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Department of the Treasury

Internal Revenue Service

#### DLN: 93491132020365

OMB No 1545-0052

2014

Open to Public Inspection

## 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 instructions is at www.irs.gov/form990p.

► Information about Form 990-PF and its instructions is at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>. Open to P
Inspect

For	cale	endar year 2014, or tax y	, a	and ending 12-31-2014					
		undation IKE FOUNDATION	A Employer id	entification numb	er				
						91-6025144			
		LLE MCBRIDE d street (or P O box number if mail is no	ot delivered to street address	s) Room/suite		<b>B</b> Telephone nu	mber (see instructio	ns)	
	1 UNIO ite 301	N STREET 6				(206) 623-5449	1		
City	or towr	n, state or province, country, and ZIP or	foreign postal code			<b>C</b> If exemption	application is pendin	g, check here 🕨 🦵	
SEAT	TTLE, W	A 98101							
<b>G</b> C	heck a	Ill that apply	Initial return of a	former public charit	y	<b>D 1.</b> Foreian or	ganizations, check h	ere 🕨 🗀	
		Final return	A mended return	·		1	ganizations meeting	•	
			je Name change			1	k here and attach co Indation status was	mputation '	
_		ype of organization FSection or 4947(a)(1) nonexempt charital			_		n 507(b)(1)(A), chec		
			JAccounting method			F If the founds	ation is in a 60-mont	h termination	
of	year (i	from Part II, col. (c),	Other (specify)				n 507(b)(1)(B), chec	. —	
_		\$ 2,628,035	(Part I, column (d) must	be on cash basis.)					
Part I Analysis of Revenue and total of amounts in columns (b), (c), a necessarily equal the amounts in columnstructions)		total of amounts in columns (b), (c) necessarily equal the amounts in co	), and (d) may not	(a) Revenue and expenses per books	(b) I	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc	, received (attach						
	_	schedule)		321,678					
	2	Check ► ☐ If the foundation is	<b>not</b> required to attach						
	3	Sch B	ary cach investments	6		6			
	4	Dividends and interest from sec	· ·	62,930		62,930			
	5a	Gross rents		02,530		52,550			
	b	Net rental income or (loss)							
Revenue	6a	Net gain or (loss) from sale of a	ssets not on line 10	51,211					
	ь	Gross sales price for all assets	on line 6a						
	7	381,037 Capital gain net income (from P	art IV line 2)			51,211			
	8	Net short-term capital gain .				,			
	9	Income modifications	1						
	10a	Gross sales less returns and							
		allowances							
	b	Less Cost of goods sold							
	C	Gross profit or (loss) (attach so	. '						
	11	Other income (attach schedule	′	435,825		114,147			
	12	<b>Total.</b> Add lines 1 through 11  Compensation of officers, direct		433,623		114,147			
	14	Other employee salaries and wa	ŀ						
S db	15	Pension plans, employee benefi							
Ϋ́	16a	Legal fees (attach schedule).							
Administrative Expense	Ь	Accounting fees (attach schedu		3,668		1,834	O	1,834	
ш Ш	c	Other professional fees (attach	schedule)	16,586		16,586			
Ĭ	17	Interest							
stra	18	Taxes (attach schedule) (see ır	nstructions)	1,848		485			
Ξ	19	Depreciation (attach schedule)	•						
늘	20	Occupancy	ŀ						
7 2	21	Travel, conferences, and meeting Printing and publications	ŀ						
and	22	Other expenses (attach schedu	ı	<b>95.</b> 620				620	
	24	Total operating and administrat	ŀ	520				320	
Operating		Add lines 13 through 23	-	22,722		18,905	O	2,454	
Ğ	25	Contributions, gifts, grants paid	1	9,505				9,505	
_	26	Total expenses and disburseme							
	<u> </u>	25		32,227		18,905	C	11,959	
	27	Subtract line 26 from line 12		402 500					
	a	Net investment income (If nega		403,598		95,242			
	b c	Adjusted net income (if negative	· · · · · · · · · · · · · · · · · · ·			23,272			
	. ~	(ii iio gativ	-, -···-· • , • • • • • • • • • • • • • • • • •		i			Ī	

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	· · ·		,
	2	Savings and temporary cash investments	68,103	406,247	406,247
	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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	<b>'</b>	Less allowance for doubtful accounts			
	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
ASS		Investments—U S and state government obligations (attach schedule)		132,364	141,751
۳,					·
		Investments—corporate stock (attach schedule)		<del>                                     </del>	
	_	,	488,304	009,301	015,402
	11	Investments—land, buildings, and equipment basis			
	4.0	Less accumulated depreciation (attach schedule)			
		Investments—mortgage loans			
		Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0 <del>5</del> 51 347	· 05-1 105	<b>№</b> 105
	15	Other assets (describe	246	195	195
	16	Total assets (to be completed by all filers—see the	1 720 604	2 122 202	2 (20 025
		Instructions Also, see page 1, item I)	1,728,694	2,132,292	2,628,035
	17	Accounts payable and accrued expenses			
φŞ	18	Grants payable			
≟	19	Loans from officers, directors, trustees, and other disqualified persons			
abiliti	20	Mortgages and other notes payable (attach schedule)			
	21				
	22 23	Other liabilities (describe   Total liabilities (add lines 17 through 22)		0	
	23	Foundations that follow SFAS 117, check here			
S d)		and complete lines 24 through 26 and lines 30 and 31.			
or Fund Balances	24	Unrestricted			
ala	25	Temporarily restricted			
8	26	Permanently restricted			
ĭ	20	Foundations that do not follow SFAS 117, check here			
ΓĒ		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	1,728,694	2,132,292	
Assets	27		1,720,034	2,132,232	
455	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Net .	29	Retained earnings, accumulated income, endowment, or other funds	1,728,694	2,132,292	-
Ž	30	Total liabilities and not assets (fund belonger (see instructions)	1,728,694		
D =	31	Total liabilities and net assets/fund balances (see instructions)	1,728,694	2,132,292	
	rt II		( )   20 ( )		
1		Total net assets or fund balances at beginning of year—Part II, column		- I I	1 730 604
2		, , , , , , , , , , , , , , , , , , , ,			1,728,694
2		,		2	403,598
3		Other increases not included in line 2 (itemize)   Add lines 1, 2, and 3			2 1 22 202
4 5		• •		<u> </u>	2,132,292
5 6		Decreases not included in line 2 (itemize)   Total net assets or fund balances at end of year (line 4 minus line 5)—		_	2 1 22 202
J		rotar het assets of fund parallees at end of year (lille 4 lilling lille 5)—	i dicii, colullii (D), l		2,132,292

		e kınd(s) of property sold (e g , re se, or common stock, 200 shs  M		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )		
1 a	PUBLICLY TRADED SE	CURITIES				_		
b	CAPITAL GAIN DIVID	ENDS		Р				
				1				
d								
<u>ч</u> е								
		(f) Depreciation allowe	d (a) Cos	<u> </u>	(h) Gain or (loss)			
(e	) Gross sales price	(or allowable)	1 107	or other basis	(e) plus (f) minus (g)			
а	380,	,530		329,82				
b						507		
С								
d								
e								
	mnlete only for assets sho	wing gain in column (h) and owne		n on 12/31/69	(I) Gains (Col	(h) gain minus		
	FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	cess of col (1)		ess than -0-) <b>or</b>		
<u>а</u>		43 01 12/3 1/0 3	37213	201 (J), 11 dilly		50,704		
d								
<u>е</u>								
			If gaın, also enter	ın Bart I lıno 7 l				
2	Capital gain net income	or (net capital loss)	If (loss), enter -0-			E4 244		
3	Net short-term capital o	ړ gaın or (loss) as defined in section	ns 1222(5) and (6	)	2	51,211		
		t I, line 8, column (c) (see instru						
	ın Part I, line 8	· · · · · · ·	• • • • •		3			
Part \	V Qualification Une	der Section 4940(e) for R	<u>leduced Tax or</u>	Net Investme	nt Income			
(For opt	ional use by domestic priv	ate foundations subject to the se	4040/31					
I f a a a tua	4040/41/21	,	ection 4940(a) tax	on net investment	income )			
rrsectio			ection 4940(a) tax	on net investment	income )			
		ve this part blank						
	foundation liable for the s		able amount of any	year in the base p		┌ Yes ┍ No		
[f"Yes,	foundation liable for the s " the foundation does not c	ve this part blank ection 4942 tax on the distributa	able amount of any o not complete this	year in the base popart	eriod?	「Yes F No		
[f"Yes,	foundation liable for the s " the foundation does not c	ve this part blank ection 4942 tax on the distributa qualify under section 4940(e) Do t in each column for each year, se	able amount of any o not complete this ee instructions befo I	year in the base poper part pre making any ent	eriod?	┌ Yes ┌ No		
If "Yes,'  1 Ent  Base	foundation liable for the s " the foundation does not of ter the appropriate amount (a) penod years Calendar	ve this part blank ection 4942 tax on the distributa qualify under section 4940(e) Do	able amount of any o not complete this	year in the base po part ore making any ent	eriod? ries (d) Distributior	n ratio		
f "Yes,'  1 Ent  Base	foundation liable for the s " the foundation does not of ter the appropriate amount (a) period years Calendar or tax year beginning in)	ve this part blank ection 4942 tax on the distributa qualify under section 4940(e) Do t in each column for each year, se  (b) Adjusted qualifying distributions	able amount of any o not complete this ee instructions befo	year in the base popart  pre making any ent  ritable-use assets	eriod? ries (d)	n ratio by col (c))		
If "Yes,'  1 Ent  Base	foundation liable for the s " the foundation does not of ter the appropriate amount (a) penod years Calendar	ve this part blank ection 4942 tax on the distributa qualify under section 4940(e) Do t in each column for each year, se (b)	able amount of any o not complete this ee instructions befo	year in the base port part pre making any ent ritable-use assets	eriod? ries (d) Distributior	n ratio		
f "Yes,'  1 Ent  Base	foundation liable for the s " the foundation does not of ter the appropriate amount  (a) period years Calendar or tax year beginning in) 2013	ve this part blank ection 4942 tax on the distributa qualify under section 4940(e) Do t in each column for each year, se  (b) Adjusted qualifying distributions	able amount of any o not complete this ee instructions befo	year in the base port part pre making any ent pritable-use assets 2,170,084 2,137,285	eriod? ries (d) Distributior	n ratio by col (c)) 0 062205		
If "Yes,'  1 Ent  Base	ter the appropriate amount  (a) penod years Calendar or tax year beginning in)  2013 2012	ve this part blank ection 4942 tax on the distributa qualify under section 4940(e) Do t in each column for each year, se  (b) Adjusted qualifying distributions  134,989 143,991	able amount of any o not complete this ee instructions befo	year in the base port part pre making any ent ritable-use assets	eriod? ries (d) Distributior	n ratio by col (c)) 0 062205 0 067371		
If "Yes,'  1 Ent  Base	foundation liable for the s " the foundation does not of ter the appropriate amount  (a) period years Calendar or tax year beginning in)  2013  2012  2011	ve this part blank ection 4942 tax on the distributa qualify under section 4940(e) Do t in each column for each year, se  (b) Adjusted qualifying distributions  134,989 143,991 190,273	able amount of any o not complete this ee instructions befo	year in the base por part  ore making any ent  ritable-use assets  2,170,084  2,137,285  2,263,541	eriod? ries (d) Distributior	n ratio by col (c)) 0 062205 0 067371 0 08406		
If "Yes,'  1 Ent  Base	foundation liable for the s the foundation does not of the ter the appropriate amount  (a) period years Calendar or tax year beginning in)  2013  2012  2011  2010	ve this part blank ection 4942 tax on the distributa qualify under section 4940(e) Do t in each column for each year, se  (b) Adjusted qualifying distributions  134,989  143,991  190,273  153,586  74,088	able amount of any o not complete this ee instructions befo	year in the base port part pre making any ent pritable-use assets 2,170,084 2,137,285 2,263,541 2,194,704	eriod? ries (d) Distributior	n ratio by col (c)) 0 062205 0 067371 0 08406 0 06998		
If "Yes,'  1 Ent  Base year (c	ter the appropriate amount  (a) penod years Calendar or tax year beginning in)  2013  2012  2011  2010  2009  Total of line 1, column (a)	ve this part blank ection 4942 tax on the distributa qualify under section 4940(e) Do t in each column for each year, se  (b) Adjusted qualifying distributions  134,989  143,991  190,273  153,586  74,088	able amount of any o not complete this ee instructions before (c)  Net value of noncha	year in the base property part  ore making any enterprise assets  2,170,084  2,137,285  2,263,541  2,194,704  2,061,711	ries  (d)  Distributior  (col (b) divided	0 062205 0 067371 0 08406 0 06998 0 035935 0 319551		
If "Yes,'  1 Ent  Base year (o	ter the appropriate amount  (a) penod years Calendar or tax year beginning in)  2013  2012  2011  2010  2009  Total of line 1, column (and the number of years the	ve this part blank ection 4942 tax on the distribute qualify under section 4940(e) Do t in each column for each year, section 4940(a)  (b) Adjusted qualifying distributions  134,989 143,991 190,273 153,586 74,088 d)	able amount of any o not complete this ee instructions before (c)  Net value of nonchate (c)  Vide the total on line if less than 5 yea	year in the base property part  ore making any entrope assets  2,170,084  2,137,285  2,263,541  2,194,704  2,061,711  e 2 by 5, or by rs	eriod? ries (d) Distributior (col (b) divided	0 062205 0 062205 0 067371 0 08406 0 06998 0 035935 0 319551 0 06391		
If "Yes,'  1 Ent  Base year (o	ter the appropriate amount  (a) penod years Calendar or tax year beginning in)  2013  2012  2011  2010  2009  Total of line 1, column (and the number of years the	ve this part blank ection 4942 tax on the distributa qualify under section 4940(e) Do t in each column for each year, se  (b) Adjusted qualifying distributions  134,989 143,991 190,273 153,586 74,088 d)	able amount of any o not complete this ee instructions before (c)  Net value of nonchate (c)  Vide the total on line if less than 5 yea	year in the base property part  ore making any entrope assets  2,170,084  2,137,285  2,263,541  2,194,704  2,061,711  e 2 by 5, or by rs	ries  (d)  Distributior  (col (b) divided	0 062205 0 067371 0 08406 0 06998 0 035935 0 319551		
If "Yes,"  1 Ent  Base year (o	foundation liable for the s " the foundation does not of the term the appropriate amount  (a) period years Calendar or tax year beginning in)  2013  2012  2011  2010  2009  Total of line 1, column (A verage distribution rat the number of years the Enter the net value of not the series of the column of the column of the number of years the column of the column of the column of the number of years the column of the colum	ve this part blank ection 4942 tax on the distribute qualify under section 4940(e) Do t in each column for each year, section 4940(a)  (b) Adjusted qualifying distributions  134,989 143,991 190,273 153,586 74,088 d)	able amount of any o not complete this ee instructions before (c)  Net value of nonchate (c)  Net value of nonchate (c)  Net value of nonchate (c)	year in the base property part  ore making any entrope assets  2,170,084  2,137,285  2,263,541  2,194,704  2,061,711  e 2 by 5, or by rs	eriod? ries  (d) Distributior (col (b) divided	0 062205 0 062205 0 067371 0 08406 0 06998 0 035935 0 319551 0 06391		
If "Yes,"  1 Ent  Base year (o	ter the appropriate amount  (a) period years Calendar or tax year beginning in)  2013  2012  2011  2010  2009  Total of line 1, column (A verage distribution rat the number of years the Enter the net value of not Multiply line 4 by line 3.	ve this part blank ection 4942 tax on the distributa qualify under section 4940(e) Do t in each column for each year, se  (b) Adjusted qualifying distributions  134,989  143,991  190,273  153,586  74,088 d)	able amount of any o not complete this ee instructions before the value of nonchale with the control of the con	year in the base property part  ore making any entrope assets  2,170,084  2,137,285  2,263,541  2,194,704  2,061,711  e 2 by 5, or by rs	eriod?  ries  (d)  Distributior (col (b) divided	0 062205 0 062205 0 067371 0 08406 0 06998 0 035935 0 319551 0 06391 2,315,794		
1 Ent Base year (o	foundation liable for the s " the foundation does not of ter the appropriate amount  (a) period years Calendar or tax year beginning in)  2013  2012  2011  2010  2009  Total of line 1, column (and Average distribution rate the number of years the Enter the net value of not Multiply line 4 by line 3. Enter 1% of net investments	ve this part blank ection 4942 tax on the distribute qualify under section 4940(e) Do t in each column for each year, se  (b) Adjusted qualifying distributions  134,989 143,991 190,273 153,586 74,088 d)	able amount of any o not complete this ee instructions before the value of nonchable with the control of the co	year in the base property part  ore making any entrope assets  2,170,084  2,137,285  2,263,541  2,194,704  2,061,711  e 2 by 5, or by rs	eriod?  ries  (d)  Distributior (col (b) divided	0 062205 0 062205 0 067371 0 08406 0 06998 0 035935 0 319551 0 06391 2,315,794 148,002		
1 Ent Base year (o	ter the appropriate amount  (a) penod years Calendar or tax year beginning in)  2013  2012  2011  2010  2009  Total of line 1, column (A verage distribution rat the number of years the Enter the net value of not Multiply line 4 by line 3. Enter 1% of net investment of the service of the ser	ve this part blank ection 4942 tax on the distribute qualify under section 4940(e) Do t in each column for each year, se  (b) Adjusted qualifying distributions  134,989 143,991 190,273 153,586 74,088 d)	able amount of any o not complete this ee instructions before (c)  Net value of noncha  vide the total on line if less than 5 yea from Part X, line 5	year in the base property part  ore making any enterproperty property part  2,170,084  2,137,285  2,263,541  2,194,704  2,061,711   e 2 by 5, or by rs	eriod? ries  (d) Distributior (col (b) divided	0 062205 0 062205 0 067371 0 08406 0 06998 0 035935 0 319551 0 06391 2,315,794 148,002 952		

Form	990-PF (2014)		Р	age <b>4</b>						
Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio	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)									
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			1,905						
	here F and enter 1% of Part I, line 27b									
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of									
	Part I, line 12, col (b)									
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)									
3	Add lines 1 and 2			 1,905						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others									
-	enter -0 -) 4									
5										
6	Credits/Payments									
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 960									
b	Exempt foreign organizations—tax withheld at source 6b									
C	Tax paid with application for extension of time to file (Form 8868) <b>6c</b>									
d	Backup withholding erroneously withheld 6d									
7	Total credits and payments Add lines 6a through 6d			960						
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached.									
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			945						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid <b>\rightarrow</b> 10									
11	Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded 11									
Par	t VII-A Statements Regarding Activities									
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No						
	it participate or intervene in any political campaign?	1a		No						
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions									
	for definition)?	1b		No						
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials									
	published or distributed by the foundation in connection with the activities.	_								
С.	Did the foundation file Form 1120-POL for this year?	1c		No						
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year									
	(1) On the foundation  \$ (2) On foundation managers  \$									
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed									
_	on foundation managers 🕨 \$	_		N						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No						
_	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	3		N.a						
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	- 3 - 4a		No No						
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b		140						
ь 5	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4D 5		No						
,	If "Yes," attach the statement required by General Instruction T.			140						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either									
0	By language in the governing instrument, or	1		1						
	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?	6	Yes	!						
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),									
-	and Part XV.	7	Yes							
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	Yes							
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)									
	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?									
	If "Yes," complete Part XIV	9		No						
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names									
	and addresses.	10	Yes							

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►WWW BEHNKEFOUNDATION ORG			
14	The books are in care of ►MICHELLE MCBRIDE Telephone no ►(206)	623-	5449	
	Located at ▶601 UNION ST SUITE 3016 seattle WA ZIP+4 ▶98101			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here		1	▶ ┌
	and enter the amount of tax-exempt interest received or accrued during the year			•
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over		Yes	No
10	a bank, securities, or other financial account in a foreign country?	16	165	No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	10		110
	Accounts (FBAR) If "Yes", enter the name of the foreign country			
Dat	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
Rel	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
Lu	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?    Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? <b>Yes</b> 🔽 <b>No</b>			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundatıon agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days ) <b>Yes</b> 🔽 <b>No</b>			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years 🕨 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to <b>all</b> years listed, answer "No" and attach statement—see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
	► 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
_	any time during the year?			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, <b>(2)</b> the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	If the foundation had excess business holdings in 2014.).	3b		<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
Ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	AL.		<b>.</b>
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Pa	rt VII-B	Statements Rega	rdir	g Activities for	W	nich Form 4720	May	y Be Required <i>(cont</i>	inue	<u>d)</u>	, age e
5a		year did the foundation		_							
	(1) Carry	on propaganda, or othe	wise	attempt to influenc	e leg	ıslatıon (section 49	45(e	e))?	- No		
		nce the outcome of any		•	_	•	-				
		ectly or indirectly, any	-	•				•	- No		
		le a grant to an individu						☐ Yes ☐			
		le a grant to an organiza					scrit				
									- No		
				e instructions)................... <b>Yes ▽</b> than religious, charitable, scientific, literary, or							
									- No		
ь								e exceptions described in			
								instructions)?		. 5b	
Organizations relying on a current notice regarding disaster assistance check here											
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?											
							•	Yes	NO		
_		ttach the statement requ									
6a		undation, during the yea							_		
	•	l benefit contract?						· ·			
b	Did the fo	undation, during the yea	r, pa	y premiums, directl	y or i	ndirectly, on a perso	onal	benefit contract?	•	6b	No
	If "Yes" to	6b, file Form 8870.									
7a	At any tin	ne during the tax year, v	as th	ne foundation a part	y to a	a prohibited tax shel	tert	ransaction? <b>TYes</b>	No		
ь	If yes, did	the foundation receive	any	proceeds or have an	ıy ne	t income attributable	e to t	the transaction?		7b	
Da			t Off	icers, Directors	s, T	rustees, Founda	atio	n Managers, Highly	Paid	l Emp	loyees,
		and Contractors									
_1_	List all off	icers, directors, trustee					see i		Ι		
	<b>(a)</b> Nar	ne and address		Title, and average hours per week		c) Compensation  If not paid, enter	ے ا	(d) Contributions to imployee benefit plans			e account,
	(u) itai	ne and address		voted to position	<b>\</b> `	-0-)		d deferred compensation	ot	her all	owances
CARL	BEHNKE		Cha	r		0		0			0
601	UNION ST	REET SUITE 3016	2 0								
seat	tle, WA 98	101									
RENE	E BEHNKE		TRUSTEE			0		0			0
		REET SUITE 3016	0 5								
	tle, WA 98	101			_		_				
	RILL BEHNKE		1	STEE	0			0			0
		REET SUITE 3016	0 5								
	tle, WA 98 SA BEHNKE	101	T D	CT.F.							
		DEET CHITE 2016	RU  0 5	STEE	0			0			0
	UNION SI tle, WA 98	REET SUITE 3016	٦								
			emr	lovees (other than	thos	e included on line 1–	-500	instructions). If none, er	ter"	NONE "	1
	Compensat	ion of Tive ingliest paid	СП				300	(d) Contributions to		INOINE.	
(a)	Name and	address of each employ	/ee	<b>(b)</b> Title, and aver hours per week		(c) Compensation	\n	employee benefit	(e) l	Expens	e account,
	paid n	nore than \$50,000		devoted to positi		(c) Compensation	,,,	plans and deferred	ot	her all	owances
								compensation			
	1 m	ather ampleyees nord		<u> </u>		<u> </u>		<u> </u>			

Form 990-PF			Page <b>7</b>
Part VIII	Information About Officers, Directors, Trus and Contractors (continued)	tees, Foundation Managers, Hi	ighly Paid Employees,
3 Five high	est-paid independent contractors for professional service	s (see instructions). If none, enter "NOI	NE".
(a) Name a	nd address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number	of others receiving over \$50,000 for professional service:	S	<b>P</b>
			<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct charitable activities during the tax year. Include in Individual to the topical description of the tax year. Include in the tax year. Include in the tax year. In the tax year.		er of Expenses
<b>1</b> NOT APP			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments	(see instructions)	
	two largest program-related investments made by the foundation durin		A mount
1 NONE			
2			
All other p	rogram-related investments See instructions		
3			
Total. Add line	es 1 through 3		<b>P</b>

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 2.166.576 1h 175.831 1c 8.653 1d 2.351.060 Reduction claimed for blockage or other factors reported on lines 1a and 1e Acquisition indebtedness applicable to line 1 assets. 2 2 3 3 Subtract line 2 from line 1d. 2.351.060 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 35.266 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 2.315.794 5 115,790 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here  $\blacktriangleright \Gamma$  and do not complete this part.) 115.790 1 Tax on investment income for 2014 from Part VI, line 5. . . . . . 1.905 2a Income tax for 2014 (This does not include the tax from Part VI). . . Add lines 2a and 2b. 2c 1.905 3 3 113.885 4 4 5 5 113.885 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 7 113.885 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . . . 1a 11.959 1b 0 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 Ω 3 Amounts set aside for specific charitable projects that satisfy the O За O 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 11,959 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 11,959 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

the section 4940(e) reduction of tax in those years

	art XIII Olidistributed Income (see ilistic	(a) Corpus	(b) Years prior to 2013	<b>(c)</b> 2013	( <b>d)</b> 2014
1	Distributable amount for 2014 from Part XI, line 7				113,885
2	Undistributed income, if any, as of the end of 2014				
а	Enter amount for 2013 only			0	
b	Total for prior years 2012, 2011, 2010		0		
3	Excess distributions carryover, if any, to 2014				
а	From 2009				
b	From 2010				
C	From 2011				
d	From 2012				
е	From 2013				
f	Total of lines 3a through e	145,311			
4	Qualifying distributions for 2014 from Part				
	XII, line 4 🕨 \$ 11,959				
a	Applied to 2013, but not more than line 2a			0	
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2014 distributable amount				11,959
е	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2014	101,926			101,926
	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	43,385			
b	Prior years' undistributed income Subtract line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount —see instructions		0		
е	Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f	Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				0
7	A mounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may				
	be required - see instructions)				
8	Excess distributions carryover from 2009 not				
_	applied on line 5 or line 7 (see instructions)				
	Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	43,385			
	Analysis of line 9				
	Excess from 2010				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				

<u> </u>	art XIV Private Operating Four	<b>ndations</b> (see ii	nstructions and P	art VII-A, questic	on 9)	
.a	If the foundation has received a ruling or d foundation, and the ruling is effective for 2					
b	Check box to indicate whether the organiza	ation is a private o	perating foundation	described in section	on <b>Г</b> 4942(j)(3) (	or <b>Г</b> 4942(j)(5)
	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total
	investment return from Part X for each	(=) = = = :	(-)	(3) = 1 = 1	(-,	
b	year listed					
	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					
(	Complete 3a, b, or c for the					
	alternative test relied upon					
3	"Assets" alternative test—enter					
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying</li></ul>					
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed					
С	"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					<u> </u>
a	<b>It XV</b> Supplementary Information assets at any time during			the organizati	on had \$5,000	or more in
	Information Regarding Foundation Manage		mod accions.			
3	List any managers of the foundation who ha	ive contributed mo				ıdatıon
	before the close of any tax year (but only r	f they have contrib	outed more than \$5,	.000) (See section	507(d)(2))	
	NA					
	NA	100/	tale a service of		Un laure of the	da a
D	List any managers of the foundation who ov ownership of a partnership or other entity)				ily large portion of t	ne
	a	J. Milan che lound		g. catal intelest		
	NA					
	Information Regarding Contribution, Grant	, Gift, Loan, Schol	arship, etc., Prograi	ms:		
	Check here F If the foundation only mal	ces contributions t	o preselected char	itable organizations	and does not acce	nt
	unsolicited requests for funds If the found	ation makes gifts,	grants, etc (see in	structions) to indiv	iduals or organizati	ons under
	other conditions, complete items 2a, b, c,	and d				
а	The name, address, and telephone number	or e-mail address	of the person to w	nom applications sh	ould be addressed	
	Michelle McBride					
	601 union Street suite 3016					
	Seattle, WA 98101 (206) 623-5449					
b	The form in which applications should be s	ubmitted and infor	mation and materia	ıls they should ınclı	ıde	
	GRANT APPLICATION FORM					
c	Any submission deadlines					
	NONE					
d	Any restrictions or limitations on awards,	such as by geogra	phical areas, charit	able fields, kinds of	institutions, or oth	er
	factors					
	SEE GRANT GUIDELINES					

	1			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year See Additional Data Table	or substantial contributor	recipient		
				9,50
<b>b</b> Approved for future payment				

Form 990-F		na Astivitis				Page <b>12</b>
	Analysis of Income-Produci		usiness income	Excluded by section	n 512, 513, or 514	(e)
-	n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See instructions )
d						
f						
2 Membe 3 Interes	and contracts from government agencies rship dues and assessments			14	6	
	ids and interest from securities ital income or (loss) from real estate			14	62,930	
<b>a</b> Debt- <b>b</b> Not de	financed property ebt-financed property					
proper	ty					
8 Gain or	(loss) from sales of assets other than			18	51,211	
<b>10</b> Gross p	ome or (loss) from special events profit or (loss) from sales of inventory.					
	evenue <b>a</b>					
12 Subtota	al Add columns (b), (d), and (e).				114,147	
(See w	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify co	alculations )			13	114,147
Line No.	Explain below how each activity for whice the accomplishment of the foundation's instructions )	h income is re	ported ın column (	(e) of Part XVI-A c	ontributed importa	

Form 990-F	PF (2014)										Рa	ge <b>1</b> :
Part XV	Information Noncharitable					saction	s and I	Relationships	With			
section	organization directly o 501(c) of the Code (ot										Yes	No
organiza												
	rs from the reporting fo											١
• •	sh									1a(1)		No
	ner assets									1a(2)		No
	ansactions				_					46/43		
	es of assets to a noncl									-		No
	chases of assets from											No
	ntal of facilities, equipn mbursement arrangem									1b(3)		No No
	ans or loan guarantees.									1b(5)		No
	ormance of services of									1b(5)		No
	of facilities, equipmen									<u> </u>		No
	nswer to any of the abo										L	140
(a) Line No	ransaction or sharing a	-	•		empt organization			of transfers, transact			ngemer	nts
describe	Dundation directly or in ed in section 501(c) of	the Code (d								.F <sub>Y</sub>	es F	- <sub>No</sub>
<b>b</b> If "Yes,	complete the followin " (a) Name of organizat	-		1 0	<b>b)</b> Type of organiza	ition	1	(c) Descri	otion of relation	onshin		
	(a) mame or organization			<u> </u>				(0) 2 3 3 3 1		p		
111	nder penalties of perjur	v I declare	that I	have eval	mined this return	n unclud	Ing accor	nnanying schadul	lac and eta	tement	s and	to
	e best of my knowledge											
Sign	formation of which prep	arer has an	y know	ledge	1							_
Here L	****				2015-05-12		*****		May the return	IRS disc	uss this	
						— <b>)</b>			with the	prepare	r shown	i I
'	Signature of officer of	rtrustee			Date	,	Title		below (see ins	tr )? 🔽 🔨	∕es	No
	T <sub>5</sub>		Ι_			Date		Check if self-	PTIN			
	Print/Type preparer DONITA M PITT		Prepa	arer's Sıgı	nature			employed <b>►</b>		002860	017	
Paid	Firm's name							Firm's EIN F				
Prepare	KING & OLIASON F	LLC										
Use	Firm's address 🕨											
Only	514 SECOND AVE	WEST SEA	ATTLE.	. WA				Phone no (206	5)623-544	19		
	981193928		,	•				(200	,	-		

### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SKIDMORE COLLEGE 815 N BROADWAY SARATOGA SPRINGS,NY 12866	N/A	PC	EDUCATION	1,500
UNIVERSITY OF WASHINGTON FOUNDATION BOX 359505 SEATTLE,WA 981959505	N/A	PC	EDUCATION	75
INFECTIOUS DISEASE RESEARCH INSTITUTE 1616 EASTLAKE AVENUE EAST SUITE 40 SEATTLE,WA 98102	N/A	PC	HEALTH AND HUMAN SERVICES	750
Evergreen City Ballet 2230 Lind Ave SW Renton, WA 98057	N/A	PC	Arts and Culture	200
Forest Ridge School of the Sacred Heart 4800 139th Ave SE Bellevue, WA 98006	N/A	PC	Education	50
Hazen Booster Club 1101 Hoquiam Avenue Northeast Renton, WA 98059	N/A	PC	Education	100
Dance for a Cure 1641 Nagle Pl Seattle, WA 98122	N/A	PC	Health and Human Services	50
Food Lifeline 1702 NE 150th St Shoreline, WA 98155	N/A	PC	Health and Human Services	55
Fred Hutchinson Cancer Research 1100 Fairview Ave N Seattle, WA 98109	N/A	PC	Health and Human Services	500
Hearing Speech & Deafness Center 1625 19th Ave Seattle, WA 98122	N/A	PC	Health and Human Services	250
Moyer Foundation 2426 32nd Avenue West 200 Seattle, WA 98199	N/A	PC	Health and Human Services	75
Overlake Medical Center Foundation 1035 116th Avenue Northeast Bellevue, WA 98004	N/A	PC	Health and Human Services	1,150
Ronald McDonald House of Western WA 5130 40th Ave NE Seattle, WA 98105	N/A	PC	Health and Human Services	100
Seattle Children's Hospital 1900 9th Ave Seattle, WA 98101	N/A	PC	Health and Human Services	900
University of California 1995 UNIVERSITY AVE BERKELEY,CA 94704	N/A	PC	EDUCATION	250
Total				9,505

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
HOMEBOY INDUSTRIES 130 W BRUNO ST LOS ANGELESC,CA 90012	N/A	PC	HEALTH & HUMAN SERVICES	1,000
INSPIRE YOUTH PROJECT 417 23rd Ave S SEATTLE,WA 98144	N/A	PC	HEALTH & HUMAN SERVICES	2,500
SEATTLE, WA 98144		<u> </u>		9,505

efile GRAPHIC print - DO NOT PROCESS Schedule B

As Filed Data

DLN: 93491132020365

### **Schedule of Contributors**

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

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

	minute i germanute e		
Name of the organization		Employer ide	entification number
THE BEHNKE FOUNDATION			
		91-602514	4
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

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

527 political organization

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, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions

#### Special Rules

Γ	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-EZ, line 1 Complete Parts I and II
Γ	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, of the prevention of cruelty to children or animals. Complete Parts I, II, and III
Γ	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$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 its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

0,

Name of organization

**Employer identification number** 

THE BEHNKE FOUNDATION 91-6025144 Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person 굣 ESTATE OF SALLY S BEHNKE Payroll 601 UNION STREET STE 3016 Noncash 321,678 Seattle, WA 98101 (Complete Part II for noncash contributions) (d) (b) (c) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash

contributions)

Part II	needed (see instructions) Use duplicate copies of Part II if additional space is		
(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
		\$_	

Schedule	B (Form 990, 990-EZ, or 990-PF) (2014)			Page 4
	organization			Employer identification number
I HE BEHI	NKE FOUNDATION			91-6025144
Part III		om any one co er the total of <i>ex</i> tructions ) ►	ontributor. Complet	cribed in section 501(c)(7), (8), or (10) e columns (a) through (e) and the following line charitable, etc., contributions of \$1,000 or less for \$
(a) No. from Part I	(b) Purpose of gift		lse of gift	(d) Description of how gift is held
	Transferee's name, address, and		ansfer of gift Relatio	onship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) L	lse of gift	(d) Description of how gift is held
		(e) Tı	ansfer of gift	
	Transferee's name, address, and	ZIP 4	Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) U	lse of gift	(d) Description of how gift is held
	Transferee's name, address, and	• •	ransfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) U	se of gift	(d) Description of how gift is held
	Transferee's name, address, and		ansfer of gift Relatio	onship of transferor to transferee

DLN: 93491132020365

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of

Sales and Other Dispositions of Capital Assets

Name(s) shown on return Social security number or taxpayer identification number

Schedule D.

91-6025144

Before you check Box A, B, or C below, check whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which NO adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 sh XYZ Co)	<b>(b)</b> Date acquired (Mo , day, yr )	(c) Date sold or disposed (Mo , day, yr )	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> In the separate Instructions	If you enter a	and any, to gain or loss on amount in column (g), code in column (f) eparate instructions  (g)  Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
PUBLICLY TRA			380,530	(329,826)			50,704
2 Totals Add the amounts in colum (subtract negative amounts) Enter include on your Schedule D, line 1b checked), line 2 (if Box B above is c C above is checked)	each total her (If <b>Box A</b> abov hecked), or <b>lin</b>	e and e ıs e 3 (ıf Box . ►	380,530				50,704

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side THE BEHNKE FOUNDATION

2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if

**Box F** above is checked)

Social security number or taxpayer identification number 91-6025144

Before you check Box D, E, or F below, check whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note.** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which NO adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

┌(E	) Long-term transactions re ) Long-term transactions re ) Long-term transactions no	ported on Form	(s) 1099-B sh	owing basis was <b>i</b>			<b>e</b> above)	
1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired	<b>(c)</b> Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e)	If you enter a enter a See the se	if any, to gain or loss an amount in column (g), code in column (f) eparate instructions	(h) Gain or (loss) Subtract columi (e) from column (d
	(2.5.1.4.0 1.55.3.1.7.1.2.55)	(Mo, day, yr)	(Mo , day, yr )	(see instructions)	in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	and combine the resi with column (g

**Note.** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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### **TY 2014 Accounting Fees Schedule**

Name: THE BEHNKE FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
KING & OLIASON PLLC	3,668	1,834		1,834

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## TY 2014 All Other Program Related Investments Schedule

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Name: THE BEHNKE FOUNDATION

Category	Amount
NONE	

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DLN: 93491132020365

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

### **TY 2014 Depreciation Schedule**

Name: THE BEHNKE FOUNDATION



# **TY 2014 Investments Corporate Bonds Schedule**

Name: THE BEHNKE FOUNDATION

Name of Bond	End of Year Book Value	End of Year Fair Market Value	
CHARLES SCHWAB	609,361	615,402	



# **TY 2014 Investments Corporate Stock Schedule**

Name: THE BEHNKE FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CHARLES SCHWAB	984,125	1,464,440

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# TY 2014 Investments Government Obligations Schedule

Name: THE BEHNKE FOUNDATION

**EIN:** 91-6025144

**US Government Securities - End of** 

Year Book Value: 132,364

**US Government Securities - End of** 

**Year Fair Market Value:** 141,751

State & Local Government Securities - End of Year Book

Value:

State & Local Government Securities - End of Year Fair Market Value: efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93491132020365

### **TY 2014 Other Assets Schedule**

Name: THE BEHNKE FOUNDATION

Description	Beginning of Year -	End of Year - Book	End of Year - Fair
	Book Value	Value	Market Value
DIVIDEND RECEIVABLE	246	195	195

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### **TY 2014 Other Expenses Schedule**

Name: THE BEHNKE FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES & MEMBERSHIP FEES	595			595
LICENSES & PERMITS	25			25

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### **TY 2014 Other Professional Fees Schedule**

Name: THE BEHNKE FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	16,586	16,586		

### **TY 2014 Taxes Schedule**

Name: THE BEHNKE FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	485	485		
FEDERAL TAXES PAID	1,363			