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Form **990-PF**

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

OMB No 1545 0052

2016

Department of the Treasury Internal Revenue Service

➤ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

F	or cale	ndar	year 2016 or tax year beginning	1	0/18 , 2016,	and ending 12	/3	1 , 2016	
_							Α	Employer identification num	nber
			NG FOUNDATION				Ļ	81-41 <u>59667</u>	
1	.288	Kli	ER RD, SUITE 208				В	Telephone number (see institution (408) 859-319	
2	ONN	CVAL	E, CA 94086					(400) 003-013	
							C	If exemption application is	pending, check here
G	Che	ck al	that apply. X Initial return		Initial return of a form	ner public charity	1	1 Farmer averagestions about	li bara
			Final return	<u> </u>	Amended return	, , , , , , , , , , , , , , , , , , ,	P	1 Foreign organizations, chec	k nere
			Address change	r	Name change		l	2 Foreign organizations meet	
Н	Che	ck tv		501	(c)(3) exempt private f	oundation		here and attach computation	on 🏲 📙
•	Γ		ction 4947(a)(1) nonexempt charitat				Ε	If private foundation status	was terminated
7	Fair				ounting method. X C		1-	under section 507(b)(1)(A)	
•			II, column (c), line 16)		Other (specify)	Ш	F	If the foundation is in a 60	month termination —
	▶ \$		1,929,246. (Pa		column (d) must be or	cash basis.)	†"	under section 507(b)(1)(B)	, check here.
Ī	Part I	TA	nalysis of Revenue and		(a) Revenue and	(b) Net investme	nt	(c) Adjusted net	(d) Disbursements
ت.		_ E	(Denses (The total of amounts in		expenses per books	income		income	for charitable
			lumns (b), (c), and (d) may not ned		·				purposes
			rily equal the amounts in column (a ee instructions))	"					(cash basis only)
չ –		1	Contributions, gifts, grants, etc., received (attach schedule)		1,955,000.				<u> </u>
7 M T		2	Check If the foundation is not required to attach \$	Sch B					
J		9	Interest on savings and temporary cash investments		1.0	•	16	16.	
⇉		3	Dividends and interest from securities		16.		16.	16.	
€			Gross rents						
7		b	Net rental income or (loss).	ŀ					
Į Į	R	6a	Net gain or (loss) from sale of assets not on line 10						
8	E	b	Gross sales price for all assets on line 6a			· · · · · · · · · · · · · · · · · · ·			
3	V E	7	Capital gain net income (from Part IV, line 2)						1
2	N	8	Net short term capital gain						
	U E	9	Income modifications						1
3	_	10 a	Gross sales less returns and						;
)		l b	allowances Less Cost of						
			goods sold						<u> </u>
		_	Gross profit or (loss) (attach schedule) Other income (attach schedule)						
		١	Cities moone (andon portogale)						
		12	Total Add lines 1 through 11		1,955,016.	····	16.	16.	
_		13	Compensation of officers, directors, trustees, e	etc	0.		<u>. U .</u>		
		14	Other employee salaries and wages						
		15	Pension plans, employee benefits						
	A	16 a	Legal fees (attach schedule)			RECE	<u> </u>	VEU_	
	A D M	_	Accounting fees (attach sch)					700	
	, N	·	Other professional fees (attach sch)			E APR	17	2017 9	
	O I S E T R	17	Interest					S	
	P S E T R R	18	Taxes (attach schedule)(see instrs)		····	100			
	A Â	19	Depreciation (attach schedule) and depletion			OGD	E	V, U1	
	1 1	20	Occupancy						
	N V G E	21	Travel, conferences, and meetings						
	A E N X D P	22	Printing and publications						
	Βê	23	Other expenses (attach schedule)		4 550				4 770
	EXPENSES		See Statement	. 1	4,770.			 	4,770.
	Ĕ	24	Total operating and administrative expenses. Add lines 13 through 23		4,770.				4,770.
	5	25	Contributions, gifts, grants paid Part X	V	21,000.				21,000.
		26	Total expenses and disbursements						
			Add lines 24 and 25		25,770.		0.	0.	25,770.
		27	Subtract line 26 from line 12:						
		ª	Excess of revenue over expenses and disbursements		1,929,246.				
		H	Net investment income (if negative, enter -0))	1, 727, 240.	<u> </u>	16.		
		i	Adjusted net income (if negative, enter -0)					16.	

Dave		Attached schedules and amounts in the description	Beginning of year	End o	of year
Part	<u></u> .	Balance Sheets 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		1,929,246.	1,929,246.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
A		Less allowance for doubtful accounts ▶			
š	8	Inventories for sale or use		<u> </u>	
A S E T	9	Prepaid expenses and deferred charges		<u></u>	
Ś	10 a	Investments – U.S. and state government obligations (attach schedule)			
		Investments — corporate stock (attach schedule)			
	c	: Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			<u> </u>
	12	Investments - mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule)			
		Other assets (describe >)			
	16	Total assets (to be completed by all filers – see the instructions Also, see page 1, item I)	0.	1,929,246	1,929,246.
T	17	Accounts payable and accrued expenses			
Ĭ	18	Grants payable			1
A B	19	Deferred revenue			
- [20	Loans from officers, directors, trustees, & other disqualified persons			1
ī	21	Mortgages and other notes payable (attach schedule)			7 '
Ţ	22	Other liabilities (describe►)] .
Ė		Track Patrillation (add tone 17 Abranah 20)	0	0	7
<u>s</u>	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	0.		+
		and complete lines 24 through 26 and lines 30 and 31.			
N F E U	24	Unrestricted		<u> </u>	-
ΤŃ	25	Temporarily restricted			
ΔD	26	Permanently restricted			-
A B S A E L		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			!
FL	27	Capital stock, trust principal, or current funds			-
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund			_
O E	29	Retained earnings, accumulated income, endowment, or other funds		1,929,246	
RS	30	Total net assets or fund balances (see instructions)	0.	1,929,246	<u>. </u>
	31	Total liabilities and net assets/fund balances (see instructions)	0.	1,929,246	
Par	HIII	Analysis of Changes in Net Assets or Fund Balance		, , , , , , , , , , , , , , , , , , , ,	
	Tota	I net assets or fund balances at beginning of year — Part II, col of-year figure reported on prior year's return)		agree with	0.
2		er amount from Part I, line 27a		2	
3		Increases not included in line 2 (itemize)		3	
4		lines 1, 2, and 3			
5		eases not included in line 2 (itemize)		5	
6		Il net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b),	line 30 6	1,929,246.

Form 990-PF (2016) FORESTS				81-4159667	Page 3
	d Losses for Tax on Investmer		·		
(a) List and descriptions of the control of the con	ribe the kind(s) of property sold (e g , r rehouse, or common stock, 200 shares	real estate, MI C Company)	(b) How acquire P — Purchase	ed (C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
			D - Donation		
1a N/A					
<u>b</u>					
					
	(f) Depreciation allowed	(g) Cost or other ba	cie T	(h) Gain or	(loss)
(e) Gross sales price	(or allowable)	plus expense of sa		(e) plus (f) m	
a					
b			-		
C		 			
d					
e					
Complete only for assets st	nowing gain in column (h) and owned to	by the foundation on 12/31,	/69	(I) Gains (Col.	(h)
(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		gain minus col (k), b than -0-) or Losses (fr	ut not less
a					
b					
С					
d					
е					
2 Capital gain net income or	(net capital loss) If gain, also	enter in Part I, line 7 ter -0- in Part I, line 7	_		
· -	—		<u> _ </u>	2	
3 Net short-term capital gain	or (loss) as defined in sections 1222(5	i) and (6):			
If gain, also enter in Part I,	line 8, column (c) (see instructions)	f (loss), enter -0-	- .		
in Part I, line 8	day Castian 4040(a) fan Dadua	d Toy on Not Investm		3	
	der Section 4940(e) for Reduce				
(For optional use by domestic priva	te foundations subject to the section 4940	n(a) tax on het investment in	come)	N/A	
If section 4940(d)(2) applies, leave	ve this part blank				
Was the foundation liable for the	section 4942 tax on the distributable a	amount of any year in the h	nase nerind?	∏Yes	□No
	qualify under section 4940(e) Do not of	• •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	t in each column for each year; see the in		entries		
(a)	(b)			(d)	
Base periód years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets	Distribution (col (b) divided	
2015					
2014					
2013					
2012					
2011					
2 Total of line 1, column (d)				2	
	or the 5-year base period — divide the ation has been in existence if less than		the	3	
4 Enter the net value of nonc	charitable-use assets for 2016 from Par	rt X, line 5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment	t income (1% of Part I, line 27b)		<u> </u>	6	
7 Add lines 5 and 6			-	7	
8 Enter qualifying distribution	•		L	8	
If line 8 is equal to or greater	than line 7, check the box in Part VI, line	e 1b, and complete that part	using a 1% ta	x rate See the	

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Par		 see instruction 	ıs)		
	Exempt operating foundations described in section 4940(d)(2), check here				!
	Date of ruling or determination letter (attach copy of letter if necessary – see instructions)				
	Domestic foundations that meet the section 4940(e) requirements in Part V,	- 1			_0.
	check here. Dand enter 1% of Part I, line 27b				ļ
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			^
3	Add lines 1 and 2	3			<u>0.</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0				$\frac{0.}{0.}$
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			0.
	Credits/Payments				
	2016 estimated tax pmts and 2015 overpayment credited to 2016				
	Exempt foreign organizations – tax withheld at source 6b				
	Tax paid with application for extension of time to file (Form 8868).				
	Backup withholding erroneously withheld 6d				ì
	Total credits and payments Add lines 6a through 6d	7			0.
	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached	8			_ -
_	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 10			
11	Enter the amount of line 10 to be Credited to 2017 estimated tax	▶ 11			
Parl	VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	ıt		Yes	No
	participate or intervene in any political campaign?	··	1 a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes				
-	(see Instructions for the definition)?		1 b		X
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	f			
	Did the foundation file Form 1120-POL for this year?		1 c		
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		10		X
_	(1) On the foundation >\$ 0. (2) On foundation managers >\$	0.	1 1	1	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				
	foundation managers •\$0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If 'Yes,' attach a detailed description of the activities		1		1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	? S	3		<u> X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		<u>X</u>
	If 'Yes,' has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	N.	/A X
3	If 'Yes,' attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or		ĺĺ	ļ	1
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that confi with the state law remain in the governing instrument? 	lict	6		
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	X	
	Enter the states to which the foundation reports or with which it is registered (see instructions)	•			
	CA				;
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				الـــا
	(or designate) of each state as required by General Instruction G ⁷ If 'No,' attach explanation		8b	_X_	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' cor	(3) or 4942(J)(5)			ا ۔ ـ ـ ا
	for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' con	nplete Part XIV	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their name and addresses.	ies	10	,	İ
BAA	and addresses See Statem		10 rm 990	X I-PF (2	2016)
		1.4			

Part VII-A Statements Regarding Activities (continued)			
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	Yes	No X
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	_	х
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ► N/A 14 The books are in care of ► SHUWU SONG Telephone no ► (408	7 -0 - 0		<u>-</u>
Located at > 1288 KIFER RD, SUITE 208 SUNNYVALE CA ZIP + 4 > 94086	1 _033	_213	
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	N/A	<u> </u>	
and enter the amount of tax-exempt interest received or accrued during the year			N/A No
At any time during calendar year 2016, 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?	16	Yes	X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
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.		Yes	No
1 a During the year did the foundation (either directly or indirectly).			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1	1	1
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
(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)? Yes X No			,
(6) Agree to pay money or property to a government official? (Exception. 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) Yes X No			,
b If any answer is 'Yes' to 1a(1)-(6), did any 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)?	1 b	N	/A
Organizations relying on a current notice regarding disaster assistance check here			ļ ,
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 2016?	1 c		X
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)).			
a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?			
If 'Yes,' list the years ► 20 _ , 20 _ , 20 , 20	İ		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		1	
(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.)	2 b	N	/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		111	<u> </u>
► 20 _ , 20 _ , 20 _ , 20			
3a Did the foundation hold more than a 2% direct or indirect interest in any business			1
enterprise at any time during the year?			
b If 'Yes,' did it have excess business holdings in 2016 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 2016)	3 b] ~ - NT	
-	-30	- IN	/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		X
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 2016?	4 b		X
	Form 99		

1288 KIFER RD, SUITE 208 0 SUNNYVALE, CA 94086 YUN LIN CA 94086 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE' (a) Name and address of each employee hours per week devoted to position None (c) Compensation (d) Contributions to employee benefit plans and deferred compensation None (e) Expense account, other allowances	Form 990-PF (2016) FORESTSONG FOUNDAT	TION	4720 May Do Do	81-415	59667 Page 6
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<u> </u>		4/20 May Be Req	uirea (continuea)	
on, directly or indirectly, any voter registration drive? 3) Provide a grant to an individual for travel, study, or other similar purposes? 4) Provide a grant to an individual for travel, study, or other similar purposes? 4) Provide a grant to an individual for travel, study, or other similar purposes of the study, or devices the study of th			n (section 4945(e))?	Yes X	No
(4) Provide a grant to an organization of the than a chantable, etc., organization described in section (4945)(0/40), (5ee instructions) (5) Provide for any purpose other than religious, chantable, scentific, literary, or euclashoral purposes, or for the prevention of cruelty to children armsha?? bit any answer is "Yes" to Self-Off), did any of the transactions fail to qualify under the exceptions of covering the second of the self-off off the transactions and to qualify under the exceptions of the self-off off off the self-off off off off off off off off off of	(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	4955), or to carry	Yes X	No
in section 4945(d)(d)(A)* (see instructions) (S) Fronde for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? If yes X No bit says answers in Xev's to All-(1)—(S), did any of the transactions fails or quality under the exceptions descended in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here it the answer is Yes' to question 54(4), 4656 with formation the table because it maintained expenditure responsibility for the grant? If Yes, attach the statement required by Regulations section 53 4945—5(6). Fa Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract? If Yes's to 86, file Form 8570 A land yith equiring the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes's to 86, file Form 8570 I List all officers, directors, purposeds or have any net income attributable to the transaction? I List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position (for top add, enter -0.) SHUWU SONG 1.288 KIFER RD, SUITE 208 (b) Title, and average hours per suit of the party of the	(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No
b if any annews is "Yes" to Sa(1)—(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance heck here c if the annews is "Yes" to question Sa(3), joint and the satisfaction of the properties of the annews is "Yes" to question Sa(3), joint and profit or any of the transaction of the satisfaction of the profit or any of the satisfaction of the sa	(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions	a charitable, etc , organi s)	zation described	Yes X	No
Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the highest-paid employees for the than those included on line 1—see instructions). Compensation of the highest-paid employees for the than those included on line 1—see instructions). Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the highest-paid employees fother than those included on line 1—see instructions). Compensation of the ma	(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific in of cruelty to children	;, literary, or or animals?	Yes X	No No
c if the answer is 'Yes' to question \$a(a), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation, during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7a At any time during the tax year, was the foundation as party to a prohibited tax shelter transaction? 7b bit 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction? 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers directors, trustees,	(see instructions)?			otions	5b N/A
tax because it maintained expenditure responsibility for the grant? If Yes attach the statement required by Regulations section 53 4945—5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If Yes to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? It is all officers, directors, trustees, foundation managers and their compensation (see instructions). It is all officers, directors, trustees, foundation managers and their compensation (see instructions). It is all officers, directors, trustees, foundation managers and their compensation (see instructions). It is all officers, directors, trustees, foundation managers and their compensation (see instructions). It is all officers, directors, trustees, foundation managers and their compensation (see instructions). It is all officers, directors, trustees, foundation managers and their compensation (see instructions). It is all officers, directors, trustees, foundation managers and their compensation (see instructions). It is all officers, directors, trustees, foundation managers and their compensation (see instructions). If note that the state transaction? If plan and deferred compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter *NONE.* (a) Name and address of each employee form than a deverage horizon paid the proposed form than 350,000 (e) Expense account, other allowances compensation (c) Compensation (c) Compensation (e) Expense account, other allowances compensation of five highest-paid employees (other than those included on line 1 – see instructions). If note that the stat	Organizations relying on a current notice rega	irding disaster assistant	ce check here	• ['
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If 'Yes' to 6b, file Form 8370 7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes Xe	tax because it maintained expenditure respon	sibility for the grant?		N/A Yes	No
on a personal benefit contract? bild the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a At any time during the fave year, was the foundation a party to a prohibited tax shelter transaction? 7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction? 7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction? 7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction? 7b It is all officers, directors, trustees, foundation managers and their compensation (see instructions). 7c It is all officers, directors, trustees, foundation managers and their compensation (see instructions). 8c) Title, and average hours per week devoted to position (Prosition of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter NONE. 9c) SUNNYVALE, CA 94086 9c) SUNNYVALE, CA 94086 9c) SUNNYVALE, CA 94086 9c) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (c) Compensation (e) Expense account, other allowances of the paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (c) Compensation (e) Expense account, other allowances of the remainded paid of the	, , ,		. ,		
## Yes' to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes	on a personal benefit contract?			∐Yes X	
Bit Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b		iums, directly or indirec	ily, on a personal bene	in contract?	60 X
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions).					
Tust all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position (fl not paid, enter -0-). SHUWU SONG President & 0. 0. 0. 1288 KIFER RD, SUITE 208 0 0. 0. 0. 1288 KIFER RD, SUITE 208 0 0. 0. 0. 1288 KIFER RD, SUITE 208 0 0. 0. 0. 1288 KIFER RD, SUITE 208 0 0. 0. 0. 1288 KIFER RD, SUITE 208 0 0. 0. 0. 1288 KIFER RD, SUITE 208 0 0. 0. 0. 1288 KIFER RD, SUITE 208 0 0. 0. 0. 1289 KIFER RD, SUITE 208 (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter *NONE*. (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position of the position of the properties of the remployee benefit plans and deferred compensation of the remployee benefit plans and deferred compensatio					*, **
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Any Any	1 List all officers, directors, trustees, foundation	on managers and their o	compensation (see inst	ructions).	
1288 KIFER RD, SUITE 208	(a) Name and address	hours per week	(If not paid,	employee benefit plans and deferred	
YUN LIN 1288 KIFER RD, SUITE 208 SUNNYVALE, CA 94086 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.' (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 Total number of other employees paid over \$50,000 ↑ O. 0. 0. 0. 0. 0. 0. 0. 0. 0.	1288 KIFER RD, SUITE 208		0.	0.	0.
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE. (a) Name and address of each employee hours per week devoted to position None None Total number of other employees paid over \$50,000		Secretary	<u> </u>	0	
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.' (a) Name and address of each employee hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances. None Total number of other employees paid over \$50,000	1288 KIFER RD, SUITE 208	1 -	0.	· ·	
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(a) Name and address of each employee hours per week devoted to position None Total number of other employees paid over \$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	~				
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(a) Name and address of each employee hours per week devoted to position (c) Compensation employee benefit plans and deferred compensation other allowances	2 Compensation of tive highest-paid employees (o		on me 1 - see mstractio		1
Total number of other employees paid over \$50,000	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other allowances
	None				
	~	-			
	~				
	~				
	~	1			
				<u> </u>	
			2/16/16		

Form 990-PF (2016) FORESTSONG FOUNDATION	81-415	
Part VIII Information About Officers, Directors, Trustees, Found and Contractors (continued)	ation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services (see ins	structions). 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 organizations and other beneficiaries served, conferences convened, research papers produced, etc	information such as the number of	Expenses
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see Instruc		
Describe the two largest program-related investments made by the foundation during the	tax year on lines 1 and 2.	Amount
1		
N/A 2		
All other program-related investments See instructions		
2		i

Form **990-PF** (2016)

Total. Add lines 1 through 3

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Part X Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	reign	foundations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	-	
a Average monthly fair market value of securities	1 a	100 001
b Average of monthly cash balances	1 b	182,021.
c Fair market value of all other assets (see instructions)	1 c	100 001
d Total (add lines 1a, b, and c)	1 d	182,021.
e Reduction claimed for blockage or other factors reported on lines 1a and	4	
1c (attach detailed explanation) 1 e 0.	-44-	0
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	182,021.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	2,730.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	179,291.
6 Minimum investment return. Enter 5% of line 5 Short Year Modified Percentage 1.0246 %	6	1,837.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here ► and do not complete this part.)	ting fo	oundations
1 Minimum investment return from Part X, line 6	1	1,837.
2a Tax on investment income for 2016 from Part VI, line 5		
b Income tax for 2016 (This does not include the tax from Part VI).	1 -	
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	1,837.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	1,837.
6 Deduction from distributable amount (see instructions)	6_	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	1,837.
Part XII Qualifying Distributions (see instructions)		·
 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 	1 a	25,770.
b Program-related investments — total from Part IX-B.	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	25,770.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5_	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	25,770.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	indation	
BAA		Form 990-PF (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
Distributable amount for 2016 from Part XI, line 7	<u> </u>			
2 Undistributed income, if any, as of the end of 2016:				1,837.
a Enter amount for 2015 only			0.	į.
b Total for prior years: 20 , 20 , 20		0.	· · · · · ·	
3 Excess distributions carryover, if any, to 2016.				
a From 2011		ll .		}
b From 2012				1
c From 2013				İ
d From 2014				1
e From 2015				
f Total of lines 3a through e				!
4 Qualifying distributions for 2016 from Part	0.			
		II.		
XII, fine 4 \$ 25,770. a Applied to 2015, but not more than line 2a				
t e e e e e e e e e e e e e e e e e e e			0.	,
b Applied to undistributed income of prior years (Election required — see instructions)		0.		ı
,		·		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2016 distributable amount			······································	1,837.
e Remaining amount distributed out of corpus	23,933.			
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
Same amount must be shown in column (a)				1
6 Enter the net total of each column as indicated below:				1
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	23,933.		1	ı
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		0.		!
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		 	
d Subtract line 6c from line 6b Taxable amount — see instructions.		0.		ı
				 -
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount — see instructions.			0.	
			<u> </u>	
f Undistributed income for 2016. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2017				0.
7 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.			•
· · · · · · · · · · · · · · · · · · ·				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	0.			;
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	23,933.			
10 Analysis of line 9.				
a Excess from 2012				
b Excess from 2013			İ	1
c Excess from 2014				
d Excess from 2015	(-	i	1
e Excess from 2016 23, 933.				
BAA				Form 990-PF (2016)

Form 990-PF (2016) FORESTS					81-415966	
*			ctions and Part			N/A
1 a If the foundation has received is effective for 2016, enter	the date of the r	uling			· •	
b Check box to indicate whet	<u>-</u> -		rating foundation de		4942(J)(3) or	4942(j)(5)
2a Enter the lesser of the adjustincome from Part I or the r	ninimum	Tax year	42.0015	Prior 3 years	4 1) 0012	(e) Total
investment return from Par each year listed	t X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
b 85% of line 2a	-					
 Qualifying distributions from line 4 for each year listed 	n Part XII,					
d Amounts included in line 2c not us for active conduct of exempt activi						
 Qualifying distributions main for active conduct of exemples Subtract line 2d from line 2 	ot activities 2c					
3 Complete 3a, b, or c for the alternative test relied upon						
a 'Assets' alternative test —	enter					
(1) Value of all assets						
(2) Value of assets qualify section 4942(j)(3)(B)(i)	ing under					
b 'Endowment' alternative test — en minimum investment return showr line 6 for each year listed		ļ				
c 'Support' alternative test -	enter -					
(1) Total support other tha investment income (int dividends, rents, paym on securities loans (se- 512(a)(5)), or royalties;	erest, ents ction					,
(2) Support from general public a more exempt organizations as in section 4942(j)(3)(B)(III)						
(3) Largest amount of sup an exempt organization						
(4) Gross investment incor						
Part XV Supplementary assets at any tir	Information (ne during the	Complete this vear — see ins	part only if the structions.)	foundation had	\$5,000 or more	in
1 Information Regarding For a List any managers of the four close of any tax year (but of See Statement 3	undation Manage	ers:	an 2% of the total co	intributions received section 507(d)(2)	by the foundation bet	fore the
b List any managers of the fou a partnership or other entit None	ndation who own y) of which the fi	10% or more of the oundation has a 10	stock of a corporation 0% or greater intere	n (or an equally large est	portion of the owner	rship of
2 Information Regarding Cont Check here ► X if the for requests for funds. If the four complete items 2a, b, c, and	undation only mak ndation makes gift nd d	tes contributions to pass, grants, etc. (see	preselected charitable instructions) to indivi	duals or organization	s under other condit	
a The name, address, and tele	phone number or	e-mail address of th	e person to whom ap	oplications should be	addressed	
b The form in which applicat	ions should be si	ubmitted and inform	mation and materia	is they should inclu	de	
c Any submission deadlines.						
d Any restrictions or limitation	ns on awards, so	uch as by geograpi	nical areas, charitat	ole fields, kinds of i	nstitutions, or other	factors:

Page 11

3 Grants and Contributions Paid During the	If recipient is an individual	T aymen	 T	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	Tookpront	i	
a Paid during the year	Donation	PC	To holm shows the	1,000
Santa Clara University 500 El Camino Real	Donation		To help shape the	1,000
Santa Clara CA 95053			next generation of leaders and global	
Santa Clara CK 75055			thinkers.	
Evergreen School District	Donation	PC	To provides all	20,000
3188 Quimby Road		ļ	students a high	
San Jos CA 95148			quality education in a safe and nurturing environment where	
			each student demonstrates a	
			spirit of respect,	
			responsibility and a commitment to	
			academic and civic excellence.	
Total		<u> </u>	▶ 3a	21,00
b Approved for future payment			32	21,00
		1		

	r gross amounts unless otherwise indicated		d business income	Excluded by	section 512, 513, or 514	(-)
	_	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions)
а						
b						
С						
d						
е						
f						
-	Fees and contracts from government agencies					<u> </u>
	Membership dues and assessments					
3	Interest on savings and temporary cash investments					16.
4	Dividends and interest from securities	<u> </u>				
5	Net rental income or (loss) from real estate Debt-financed property					
	Not debt-financed property	<u> </u>				
6	Net rental income or (loss) from personal property	<u> </u>			<u> </u>	
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
	Net income or (loss) from special events				,	
10	Gross profit or (loss) from sales of inventory					
11	Other revenue					
а						
b			<u></u>	- - 		<u>-</u> -
С						·
d						
е						
12	Culptotal Add agluman (b) (d) and (a)					
12	Subtotal. Add columns (b), (d), and (e)					16.
13	Total. Add line 12, columns (b), (d), and (e)	<u></u>	. <u> </u>		13	16. 16.
13 (See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcul				•	
13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities to t	he Accompli			es	16.
13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities to t	he Accompli			es	16.
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities to ten. Explain below how each activity for which accomplishment of the foundation's exem	he Accompli			es	16.
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities to t	he Accompli			es	16.
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities to ten. Explain below how each activity for which accomplishment of the foundation's exem	he Accompli			es	16.
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities to ten. Explain below how each activity for which accomplishment of the foundation's exem	he Accompli			es	16.
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13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities to ten. Explain below how each activity for which accomplishment of the foundation's exem	he Accompli			es	16.
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13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities to ten. Explain below how each activity for which accomplishment of the foundation's exem	he Accompli			es	16.
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities to ten. Explain below how each activity for which accomplishment of the foundation's exem	he Accompli			es	16.
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities to ten. Explain below how each activity for which accomplishment of the foundation's exem	he Accompli			es	16.
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities to ten. Explain below how each activity for which accomplishment of the foundation's exem	he Accompli			es	16.
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities to ten. Explain below how each activity for which accomplishment of the foundation's exem	he Accompli			es	16.
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities to ten. Explain below how each activity for which accomplishment of the foundation's exem	he Accompli			es	16.
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities to ten. Explain below how each activity for which accomplishment of the foundation's exem	he Accompli			es	16.
13 (See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcult XVI-B Relationship of Activities to ten. Explain below how each activity for which accomplishment of the foundation's exem	he Accompli			es	16.

Yes No

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

	organization directly ed in section 501(c) o to political organizat		page in any of the following wer than section 501(c)(3) orga	ith any other or nizations) or in	ganızatıon section 527,		105 110
a Transfe	rs from the reporting	foundation to a	noncharitable exempt organi	zation of			
(1) Cas	sh					1 a (1)	X
(2) Oth	er assets					1 a (2)	X
b Other tr	ansactions						
(1) Sale	es of assets to a non	charitable exem	pt organization			1 b (1)	X
(2) Pur	chases of assets fror	n a noncharitabl	e exempt organization			1 b (2)	X
(3) Ren	ntal of facilities, equip	oment, or other a	assets			1 b (3)	X
(4) Reii	mbursement arrange	ments				1 b (4)	X
(5) Loa	ns or loan guarantee	:S				1 b (5)	X
(6) Per	formance of services	or membership	or fundraising solicitations			1 b (6)	X_
c Sharing	of facilities, equipme	ent, mailing lists	, other assets, or paid emplo	yees		1 c	X
any trar	nsaction or sharing a	rrangement, sho	omplete the following schedul e reporting foundation If the for w in column (d) the value of	the goods, othe	r assets, or services receive	ed	
(a) Line no	(b) Amount involved	(c) Name of	noncharitable exempt organization	(d) Descri	ption of transfers, transactions, and	sharing arran	gements
N/A				ļ			
							
				ļ			
				ļ			<u> </u>
				<u> </u>			
describe	oundation directly or inc ed in section 501(c) of complete the following	of the Code (oth	with, or related to, one or more er than section 501(c)(3)) or	tax-exempt orga in section 527?	nizations	Yes	X No
(a	Name of organizati	ion	(b) Type of organizatio	n	(c) Description of re	lationship	
N/A							
Under	negalities of peruiny. I declar	re that I have examine	d this return, including accompanying	schedules and stater	nents, and to the best of my knowledg	ne and belief. i	t is true.
correct	and complete Declaration	of preparer (other the	an taxpayer) is based on all information	of which preparer h	as any knowledge		
Sign	4			2-1		May the I this return	RS discuss n with the
Here			- 14/14/	T CEO		preparer (see instr	shown below uctions)?
Sign	aldre of officer or trustee		Date	Title			Yes No
	Print/Type preparer's na	me	Preparer's signature	en Die	4// Check If	PTIN	
Paid	SHUANG MAO E	Ξ.A.	SHUANG MAO E.A.	0	self-employed	P00660	082
Preparer			SERVICES, INC		Firm's EIN ► 26-3	3000418	
Use Only	_	1621A S MAI					
USC Only	_		A 95035		Phone no (408	3) 392-	9977
BAA	<u>.</u>	······································	21 33033		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0-PF (2016
						. 5.111 33	(2010)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545 0047

2016

Name of the organization		Employer Identification number
FORESTSONG FOUNDATION		81-4159667
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	on
	4947(a)(1) nonexempt charitable trust no	t treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
FOIII 930-PF	=	
	4947(a)(1) nonexempt charitable trust tre	ated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the General	I Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the Genera	Rule and a Special Rule. See instructions
General Rule		
X For an organization filing Form 990, 990-E2	Z, or 990-PF that received, during the year, cointended to the Parts I and II. See instructions for determinate.	ntributions totaling \$5,000 or more (in money or
property) from any one contributor comple	ter and and an obe instructions for determine	and a contributor a total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi).	P1(c)(3) filing Form 990 or 990-EZ that met the that checked Schedule A (Form 990 or 990-EZ), Fine year, total contributions of the greater of (10-EZ, line 1 Complete Parts I and II	Part II. line 13, 16a, or 16b, and that
during the year, total contributions of more	ol(c)(7), (8), or (10) filing Form 990 or 990-EZ than \$1,000 <i>exclusively</i> for religious, charitable o children or animals. Complete Parts I, II, and	e, scientific, literary, or educational
during the year, contributions exclusively to \$1,000 If this box is checked, enter here the charitable, etc., purpose Don't complete ar	or (c)(7), (8), or (10) filing Form 990 or 990-EZ or religious, charitable, etc., purposes, but no see total contributions that were received during my of the parts unless the General Rule applies ble, etc., contributions totaling \$5,000 or more	such contributions totaled more than I the year for an <i>exclusively</i> religious, Is to this organization because
Caution. An organization that isn't covered by 990-PF), but it must answer 'No' on Part IV, Iir Part I, line 2, to certify that it doesn't meet the	ne 2, of its Form 990, or check the box on line filing requirements of Schedule B (Form 990,	H of its Form 990-EZ or on its Form 990-PF,

	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	1 of 1 of Part I
Name of org	anization ISONG FOUNDATION	• •	identification number
	Contributors (see instructions) Use duplicate copies of Part I if additional space		133001
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SHUWU SONG & YUN LIN		Person X Payroll
	1288 KIFER RD, SUITE 208	\$1,700,000.	Noncash
	SUNNYVALE, CA 94086		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SONGLIN FAMILY FOUNDATION		Person X Payroll
	15314_SOBEY_RD	\$255,000.	Noncash
	SARATOGA, CA 95070		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-~-		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
RΔΔ	TEF 407021 08/09/16	Schedule R (Form 99	0. 990-F7. or 990-PF) (2016)

FORESTSONG FOUNDATION

1 to 1 of Part II
Employer identification number

81-4159667

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional sp	pace is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	\$	
(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
		\$	
BAA	Sche	edule B (Form 990, 990-E	Z, or 990-PF) (2016)

1 of Part III

Name of organization
FORESTSONG FOUNDATION

Employer	IDENUISCATION	number
81 - 41	59667	

Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contributor. ompleting Part III, enter the total of e. (Enter this information once. See inst	xclusively religious, charitable, etc ,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	Purpose of gift	Use or gin	Description of now gift is neid
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
BAA			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

2016	Fe	dera	l Stater	nents		Page '
	FOR	ESTS	ONG FOU	IDATION		81-415966
Statement 1 Form 990-PF, Part I, Line 23 Other Expenses						
			(a) xpenses er Books	(b) Net Investment Income	(c) Adjusted <u>Net Income</u>	(d) Charitable <u>Purposes</u>
Set Up Fees Supplies Expense	Total	\$ <u>\$</u>	4,747. 23. 4,770.	\$ 0.	\$ 0.	\$ 4,747. \$ 23. \$ 4,770.

Form 990-PF, Part VII-A, Line 10 Substantial Contributors During the Tax Year

Name of Substantial Contributor Address of Substantial Contributor

SHUWU SONG & YUN LIN

1288 KIFER RD, SUITE 208 SUNNYVALE, CA 94086

Statement 3 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or More Contributors

SHUWU SONG YUN LIN