

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation THE WOLLENBERG FOUNDATION		A Employer identification number 94-6072264	
Number and street (or P O box number if mail is not delivered to street address) 800 EL CAMINO REAL NO 210		Room/suite	B Telephone number (see instructions) (650) 325-7600
City or town, state or province, country, and ZIP or foreign postal code MENLO PARK, CA 94025		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 36,426,532</b>	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <u>(Part I, column (d) must be on cash basis )</u>	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	271,415			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments	33,962	33,962		
	4 Dividends and interest from securities . . . .	1,064,135	1,064,135		
	5a Gross rents . . . . .	535	535		
	b Net rental income or (loss) <u>535</u>				
	6a Net gain or (loss) from sale of assets not on line 10	365,718			
	b Gross sales price for all assets on line 6a <u>10,488,200</u>				
	7 Capital gain net income (from Part IV, line 2) . . . .		365,718		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	99,191	100,438		
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	1,834,956	1,564,788		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	55,640	55,640		0
	c Other professional fees (attach schedule) . . . . .	237,105	237,105		0
	17 Interest . . . . .	76	76		0
	18 Taxes (attach schedule) (see instructions) . . . .	50,240	40,230		0
	19 Depreciation (attach schedule) and depletion . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	54,032	22,906		462
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	397,093	355,957		462
	25 Contributions, gifts, grants paid . . . . .	1,988,334			1,988,334
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	2,385,427	355,957		1,988,796
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	-550,471			
	b <b>Net investment income</b> (if negative, enter -0-)		1,208,831		
c <b>Adjusted net income</b> (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .	1,624,829	1,659,896	1,659,896
	2 Savings and temporary cash investments . . . . .			
	3 Accounts receivable ▶ <u>6,317</u>			
	Less allowance for doubtful accounts ▶ _____		6,317	6,317
	4 Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____	282,457		
	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) ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .	12,411,462	11,556,884	13,051,624
	c Investments—corporate bonds (attach schedule) . . . . .			
	11 Investments—land, buildings, and equipment basis ▶ _____			
Less accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans . . . . .				
13 Investments—other (attach schedule) . . . . .	24,133,975	24,461,998	21,708,695	
14 Land, buildings, and equipment basis ▶ _____				
Less accumulated depreciation (attach schedule) ▶ _____				
15 Other assets (describe ▶ _____)				
16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	38,452,723	37,685,095	36,426,532	
Liabilities	17 Accounts payable and accrued expenses . . . . .			
	18 Grants payable . . . . .	562,407	869,452	
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule). . . . .			
	22 Other liabilities (describe ▶ _____)			
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	562,407	869,452	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted . . . . .	37,252,772	36,178,099	
	25 Temporarily restricted . . . . .	637,544	637,544	
	26 Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds . . . . .			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 <b>Total net assets or fund balances</b> (see instructions) . . . . .	37,890,316	36,815,643	
	31 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	38,452,723	37,685,095	

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	37,890,316
2 Enter amount from Part I, line 27a . . . . .	2	-550,471
3 Other increases not included in line 2 (itemize) ▶ _____	3	65,300
4 Add lines 1, 2, and 3 . . . . .	4	37,405,145
5 Decreases not included in line 2 (itemize) ▶ _____	5	589,502
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	36,815,643

**Part IV Capital Gains and Losses for Tax on Investment 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) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1 a</b> PUBLICLY TRADED SECURITIES			
<b>b</b> WASH SALE ADJUSTMENTS			
<b>c</b> FROM PASSTHROUGH ENTITIES - L/T	P		
<b>d</b> FROM PASSTHROUGH ENTITIES - S/T	P		
<b>e</b> CAPITAL GAINS DIVIDENDS	P		

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 10,332,523		9,379,131	953,392
<b>b</b> 16,854			16,854
<b>c</b>		737,777	-737,777
<b>d</b>		5,574	-5,574
<b>e</b> 138,823			138,823

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>a</b>			953,392
<b>b</b>			16,854
<b>c</b>			-737,777
<b>d</b>			-5,574
<b>e</b>			138,823

  

<b>2</b> Capital gain net income or (net capital loss)	2	365,718
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	2,249,299	39,930,061	0 056331
2016	2,321,625	37,309,207	0 062227
2015	2,417,281	41,855,953	0 057752
2014	2,336,050	43,181,456	0 054098
2013	2,266,342	42,798,943	0 052953

  

<b>2</b> Total of line 1, column (d)	2	0 283361
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 056672
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	38,734,132
<b>5</b> Multiply line 4 by line 3	5	2,195,141
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	12,088
<b>7</b> Add lines 5 and 6	7	2,207,229
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	1,988,796

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	24,177
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	24,177
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	24,177
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	16,246
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	25,000
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	41,246
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	17,069
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <b>▶</b> 17,069 <b>Refunded</b> <b>▶</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <b>▶</b> \$ _____ <b>(2)</b> On foundation managers <b>▶</b> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> CA _____		
<b>b</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? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> 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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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. . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>►</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>►</b> DAVID WOLLENBERG Telephone no <b>►</b> (650) 325-7600			

Located at **►** 800 EL CAMINO REAL NO 210 MENLO PARK CAZIP+4 **►** 94025

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>►</b> <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>►</b> <b>15</b>			
<b>16</b>	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>►</b>			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>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. . . . . <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	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 2018? . . . . . <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	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))			
<b>a</b>	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years <b>►</b> 20____, 20____, 20____, 20____			
<b>b</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). . . . . <input type="checkbox"/>	<b>2b</b>		
<b>c</b>	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 <b>►</b> 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(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 2018). . . . . <input type="checkbox"/>	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

		Yes	No
<b>5a</b>	During the year did the foundation pay or incur any amount to		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		<b>5b</b>
<b>c</b>	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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870		<b>6b</b> No
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		<b>7b</b>
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DAVID A WOLLENBERG 800 EL CAMINO REAL MENLO PARK, CA 94025	TRUSTEE 5 00	0	0	0
CHRISTOPHER WOLLENBERG 7200 WILVURNDAL DR ANNANDALE, VA 22003	TRUSTEE 1 00	0	0	0
RICHARD H WOLLENBERG 4450 COLUMBIA HEIGHTS RD LONGVIEW, WA 98632	TRUSTEE 1 00	0	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b>				<b>0</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . . ►		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
Total. Add lines 1 through 3 . . . . . ►	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	32,314,982
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	1,414,589
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	5,594,421
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	39,323,992
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	39,323,992
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	589,860
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	38,734,132
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	1,936,707

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	1,936,707
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	24,177
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	24,177
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	1,912,530
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	1,912,530
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	1,912,530

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	1,988,796
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	1,988,796
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	1,988,796

**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.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				1,912,530
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				66,405
<b>d</b> From 2016. . . . .				505,397
<b>e</b> From 2017. . . . .				274,758
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	846,560			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 1,988,796				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				1,912,530
<b>e</b> Remaining amount distributed out of corpus	76,266			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	922,826			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> Amounts 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). . . . .	0			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	922,826			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				66,405
<b>c</b> Excess from 2016. . . . .				505,397
<b>d</b> Excess from 2017. . . . .				274,758
<b>e</b> Excess from 2018. . . . .				76,266

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

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

**Part XV** **Supplementary Information** (continued)**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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	

Enter gross amounts unless otherwise indicated

[illegible]

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

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash.	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets.	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization.	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets.	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements.	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees.	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations.	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c)(3) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	*****	2019-11-05	*****	May the IRS discuss this return with the preparer shown below? (see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	RICHARD L HAWKINS				P00327286
	Firm's name ▶ GEFFEN MESHER & COMPANY PC	Firm's EIN ▶ 93-1042710			
	Firm's address ▶ 888 SW FIFTH AVE SUITE 800 PORTLAND, OR 97204	Phone no (503) 221-0141			

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALASKA AIRMEN ASSOCIATION 4200 FLOATPLANE DR ANCHORAGE, AK 99502	NONE	N/A	UNRESTRICTED	2,500
ALLIANCE FOR EDUCATION 509 OLIVE WAY SUITE 500 SEATTLE, WA 981012556	NONE	N/A	UNRESTRICTED	5,000
BOALT HALL ALUMNI FOUNDATION- UNIV OF CAL 475 BOALT HALL BERKELELY, CA 94720	NONE	N/A	RESTRICTED	30,000
<b>Total . . . . . ▶ 3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BRING ME A BOOK FOUNDATION 1045 TERRA BELLA AVENUE MOUNTAIN VIEW, CA 94043	NONE	N/A	UNRESTRICTED	10,000
BROWN UNIVERSITYPO BOX 1908 PROVIDENCE, RI 02912	NONE	N/A	UNRESTRICTED	10,000
CAPITAL HOSPICE 9300 LEE HIGHWAY SUITE 500 FAIRFAX, VA 22031	NONE	N/A	UNRESTRICTED	5,000
<b>Total . . . . . ▶ 3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CASA OF SAN MATEO COUNTY 330 TWIN DOLPHIN DRIVE SUITE 139 REDWOOD CITY, CA 94065	NONE	N/A	UNRESTRICTED	10,000
CHARTWELL SCHOOL 2511 NUMA WATSON ROAD SEASIDE, CA 93955	NONE	N/A	UNRESTRICTED	5,000
CHILDHAVEN316 BROADWAY SEATTLE, WA 98122	NONE	N/A	UNRESTRICTED	2,500
<b>Total . . . . . ▶ 3a</b>				1,988,334



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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILDRENS DISCOVERY MUSEUM 700 LINCOLN ST STE 200 KELSO, WA 98626	NONE	N/A	UNRESTRICTED	20,000
CLARKSVILLE-JOHNSON CO 101 N JOHNSON ST CLARKSVILLE, AR 72830	NONE	N/A	UNRESTRICTED	8,000
COLORADO COLLEGE DEVELOPMENT OFFICE PO BOX 1117 COLORADO SPRINGS, CO 80901	NONE	N/A	RESTRICTED	2,500
<b>Total . . . . .</b> ► <b>3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COLUMBIA THEATER FOR THE PERFORMING ARTS 1538 COMMERCE AVENUE LONGVIEW, WA 98632	NONE	N/A	UNRESTRICTED	25,000
DENVER BOTANIC GARDENS 1007 YORK ST DENVER, CO 80206	NONE	N/A	UNRESTRICTED	5,000
DIABESITY RESEARCH INSTITUTE 2320 WEST COMMODORE WAY SUITE 100 SEATTLE, WA 98199	NONE	N/A	UNRESTRICTED	22,500
<b>Total . . . . . ▶ 3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DONORSCHOOSE INC 347 W 36TH STREET NEW YORK, NY 10018	NONE	N/A	RESTRICTED	20,000
FINE ARTS MUSEUMS OF SAN FRANCISCO 233 POST STREET 6TH FLOOR SAN FRANCISCO, CA 94108	NONE	N/A	UNRESTRICTED	25,000
FIOLI86 CANADA ROAD WOODSIDE, CA 94062	NONE	N/A	UNRESTRICTED	30,000
<b>Total . . . . . ▶ 3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HEROES INC 666 11TH STREET NW SUITE 300 WASHINGTON, DC 20001	NONE	N/A	UNRESTRICTED	5,000
HONOLULU MUSEUM OF ARTS 900 SOUTH BERETANIA STREET HONOLULU, HI 96805	NONE	N/A	UNRESTRICTED	15,000
HUMANE SOCIETY OF JOHNSON CNTY PO BOX 523 CLARKSVILLE, AR 72830	NONE	N/A	UNRESTRICTED	3,000
<b>Total . . . . .</b> ► <b>3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ICIVICS1035 CAMBRIDGE ST STE 21B CAMBRIDGE, MA 02141	NONE	N/A	UNRESTRICTED	2,500
INDEPENDENT COLLEGES OF WASHINGTON INC 600 STEWART STREET SUITE 600 SEATTLE, WA 98101	NONE	N/A	UNRESTRICTED	75,000
KELSO PUBLIC SCHOOLS 601 CRAWFORD STREET KELSO, WA 98626	NONE	N/A	RESTRICTED	5,000
<b>Total . . . . . ▶ 3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LIFE WORKS906 NEW YORK STREET LONGVIEW, WA 98632	NONE	N/A	UNRESTRICTED	10,000
LIFT FOR LIFE ACADEMY 1731 S BROADWAY ST LOUIS, MO 63104	NONE	N/A	UNRESTRICTED	5,000
LITERACY COUNCIL OF N VA INC 2855 ANNANDALE ROAD FALLS CHURCH, VA 22042	NONE	N/A	UNRESTRICTED	15,000
<b>Total . . . . . ▶ 3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LONGVIEW PUBLIC SCHOOLS 2715 LILAC ST LONGVIEW, WA 98632	NONE	N/A	UNRESTRICTED	14,000
LOWER COLUMBIA COLLEGE FOUNDATION 1600 MAPLE STREET PO BOX 3010 LONGVIEW, WA 98632	NONE	N/A	UNRESTRICTED	10,000
LOWER COLUMBIA COLLEGE 1600 MAPLE STREET PO BOX 3010 LONGVIEW, WA 98632	NONE	N/A	UNRESTRICTED	91,500
<b>Total . . . . . ▶ 3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LOWER COLUMBIA SCHOOL GARDENS PO BOX 785 LONGVIEW, WA 98632	NONE	N/A	UNRESTRICTED	3,500
NATIONAL CAPITAL POISON CENTER 3201 NEW MEXICO AVENUE NW SUITE 31 WASHINGTON, DC 20016	NONE	N/A	UNRESTRICTED	5,000
NATIONAL EATING DISORDERS ASSN 165 WEST 46TH STREET SUITE 402 NEW YORK, NY 10036	NONE	N/A	UNRESTRICTED	2,500
<b>Total . . . . .</b> ► <b>3a</b>				1,988,334



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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NCMEC MISSION & EXPLOITED CHILDREN 699 PRINCE STREET ALEXANDRIA, VA 22314	NONE	N/A	UNRESTRICTED	20,000
OPERATION SMILE 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	N/A	UNRESTRICTED	5,000
OREGON ALLIANCE INDEPENDENT COLLEGE & UNIVERSITY 16101 SW 72ND AVENUE SUITE 100 PORTLAND, OR 97224	NONE	N/A	UNRESTRICTED	100,000
<b>Total . . . . . ▶ 3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OREGON MUSEUM OF SCIENCE & INDUSTRY 1945 SE WATER AVENUE PORTLAND, OR 97214	NONE	N/A	UNRESTRICTED	50,000
OREGON SYMPHONY ASSOCIATION 921 SW WASHINGTON SUITE 200 PORTLAND, OR 97205	NONE	N/A	UNRESTRICTED	10,000
OSU SCHOOL OF FORESTRY 850 SW 35TH STREET CORVALLIS, OR 97333	NONE	N/A	UNRESTRICTED	100,000
<b>Total . . . . . ▶ 3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PALO ALTO MEDICAL FOUNDATION 795 EL COMINO REAL PALO ALTO, CA 94301	NONE	N/A	UNRESTRICTED	10,000
PEACEHEALTH ST JOHN MEDICAL CENTER 1615 DELAWARE ST LONGVIEW, WA 98632	NONE	N/A	UNRESTRICTED	100,000
PROJECT READ 1620 W 98TH STREET STE 130 BLOOMINGTON, MN 55431	NONE	N/A	UNRESTRICTED	2,500
<b>Total . . . . .</b> ► <b>3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
REBUILDING TOGETHER PENINSULA PO BOX 4031 MENLO PARK, CA 94026	NONE	N/A	UNRESTRICTED	30,000
REED COLLEGE 3203 SE WOODSTOCK BLVD PORTLAND, OR 97202	NONE	N/A	RESTRICTED	500,000
SAINT LOUIS BALLET COMPANY 218 THF BOULEVARD CHESTERFIELD, MO 63005	NONE	N/A	UNRESTRICTED	20,000
<b>Total . . . . . ▶ 3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SEATTLE YOUTH SYMPHONY ORCHESTRA 11065 FIFTH AVENUE NE SUITE A SEATTLE, WA 98125	NONE	N/A	UNRESTRICTED	2,500
SMITH COLLEGE33 ELM STREET NORTHAMPTON, MA 01063	NONE	N/A	RESTRICTED	10,000
SOUTHWEST WASHINGTON SYMPHONY PO BOX 1011 LONGVIEW, WA 98632	NONE	N/A	UNRESTRICTED	5,000
<b>Total . . . . . ▶ 3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SPRINGBOARD TO LEARNING INC 634 NORTH GRAND BLVD ST LOUIS, MO 63103	NONE	N/A	UNRESTRICTED	4,000
STANFORD UNIVERSITY GSB 655 KNIGHT WAY STANFORD, CA 94305	NONE	N/A	UNRESTRICTED	20,000
STANFORD UNIVERSITY SCHOOL OF LAW 599 NATHAN ABBOTT WAY STANFORD, CA 94305	NONE	N/A	UNRESTRICTED	10,000
<b>Total . . . . . ▶ 3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
STANFORD UNIVERSITY 818 MEMORIAL WAY RM S235 STANFORD, CA 94305	NONE	N/A	UNRESTRICTED	35,000
STANFORD UNIVERSITYSTANFORD STROKE CTR 701 WELCH RD STE 325 PALO ALTO, CA 94304	NONE	N/A	RESTRICTED	10,000
TEACH FOR AMERICA 500 ALA MOANA BLVD SUITE 3-400 HONOLULU, HI 96813	NONE	N/A	UNRESTRICTED	30,000
<b>Total . . . . . ▶ 3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE CHILDRENS HEALTH COUNCIL 650 CLARK WAY PALO ALTO, CA 94304	NONE	N/A	UNRESTRICTED	40,000
THE EXPLORATORIUM 3601 LYON STREET SAN FRANCISCO, CA 94123	NONE	N/A	UNRESTRICTED	10,000
THE SPIKENARD FARM INC 445 FLOYD HWY N FLOYD, VA 24091	NONE	N/A	UNRESTRICTED	2,500
<b>Total . . . . . ▶ 3a</b>				1,988,334



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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UCSF FOUNDATION 1600 DIVISADERO ST SAN FRANCISCO, CA 94115	NONE	N/A	UNRESTRICTED	25,000
UNITED PLANNING ORGANIZATION 301 RHODE ISLAND AVE NW WASHINGTON, DC 20001	NONE	N/A	UNRESTRICTED	30,000
UNITED SAINTS RECOVERY PROJECT 2309 DRYADES STREET NEW ORLEANS, LA 70113	NONE	N/A	UNRESTRICTED	5,000
<b>Total . . . . . ▶ 3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
UNITED WAY OF COWLITZ COUNTY 1338 COMMERCE SUITE 211 LONGVIEW, WA 98632	NONE	N/A	UNRESTRICTED	50,000
UNIVERSITY CITY CHILDRENS CENTER 6646 VERNON AVE UNIVERSITY CITY, MO 63130	NONE	N/A	UNRESTRICTED	5,000
UNIVERSITY OF SOUTHERN MAINE 96 FALMOUTH STREET PORTLAND, ME 04103	NONE	N/A	UNRESTRICTED	9,000
Total . . . . . ▶ <b>3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VA TECH FOUNDATION 902 PRICES FORK RD SUITE 4500 BLACKSBURG, VA 24061	NONE	N/A	UNRESTRICTED	25,000
VISTA CENTER 2470 EL CAMINO REAL STE 107 PALO ALTO, CA 94306	NONE	N/A	UNRESTRICTED	10,000
WARRENTON HEAD START PO BOX 1163 WARRENTON, OR 97146	NONE	N/A	UNRESTRICTEDUNRESTRICTEDUNRESTRICTED	2,000
<b>Total . . . . . ▶ 3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WASHINGTON PULP & PAPER FOUNDATION INC BLOEDEL HALL PO BOX 352100 SEATTLE, WA 98195	NONE	N/A	RESTRICTED	100,000
WHITMAN COLLEGE345 BOYER AVENUE WALLA WALLA, WA 99362	NONE	N/A	UNRESTRICTED	25,000
WILD ANIMAL SANCTUARY1946 WCR 53 KEENESBURG, CO 80643	NONE	N/A	UNRESTRICTED	5,000
<b>Total . . . . . ▶ 3a</b>				1,988,334

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 or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YMCA OF SOUTHWEST WASHINGTON 766 15TH AVE LONGVIEW, WA 98632	NONE	N/A	UNRESTRICTED	33,334
YOSEMITE CONSERVANCY 1555 MONTHOMERY STREET STE 1104 SAN FRANCISCO, CA 94104	NONE	N/A	UNRESTRICTED	10,000
YOUTH & FAMILY LINKPO BOX 2052 LONGVIEW, WA 98632	NONE	N/A	UNRESTRICTED	27,500
<b>Total . . . . . ▶ 3a</b>				1,988,334

**TY 2018 Accounting Fees Schedule****Name:** THE WOLLENBERG FOUNDATION**EIN:** 94-6072264

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	55,640	55,640		0

**TY 2018 Investments Corporate Stock Schedule****Name:** THE WOLLENBERG FOUNDATION**EIN:** 94-6072264**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
CORPORATE STOCK	11,556,884	13,051,624

**TY 2018 Investments - Other Schedule****Name:** THE WOLLENBERG FOUNDATION**EIN:** 94-6072264**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
HEDGE FUNDS & PRIVATE EQUITY	AT COST	4,758,207	5,412,067
PARTNERSHIPS	AT COST	173,678	166,725
PENINSULA TECH	AT COST	396,468	396,468
PENINSULA VENTURES PRIN	AT COST	13,754	13,754
PENINSULA VENTURES GP	AT COST	5,709	5,709
MUTUAL FUNDS	AT COST	6,861,784	6,134,188
EXCHANGE TRADED & CLOSED-END FUNDS	AT COST	12,005,793	9,333,179
PENINSULA VENTURES IV	AT COST	246,605	246,605



**TY 2018 Other Decreases Schedule****Name:** THE WOLLENBERG FOUNDATION**EIN:** 94-6072264

Description	Amount
CHANGE IN CONTRIBUTION RECEIVABLE	282,457
CHANGE IN GRANTS PAYABLE	307,045

**TY 2018 Other Expenses Schedule****Name:** THE WOLLENBERG FOUNDATION**EIN:** 94-6072264**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FROM PASS-THROUGH ENTITIES	22,756	22,756		0
FILING FEES	150	150		0
OFFICE SUPPLIES	462	0		462
NONDEDUCTIBLE EXPENSES FROM PASSTHROUGHS	30,664	0		0

**TY 2018 Other Income Schedule****Name:** THE WOLLENBERG FOUNDATION**EIN:** 94-6072264**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISC INCOME MORGAN STANLEY	68	68	68
GUARANTEED PAYMENT PASS-THROUGH	8,063	8,063	8,063
OTHER PORTFOLIO INCOME FROM PASS-THROUGHS	92,561	92,561	92,561
FROM PASS-THRU ENTITIES	-1,501	-254	-1,501

**TY 2018 Other Increases Schedule****Name:** THE WOLLENBERG FOUNDATION**EIN:** 94-6072264

Description	Amount
NONDIVIDEND DISTRIBUTIONS	35,331
RETURN OF CAPITAL	29,969

**TY 2018 Other Professional Fees Schedule****Name:** THE WOLLENBERG FOUNDATION**EIN:** 94-6072264

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
CONSULTING & MANAGEMENT FEES	237,105	237,105		0

**TY 2018 Taxes Schedule****Name:** THE WOLLENBERG FOUNDATION**EIN:** 94-6072264

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FOREIGN TAXES	40,230	40,230		0
FEDERAL TAXES	10,000	0		0
STATE TAXES	10	0		0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491310010099	
<div>Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small></div>		<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information</div>			<div>OMB No 1545-0047</div> <div>2018</div>
Name of the organization THE WOLLENBERG FOUNDATION				Employer identification number 94-6072264	
Organization type (check one)					
Filers of:                      Section:					
Form 990 or 990-EZ		<input type="checkbox"/> 501(c)( ) (enter number) organization			
		<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		<input type="checkbox"/> 527 political organization			
Form 990-PF		<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation			
		<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation			
		<input type="checkbox"/> 501(c)(3) taxable private foundation			
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .					
<b>Note.</b> 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					
<input checked="" type="checkbox"/> 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					
<input type="checkbox"/> For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % 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.					
<input type="checkbox"/> 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 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
<input type="checkbox"/> 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$					
<b>Caution.</b> An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it <b>must</b> 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					
For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF		Cat No 30613X		Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	

<b>Name of organization</b> THE WOLLENBERG FOUNDATION	<b>Employer identification number</b> 94-6072264
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**Part I** **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD P WOLLENBERG CHARITABLE LEAD ANNUITY TRUST 4450 COLUMBIA HEIGHTS RD LONGVIEW, WA 98632	\$ 271,415	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )



Employer identification number

94-6072264

Part II	Noncash Property
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(See instructions) Use duplicate copies of Part 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
		\$	

<b>Name of organization</b> THE WOLLENBERG FOUNDATION	<b>Employer identification number</b> 94-6072264
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<b>Part III</b>	<b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	