ctions.		Employer	identifica	tion numb	er (EIN) or
Number, street, and room or suite no. If a P O box, see instructions 300 136TH PLACE SE, NO. 250 City, town or post office, state, and ZIP code For a foreign address, see instructions BELLEVUE, WA 98006 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Code Return Application Return Sold Is For Code Is For Code Is For Code Is For Code Is For Code Is For 4720 (individual) O1 Form 990-T (corporation) O7 Form 990-PF O4 Form 5227 I0 Form 990-PF O5 Form 990-T (corporation) O8 Form 990-T (corporation) O8 Form 990-PF O4 Form 5227 I0 Form 990-PF O5 Form 990-PF O6 Form 990-T (corporation) O8 Form 990-T (corporation) O8 Form 990-PF O6 Form 990-PF O7 Form 990-PF O8 Form 4720 (individual) O8 Form 990-PF O9 Form 990-PF O9 Form 990-PF O6 Form 8870 I1 Porm 990-T (rust other than above) O6 Form 8870 I1 Porm 990-T (rust other than above) O7 Form 990-PF O8 Form 990-PF O8 Form 990-PF O9 Form								_
Social security number (SSN)	File by the	LARRY BENAROYA FAMILY FOUND	DATTO	N.		20-3	89038	2
City, town or post office, state, and ZIP code For a foreign address, see instructions	due date for filing your			tions	Social se	curity num	nber (SSN)	•
Enter the Return code for the return that this application is for (file a separate application for each return) Application		City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions				
Application Is For Code Form 990 or Form 990-EZ Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-F Form 990-F Form 990-F Form 990-F Form 990-F Form 990-F Form 990-F Form 990-F Form 990-BL Form 990-F Form 990-BL Form 990-BL Form 990-F Form 990	Ì		•					
Application Is For Code Form 990 or Form 990-EZ Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-F Form 990-F Form 990-F Form 990-F Form 990-F Form 990-F Form 990-F Form 990-F Form 990-BL Form 990-F Form 990-BL Form 990-BL Form 990-F Form 990						-		
SFOP SFORM 990-EZ D1 Form 990-T (corporation) D7	Enter the F	Return code for the return that this application is for (file	e a separa	te application for each return)				0 4
Is For Code Is For Code Is For Code Is For Code Is For Code Is Form 990-EZ O1 Form 990-T (corporation) O7 Form 990-BL O2 Form 1041-A O8 Form 4720 (individual) O3 Form 4720 (individual) O9 Form 990-F O4 Form 5227 10 O5 Form 6089 11 Form 990-T (corporation) O5 Form 6089 11 Form 990-T (corporation) O6 Form 8870 12 O5 Form 6089 O6 Form 8870 O7 Form 990-T (corporation) O7 Form 990-T (corporation) O7 Form 990-T (corporation) O8 Form 6089 O8 O7 O7 Form 6089 O8 O7 O7 Form 6089 O8 O7 O7 Form 6089 O7 O7 O7 O7 O7 O7 O7 O	Applicatio	n	Return	Application				Return
Form 990 or Form 990-EZ Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (individual) 09 Form 990-FF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6089 11 Form 990-T (trust other than above) 06 Form 8870 12 ROBERT BRIGHAM The books are in the care of 3600 136TH PLACE SE, SUITE 250 - BELLEVUE, WA 98006 Telephone No 425-440-6707 Fax No If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015 To file the exempt organization return for at the organization return for the organization named above The extension is for the organization's return for at the organization return for a file file form 990-T) extension of time until AUGUST 15, 2015 To file the exempt organization return for the organization return for the organization named above The extension is for the organization return for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015 To file the exempt organization return for the organization named above The extension is for the organization return for the organization named above The extension is for the organization is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 1 If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit 2 Balance due. Subtract line 3b from line 3a include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3 Lat 4,000. Caution. If you are going to make an electronic funds wit								Code
Form 4720 (Individual) Form 990-PF O4 Form 5227 D5 Form 6069 D6 Form 6069 T1 Form 990-T (Irust other than above) O5 Form 6069 Telephone No ▶ 425-440-6707 Fax No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for 1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015 AUGUST 15, 2015 If the tax year entered in line 1 is for less than 12 months, check reason. If the application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any noneffundable credits See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3 include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment		or Form 990-EZ	01	Form 990-T (corporation)				07
Form 4720 (Individual) Form 990-PF O4 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 6069 11 Form 990-T (trust other than above) O6 Form 8870 12 ROBERT BRIGHAM Telephone No ▶ 425-440-6707 Fax No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for 1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015 If the organization's return for ▶ □ tax year entered in line 1 is for less than 12 months, check reason. □ Initial return □ Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 3b \$ 8 , 1113 . Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8853-EO and Form 8879-EO for payment.			02 Form 1041-A					08
Form 990-PF			03				-	09
ROBERT BRIGHAM The books are in the care of ▶ 3600 136TH PLACE SE, SUITE 250 - BELLEVUE, WA 98006 Telephone No ▶ 425-440-6707 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			04					10
ROBERT BRIGHAM The books are in the care of 3600 136TH PLACE SE, SUITE 250 - BELLEVUE, WA 98006 Telephone No 425-440-6707 Fax No If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for 1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015 to file the exempt organization return for the organization named above The extension is for the organization's return for it is for the organization's return for it is for the organization is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment.	Form 990-1	(sec 401(a) or 408(a) trust)	05	Form 6069			-	11
The books are in the care of ▶ 3600 136TH PLACE SE, SUITE 250 - BELLEVUE, WA 98006 Telephone No ▶ 425-440-6707 Fax No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	Form 990-1	Γ (trust other than above)	06	Form 8870				12
Telephone No ► 425-440-6707 Fax No ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for 1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015 , to file the exempt organization return for the organization named above The extension is for the organization's return for If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment		*	-					
If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box Irequest an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015 It file the exempt organization return for the organization named above. The extension is for the organization's return for If the tax year beginning If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions If this Form 8868, see Form 8453-EO and Form 8879-EO for payment.	• The boo	oks are in the care of > 3600 136TH PLAC	CE SE	<u>, SUITE 250 - BELL</u>	EVUE,	WA 9	8006	
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for ▶ X calendar year 2014 or ▶	Telepho	one No ▶ 425-440-6707		Fax No 🕨				
If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for a line of the group, check this box and attach a list with the names and EINs of all members the extension is for the organization. The extension is for the organization's return for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for acid and extension is for the organization's return for acid and ending. If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Final return. Change in accounting period. If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment.	If the or	ganization does not have an office or place of business	s in the Ur	nited States, check this box			>	
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for Is for the organization's return for Is for the organization's return for Is for the organization's return for Is for the organization is return for Initial return in the price of the extension is for forms 990-PF, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a. \$ 14,000. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment.	If this is	for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	r the whol	e group, c	heck this
AUGUST 15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for \[\subseteq \text{X} \text{ calendar year 2014 or } \] \[\subseteq \text{ tax year beginning } \], and ending	box 🕨	If it is for part of the group, check this box	and atta	ch a list with the names and EINs o	f all memb	ers the ex	tension is	for
is for the organization's return for			required	to file Form 990-T) extension of time	until			
Lax year beginning		AUGUST 15, 2015 to file the exemp	t organıza	tion return for the organization nam	ed above	The exter	sion	
tax year beginning, and ending								
2 If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ 22,113. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 8,113. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a \$ 21,113. 3b \$ 8,113. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment.	▶₽							
Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ 22,113. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 14,000. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment.	▶∟	tax year beginning	, an	d ending		_		
Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ 22,113. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 14,000. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment.								
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a \$ 22,113. 8 ,113. 8 ,113. 14,000. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment.	2 If the	7	heck reas	on.	Final retur	n		
nonrefundable credits See instructions b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment	3a If the		or 6069.	enter the tentative tax, less any				
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment						22	,113.	
estimated tax payments made Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment								
by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment	· · · · · · · · · · · · · · · · · · ·					,113.		
by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$ 14,000. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment				•				
					3с	\$	14	,000.
	Caution. I	f you are going to make an electronic funds withdrawal			8453-EO a	nd Form 8	879-EO fo	r payment

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