

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation BOB BARKER COMPANY FOUNDATION INC		A Employer identification number 20-1276455	
Number and street (or P O box number if mail is not delivered to street address) 7925 PURFOY ROAD		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code FUQUAYVARINA, NC 27526		B Telephone number (see instructions) (919) 552-3431	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation	
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	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 8,915,298		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(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)	1,597,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	897	897		
	4 Dividends and interest from securities	467	467		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	423,415			
	b Gross sales price for all assets on line 6a	5,322,152			
	7 Capital gain net income (from Part IV, line 2)		423,415		
	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)				
	12 Total. Add lines 1 through 11	2,021,779	424,779		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages	106,883	0		106,883
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	4,044	4,044		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	3,291	0		3,291
	22 Printing and publications	11,598	0		11,598
	23 Other expenses (attach schedule)	2,179	200		1,979
	24 Total operating and administrative expenses. Add lines 13 through 23	127,995	4,244		123,751
	25 Contributions, gifts, grants paid	612,500			612,500
	26 Total expenses and disbursements. Add lines 24 and 25	740,495	4,244		736,251
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	1,281,284			
	b Net investment income (if negative, enter -0-)		420,535		
	c Adjusted net income (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	953,042	1,225,541	1,225,541
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ 257			
	Less allowance for doubtful accounts ▶	2,469	257	257
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	879		
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	4,314,924	5,632,549	7,687,128
	c Investments—corporate bonds (attach schedule)	24,060	0	0
	11 Investments—land, buildings, and equipment basis ▶			
Less accumulated depreciation (attach schedule) ▶				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)				
14 Land, buildings, and equipment basis ▶				
Less accumulated depreciation (attach schedule) ▶				
15 Other assets (describe ▶)	0	2,372	2,372	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	5,295,374	6,860,719	8,915,298	
Liabilities	17 Accounts payable and accrued expenses	2,029	-13,358	
	18 Grants payable			
	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 ▶)	0	182,191	
	23 Total liabilities (add lines 17 through 22)	2,029	168,833	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	5,293,345	6,691,886	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	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 Total net assets or fund balances (see instructions)	5,293,345	6,691,886		
31 Total liabilities and net assets/fund balances (see instructions) .	5,295,374	6,860,719		

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	5,293,345
2 Enter amount from Part I, line 27a	2	1,281,284
3 Other increases not included in line 2 (itemize) ▶	3	117,257
4 Add lines 1, 2, and 3	4	6,691,886
5 Decreases not included in line 2 (itemize) ▶	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	6,691,886

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)
1a See Additional Data Table			
b			
c			
d			
e			

(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)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from 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	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	423,415
3 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))
2016	631,890	5,101,471	0 123864
2015	570,104	5,004,865	0 113910
2014	438,159	4,397,384	0 099641
2013	290,263	3,659,908	0 079309
2012	144,759	2,726,668	0 053090
2 Total of line 1, column (d)			2 0 469814
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 093963
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 6,796,163
5 Multiply line 4 by line 3			5 638,588
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 4,205
7 Add lines 5 and 6			7 642,793
8 Enter qualifying distributions from Part XII, line 4			8 736,251

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)

1a	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	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	4,205
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	4,205
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	4,205
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	7,319
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	7,319
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	3,114
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 3,114 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a 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?	1a	No
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>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0		
2 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>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 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>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NC		
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> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions).	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>HTTP //WWW.BOBBARKERCOMPANYFOUNDATION.ORG/</u>	13	Yes	
14	The books are in care of ▶ <u>DEBBIE JESSEE</u> Telephone no ▶ <u>(919) 552-3431</u>			

Located at **▶** 7925 PURFOY ROAD FUQUAYVARINA NC ZIP+4 **▶** 27526

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/>	15		
16	At any time during calendar year 2017, 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? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
(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? (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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> 1b			
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 2017? <input type="checkbox"/> 1c			No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> 2b			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2017 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 2017). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a			No
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 2017? 4b			No

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

5a	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	If any answer is "Yes" to 5a(1)–(5), did any 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)?		5b		
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>				
6a	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	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	No	
	<i>If "Yes" to 6b, file Form 8870</i>				
7a	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	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b		

Part VIII

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

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ROBERT J BARKER JR 7925 PURFOY ROAD FUQUAYVARINA, NC 27526	DIRECTOR 0 20	0	0	0
ROBERT J BARKER 7925 PURFOY ROAD FUQUAYVARINA, NC 27526	DIRECTOR 0 10	0	0	0
PATRICIA M BARKER 7925 PURFOY ROAD FUQUAYVARINA, NC 27526	DIRECTOR 0 10	0	0	0
NANCY B JOHNS 7925 PURFOY ROAD FUQUAYVARINA, NC 27526	DIRECTOR 0 20	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 paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. ▶

0

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
1	
2	
3	
4	

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
1	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 ▶

0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	6,631,440
b	Average of monthly cash balances.	1b	268,218
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	6,899,658
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	6,899,658
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	103,495
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	6,796,163
6	Minimum investment return. Enter 5% of line 5.	6	339,808

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.)

1	Minimum investment return from Part X, line 6.	1	339,808
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	4,205
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	4,205
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	335,603
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	335,603
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	335,603

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	736,251
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	736,251
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	4,205
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	732,046

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				335,603
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	9,099			
b From 2013.	114,801			
c From 2014.	226,490			
d From 2015.	326,673			
e From 2016.	378,178			
f Total of lines 3a through e.	1,055,241			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 736,251				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				335,603
e Remaining amount distributed out of corpus	400,648			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,455,889			
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		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7 (see instructions).	9,099			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	1,446,790			
10 Analysis of line 9				
a Excess from 2013.	114,801			
b Excess from 2014.	226,490			
c Excess from 2015.	326,673			
d Excess from 2016.	378,178			
e Excess from 2017.	400,648			

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 2017, 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)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization 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. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

BOB BARKER COMPANY FOUNDATION
7925 PURFOY ROAD
FUQUAYVARINA, NC 27526
(919) 552-3431

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

THE BOB BARKER COMPANY FOUNDATION USES AND ONLINE SYSTEM FOR ALL STAGES OF THEIR GRANT MAKING AND IS COMPRISED OF THREE STEPS 1 GUIDELINE REVIEW 2 LETTER OF INQUIRY 3 GRANT APPLICATION

c Any submission deadlines

NO SUBMISSION DEADLINES

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

GUIDELINES THIS FOUNDATION SEEKS TO FUND ORGANIZATIONS THAT ARE WELL MANAGED, HAVE A FINANCIAL AND FUNDRAISING PLAN, ENGAGE IN STRATEGIC PLANNING AND HAVE A STRONG LEADERSHIP AND LIVELY GOVERNANCE 1 YOUR ORGANIZATION'S WORK MUST RESULT IN REDUCING RECIDIVISM, 2 YOUR ORGANIZATION MUST WORK WITH INCARCERATED OR FORMERLY INCARCERATED INDIVIDUALS OR THEIR FAMILIES, 3 YOUR ORGANIZATION MUST HAVE A 501(C) (3) TAX-EXEMPT STATUS, OR MUST BE A GOVERNMENTAL, EDUCATIONAL, OR RESEARCH INSTITUTION WITH TAX-EXEMPT STATUS, 4 YOUR METHODS MUST BE "EVIDENCE BASED OR USE "BEST PRACTICES," 5 YOUR ORGANIZATION MUST WORK WITH A MINIMUM OF 100 INCARCERATED OR FORMERLY INCARCERATED INDIVIDUALS ANNUALLY, 6 HIGHER PREFERENCE WILL BE GIVEN TO ORGANIZATIONS WORKING WITHIN NORTH CAROLINA, 7 GRANTS WILL GENERALLY BE IN THE RANGE OF \$5,000 TO \$25,000 AND WILL BE DEPENDENT UPON PROVEN RECIDIVISM REDUCTION AND COST EFFECTIVE METHODS

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)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	612,500
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations)

[illegible]

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

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

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

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

b If "Yes," complete the following schedule

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2018-11-12	*****
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	RICK PADEN		2018-11-12		P00589732
	Firm's name ► DIXON HUGHES GOODMAN LLP				Firm's EIN ► 56-0747981
Firm's address ► 2501 BLUE RIDGE ROAD SUITE 500 RALEIGH, NC 27607					Phone no (919) 876-4546

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 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)
ALTRIA GROUP INC - 49/SH			2017-12-20
AMERICAN WATER WORKS CO - 2007/SH			2017-08-17
AMKOR TECH INC - 5000/SH			2017-01-25
ANALOG DEVICES INC - 1/SH			2017-01-26
APPLIED OPTOELECTRONICS - 400/SH			2017-03-15
ARALEZ PHARMA - 5000/SH			2017-04-10
AROTECH CORP - 35500/SH			2017-03-19
ASURE SOFTWARE - 1000/SH			2017-08-28
BGC PARTNERS - 1000/SH			2017-12-18
BOFI HOLDINGS INC - 1000/SH			2017-03-14

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
3,244		3,415	-171
143,853		157,958	-14,105
48,954		46,609	2,345
57		57	0
17,552		22,515	-4,963
21,850		22,700	-850
114,271		137,849	-23,578
10,901		13,106	-2,205
15,268		16,692	-1,424
28,621		29,475	-854

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-171
			-14,105
			2,345
			0
			-4,963
			-850
			-23,578
			-2,205
			-1,424
			-854

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 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)
BRASKEM SA - 3000/SH			2017-03-13
BRITISH AMERICAN TOBACCO - 1922/SH			2017-07-27
CABOT OIL & GAS - 1000/SH			2017-12-07
CALLON PETROL - 2000/SH			2017-02-07
CANTELL MEDICAL CORP - 500/SH			2017-03-14
CIRRUS LOGIC INC - 500/SH			2017-07-31
COGNEX CORP - 250 SH			2017-11-20
CORECIVIC INC - 1000/SH			2017-03-24
CTRIPO COM ITL - 1000/SH			2017-10-20
EAGLE PHARMA - 350/SH			2017-01-25

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
59,482		62,050	-2,568
119,973		133,110	-13,137
27,892		29,072	-1,180
28,200		32,780	-4,580
37,871		40,845	-2,974
30,586		33,695	-3,109
35,225		26,473	8,752
31,852		32,737	-885
49,265		55,285	-6,020
22,654		26,523	-3,869

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from 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	
			-2,568
			-13,137
			-1,180
			-4,580
			-2,974
			-3,109
			8,752
			-885
			-6,020
			-3,869

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 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)
ELECTRO SCIENTIFIC - 100/SH			2017-12-11
EXELIXIS INC - 1000/SH			2017-11-01
FATE THERAPEUTICS - 2000/SH			2017-05-18
FIVE PRIME THERAPEUTICS - 500/SH			2017-01-25
FORESCOUT TECH - 1000/SH			2017-12-05
GEO GROUP INC COM - 3207/SH			2017-08-10
GENOMIC HEALTH INC - 1000/SH			2017-05-10
GLAUKOS CORP - 3000/SH			2017-05-16
GRUPO SUPERVIELLE - 1000/SH			2017-11-17
HEALTH INS INNOV - 8000/SH			2017-09-01

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
2,041		2,634	-593
24,372		27,857	-3,485
7,773		8,717	-944
21,872		25,550	-3,678
22,631		27,507	-4,876
84,388		52,130	32,258
29,725		31,657	-1,932
117,927		105,979	11,948
24,914		26,707	-1,793
220,787		158,270	62,517

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-593
			-3,485
			-944
			-3,678
			-4,876
			32,258
			-1,932
			11,948
			-1,793
			62,517

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 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)
HESKA CORP - 1500/SH			2017-10-30
IMPERVA INC - 1000/SH			2017-08-10
INTREXON CORP - 2000/SH			2017-08-01
ISHARES CORE - 1509/SH			2017-08-17
LINEAR TECH - 511/SH			2017-03-13
LOCKHEED MARTIN - 603/SH			2017-08-17
LOGMEIN INC - 500/SH			2017-11-10
LUMBER LIQUIDATORS - 2000/SH			2017-10-30
LUMENTUM HOLDINGS - 1000/SH			2017-05-03
MATCH GROUP - 2000/SH			2017-03-14

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
136,242		160,508	-24,266
41,843		48,857	-7,014
42,155		44,375	-2,220
102,907		102,832	75
33,367		22,766	10,601
183,630		164,296	19,334
57,922		61,302	-3,380
69,812		76,827	-7,015
40,855		38,162	2,693
33,073		37,080	-4,007

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-24,266
			-7,014
			-2,220
			75
			10,601
			19,334
			-3,380
			-7,015
			2,693
			-4,007

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 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)
MINDBODY INC - 1000/SH			2014-03-14
MOMO INC - 3000/SH			2017-08-28
NATIONAL STORAGE AFFIL - 88/SH			2017-08-17
NETGEAR = 1000/SH			2017-02-24
NVIDIA CORP - 800/SH			2017-03-09
OCLARO INC - 25000/SH			2017-04-28
ONEOK INC - 518/SH			2017-06-08
PC-TEL INC - 100/SH			2017-05-10
PLANET FITNESS INC - 400/SH			2017-03-14
PRIMORIS SERVICE CORP - 1002/SH			2017-11-10

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
26,217		26,676	-459
101,426		97,484	3,942
1,939		1,974	-35
54,999		49,950	5,049
78,324		50,860	27,464
185,837		231,667	-45,830
25,276		25,999	-723
676		791	-115
8,005		8,208	-203
26,726		28,082	-1,356

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-459
			3,942
			-35
			5,049
			27,464
			-45,830
			-723
			-115
			-203
			-1,356

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 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)
PROOFPOINT INC - 4500/SH			2017-10-25
QIWI PLC - 2017/SH			2017-07-17
REYNOLDS AMERICAN - 121/SH			2017-07-25
RIO TINTO PLC - 5000/SH			2017-07-25
ROKU INC - 1000/SH			2017-12-16
SHOPIFY INC - 700/SH			2017-12-20
SNAP INC - 2000/SH			2017-11-10
SPARTAN MTRS INC - 1000/SH			2017-12-27
TABULA RASA HEALTHCARE - 100/SH			2017-12-11
TANGER FACTORY OUTLET - 37/SH			2017-03-15

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
384,197		393,076	-8,879
41,595		43,415	-1,820
8,029		6,949	1,080
197,090		195,764	1,326
38,355		35,007	3,348
75,641		55,998	19,643
24,833		27,685	-2,852
16,443		17,207	-764
2,837		3,612	-775
1,177		1,316	-139

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-8,879
			-1,820
			1,080
			1,326
			3,348
			19,643
			-2,852
			-764
			-775
			-139

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 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)
3M CO COM - 101/SH			2017-08-17
ULTA BEAUTY INC - 300/SH			2017-08-17
VANDA PHARMA - 3000/SH			2017-10-20
VANGUARD - 503/SH			2017-07-07
VEEVA SYSTEMS - 1500/SH			2017-12-12
ATHENE HOLDINGS - 700/SH			2017-01-17
KORNIT DIGITAL - 2000/SH			2017-05-25
WRIGHT MEDICAL - 500/SH			2017-11-03
AT&T INC - 2177/SH			2017-10-25
ALARM COM - 500/SH			2017-01-26

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
20,687		20,507	180
72,721		84,631	-11,910
47,872		55,357	-7,485
40,922		40,329	593
84,416		78,999	5,417
35,015		34,325	690
35,104		35,514	-410
12,145		12,838	-693
74,539		73,342	1,197
13,500		9,757	3,743

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			180
			-11,910
			-7,485
			593
			5,417
			690
			-410
			-693
			1,197
			3,743

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 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)
ALTRIA GROUP INC - 1379/SH			2017-08-17
FNB CORP - 20000/SH			2017-09-08
NATIONAL STORAGE - 2030/SH			2017-08-17
REYNOLDS AMERICAN - 3532/SH			2017-07-25
TANGER FACTORY - 1000/SH			2017-03-15
3M CO - 12/SH			2017-08-17
ULTA BEAUTY - 1200/SH			2017-08-17
VEEVA SYSTEMS - 3000/SH			2017-12-12
WRIGHT MEDICAL GROUP - 1000/SH			2017-11-03
AT&T INC - 112/SH			2017-10-25

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
89,989		54,661	35,328
252,688		119,900	132,788
44,470		40,018	4,452
232,664		171,222	61,442
31,823		31,805	18
2,443		1,768	675
290,883		229,687	61,196
168,831		123,520	45,311
24,287		21,020	3,267
3,830		4,326	-496

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			35,328
			132,788
			4,452
			61,442
			18
			675
			61,196
			45,311
			3,267
			-496

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 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)
ALARM COM - 3500/SH			2017-01-26
ALIGN TECHNOLOGIES - 800/SH			2017-11-21
ALNYLAM PHARMA INC - 250/SH			2017-11-21
ALTERZ INC - 1000/SH			2017-10-20

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h


(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)
94,468		95,805	-1,337
150,995		75,401	75,594
28,399		9,375	19,024
24,032		25,951	-1,919

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from 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	
			-1,337
			75,594
			19,024
			-1,919

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)				
a <i>Paid during the year</i>				
CENTER FOR COMMUNITY TRANSITIONS 5825 OLD CONCORD RD CHARLOTTE, NC 28213	NONE	501(C)(3)	GENERAL OPERATING	22,500
JOBS FOR LIFE103 ENTERPRISE ST 201 RALEIGH, NC 27607	NONE	501(C)(3)	GENERAL OPERATING	25,000
RE-ENTRY ALLIANCE PENSACOLA INC PO BOX 13224 PENSACOLA, FL 32591	NONE	501(C)(3)	GENERAL OPERATING	20,000
Total ▶ 3a				612,500

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)				
a Paid during the year				
KING OF GLORY2304 PAGE ROAD DURHAM, NC 22703	NONE	501(C)(3)	GENERAL OPERATING	5,000
MENTANOIA PRISON MINISTRIES PO BOX 890233 CHARLOTTE, NC 28289	NONE	501(C)(3)	GENERAL OPERATING	25,000
PHEONIX HOMETOWN HIRES 20 N 4TH STREET WILMINGTON, NC 28401	NONE	501(C)(3)	GENERAL OPERATING	10,000
Total ▶ 3a				612,500

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)				
a <i>Paid during the year</i>				
SCHOOL FOR CONVERSION 923 ONSLOW STREET DURHAM, NC 27705	NONE	501(C)(3)	GENERAL OPERATING	15,000
TROSA1820 JAMES ST DURHAM, NC 27707	NONE	501(C)(3)	GENERAL OPERATING	25,000
YOKEFELLOWS PRISON MINISTRY PO BOX 38964 GREENSBORO, NC 27438	NONE	501(C)(3)	GENERAL OPERATING	25,000
Total 				612,500
3a				

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)				
a <i>Paid during the year</i>				
MEN OF VALORPO BOX 223793 CHANTILLY, VA 20153	NONE	501(C)(3)	GENERAL OPERATING	25,000
COMMUNITY SUCCESS INITIATIVE 1830 TILLERY PL RALEIGH, NC 27604	NONE	501(C)(3)	GENERAL OPERATING	20,000
CHRISTIAN LIBRARY INTERNATIONAL 4724 HARGROVE RD RALEIGH, NC 27616	NONE	501(C)(3)	GENERAL OPERATING	25,000
Total ▶ 3a				612,500

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)				
a <i>Paid during the year</i>				
LIFE OF NC DBA STRIVEPO BOX 30733 GREENVILLE, NC 27833	NONE	501(C)(3)	GENERAL OPERATING	25,000
TRIANGLE COMMUNITY FOUNDATION 800 PARK OFFICE DR 201 RESEARCH TRIANGLE PARK, NC 27709	NONE	501(C)(3)	GENERAL OPERATING	25,000
BRIDGES TO LIFEPO BOX 570895 HOUSTON, TX 77257	NONE	501(C)(3)	GENERAL OPERATING	25,000
Total ▶ 3a				612,500

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)				
a Paid during the year				
CHRYSLIS MINISTRIES 509 SAN PEDRO AVE SAN ANTONIO, TX 78212	NONE	501(C)(3)	GENERAL OPERATING	20,000
HEALING TRANSITIONS 1251 GOODE STREET RALEIGH, NC 27603	NONE	501(C)(3)	GENERAL OPERATING	15,000
HOUR CHILDREN36-11 12TH ST LONG ISLAND, NY 11106	NONE	501(C)(3)	GENERAL OPERATING	15,000
Total ▶ 3a				612,500

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)				
a <i>Paid during the year</i>				
STEP UP MINISTRY1701 OBERLIN RD RALEIGH, NC 27608	NONE	501(C)(3)	GENERAL OPERATING	20,000
COMMUNITY MEDIATION MARYLAND 310 TULIP AVE TAKOMA PARK, MD 20912	NONE	501(C)(3)	GENERAL OPERATING	20,000
FIRST AT BLUE RIDGE32 KNOX ROAD RIDGECREST, NC 28770	NONE	501(C)(3)	GENERAL OPERATING	5,000
Total ▶ 3a				612,500

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)				
a Paid during the year				
FREEDOM HOUSE SOBER LIVING 104 NEW STATESIDE DRIVE CHAPEL HILL, NC 27516	NONE	501(C)(3)	GENERAL OPERATING	5,000
INTERFAITH PRISON MINISTRY FOR WOMEN 112 S SALISBURY ST RALEIGH, NC 27601	NONE	501(C)(3)	GENERAL OPERATING	25,000
TENNESSEE HIGHER EDUCATION INITIATIVE 615 M STREET 212 NASHVILLE, TN 37206	NONE	501(C)(3)	GENERAL OPERATING	15,000
Total ▶ 3a				612,500

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)				
a Paid during the year				
PROJECT REENTRY 1398 CARROLLTON CROSSING DR KERNERSVILLE, NC 27284	NONE	501(C)(3)	GENERAL OPERATING	25,000
PIEDMONT TRIAD REGIONAL COUNCIL 1398 CARROLLTON CROSSING DR KERNERSVILLE, NC 27284	NONE	501(C)(3)	GENERAL OPERATING	25,000
SUSTAINABLE ALAMANCE 715 N CHURCH ST BURLINGTON, NC 27217	NONE	501(C)(3)	GENERAL OPERATING	15,000
Total ▶ 3a				612,500

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)				
a <i>Paid during the year</i>				
CHANGED CHOICES1800 SOUTH BLVD CHARLOTTE, NC 28203	NONE	501(C)(3)	GENERAL OPERATING	25,000
LITERACY ACTION OF CENTRAL ARKANSAS 100 S ROCK ST LITTLE ROCK, AR 72201	NONE	501(C)(3)	GENERAL OPERATING	5,000
TRIANGLE FAMILY SERVICES 3937 WESTERN BLVD RALEIGH, NC 27606	NONE	501(C)(3)	GENERAL OPERATING	20,000
Total ▶ 3a				612,500

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)				
a <i>Paid during the year</i>				
WASH AWAY UNEMPLOYMENT 1036 BROAD STREET NEW BERN, NC 28560	NONE	501(C)(3)	GENERAL OPERATING	10,000
AWANA LIFELINE MINISTRIES 1 E BODE RD STREAMWOOD, IL 60107	NONE	501(C)(3)	GENERAL OPERATING	10,000
FOOD BANK OF CENTRAL AND EASTERN NC 1924 CAPITAL BLVD RALEIGH, NC 27604	NONE	501(C)(3)	GENERAL OPERATING	10,000
Total ▶ 3a				612,500

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)				
a <i>Paid during the year</i>				
STEP UP MINISTRY1701 OBERLIN RD RALEIGH, NC 27608	NONE	501(C)(3)	GENERAL OPERATING	10,000
Total <div>▶</div> 3a				612,500

TY 2017 Investments Corporate Stock Schedule

Name: BOB BARKER COMPANY FOUNDATION INC

EIN: 20-1276455

Name of Stock	End of Year Book Value	End of Year Fair Market Value
TD AMERITRADE	5,632,549	7,687,128

TY 2017 Other Assets Schedule

Name: BOB BARKER COMPANY FOUNDATION INC

EIN: 20-1276455

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED DIVIDEND		2,372	2,372

TY 2017 Other Expenses Schedule**Name:** BOB BARKER COMPANY FOUNDATION INC**EIN:** 20-1276455**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK SERVICE CHARGES	200	200		0
OFFICE SUPPLIES	1,245	0		1,245
CONFERENCES	470	0		470
MISC EXPENSES	236	0		236
MEALS @ 50%	28	0		28

TY 2017 Other Increases Schedule

Name: BOB BARKER COMPANY FOUNDATION INC

EIN: 20-1276455

Description	Amount
PY ADJUSTMENT	117,257

TY 2017 Other Liabilities Schedule**Name:** BOB BARKER COMPANY FOUNDATION INC**EIN:** 20-1276455

Description	Beginning of Year - Book Value	End of Year - Book Value
ACCRUED PAYROLL	0	44,626
OPTIONS	0	68
OTHER CURRENT LIABILITIES	0	167,233
ACCRUED FEDERAL INCOME TAX	0	-29,736

TY 2017 Taxes Schedule**Name:** BOB BARKER COMPANY FOUNDATION INC**EIN:** 20-1276455

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	4,000	4,000		0
FOREIGN TAX WITHHELD ON DIVIDENDS	44	44		0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491317017628	
<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>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990</div>			<div>OMB No 1545-0047</div> <div>2017</div>
		<div>Name of the organization BOB BARKER COMPANY FOUNDATION INC</div>			<div>Employer identification number 20-1276455</div>
<div>Organization type (check one)</div>					
<div>Filers of:Section:</div> <div>Form 990 or 990-EZ<div><input type="checkbox"/> 501(c)() (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div></div> <div>Form 990-PF<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>					
<div>Check if your organization is covered by the General Rule or a Special Rule.</div> <div>Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions</div>					
<div>General Rule</div> <div><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</div>					
<div>Special Rules</div> <div><input type="checkbox"/> For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II</div> <div><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</div> <div><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 General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$</div>					
<div>Caution. 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 must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)</div>					
<div>For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF</div> <div>Cat No 30613X</div> <div>Schedule B (Form 990, 990-EZ, or 990-PF) (2017)</div>					

Name of organization BOB BARKER COMPANY FOUNDATION INC	Employer identification number 20-1276455
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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	BOB BARKER INC 134 NORTH MAIN ST FUQUAYVARINA, NC 27526	 \$ 1,597,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Employer identification number

20-1276455

Part II **Noncash Property** (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
<hr/>	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<hr/>	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<hr/>	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<hr/>	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<hr/>	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<hr/>	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<hr/>	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>

Name of organization BOB BARKER COMPANY FOUNDATION INC	Employer identification number 20-1276455
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Part III	Exclusively 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 exclusively religious, charitable, etc., contributions of \$1,000 or less 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>	<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> <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>	<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> <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>	<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> <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>	<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> <div></div> <div></div>	