SCANNED FEB 0 3 2021

**Return of Private Foundation** 

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

▶ Do not enter social security numbers on this form as it may be made public ▶ Go to www.irs gov/Form990PF for instructions and the latest information.

		t of the Treasury vanue Service			social security numbers on irs gov/Form990PF for instr			Open to Public Inspection
_		dar year 2019 or tax	year beginning		-	, and ending		•
Na	me of	f foundation	* •				A Employer identification	number
		BUNGIE FOUNDAT				<del></del>	27-2313989	
		nd street (or PO box nur	nber if mail is not de	elivered to street a	ddress)	Room/suite	<b>B</b> Telephone number	
_		LOGTH AVE NE				207	425-440-6862	
		own, state or provinc EVUE, WA 9800		IP or foreign p	ostal code		C If exemption application is p	ending check here
G	Check	all that apply	Initial retu	rn	Initial return of a fe	ormer public charity	D 1 Foreign organizations	s, check here
			Final retur	n	Amended return		2	H- 050/
			Address c		Name change	-1	2 Foreign organizations me check here and attach co	mputation
H C	_	type of organization			cempt private foundation	Vd	E If private foundation sta	tus was terminated
		ction 4947(a)(1) non	•		Other taxable private founda		under section 507(b)(1)	(A), check here
		arket value of all asse	•	J Accounti	-	X Accrual	F If the foundation is in a	
•		Part II, col (c), line 16	•		ther (specify) nn (d), must be on cash bas	is )	under section 507(b)(1)	(B), check here
_	·\$ art l	Analysis of Reveni	<del></del>	1, .	1		(a) Adatad ==+	(d) Disbursements
٠٠٠		(The total of amounts in necessarily equal the a	n columns (b), (c), ar	id (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts,			2,670,234.		N/A	(5257 5255 577)
	2		undation is not required					
	3	Interest on savings and cash investments	·		7,694.	7,694.		
	4	Dividends and intere	st from securitie	S				
	5a	Gross rents						
	Ь	Net rental income or (los	:s)					
4	Ьa	Net gain or (loss) from si	ale of assets not on	line 10			DEC	EIVED
Ž	Ь	Gross sales price for all assets on line 6a					REC	- V V
Revenu	7	Capital gain net income	(from Part IV, line 2)			0.	- 1101/	0 00
<u>~</u>	8	Net short-term capit	al gain			·	g NOV	2.3 2020
	9	Income modification Gross sales less returns					<u> </u>	ě.
	Ι.	and allowances	<u> </u>				OGE	EN. UT
		Less Cost of goods sold					<u> </u>	
	l	Gross profit or (loss	)					
	11 12	Other income  Total Add lines 1 th	rough 11		2,677,928.	7,694.		
	13	Compensation of officer		e atc	137,910.	0.		137,910.
	14	Other employee sala		, 010	88,385.	0.		42,368.
		Pension plans, empl	-		30,833.	0.		30,833.
Š	16a	Legal fees	-,					
SUS	Ь	Accounting fees	rz	MT 1	3,985.	0.		3,985.
Expens	c	Other professional fe	es sī	MT 2	82,254.	0.		50,254.
		Interest						
Administrative	18	Taxes	ST	'MT 3	51.	0.		0.
nist	19	Depreciation and dep	oletion					
Ē	20	Occupancy						
ĕ	21	Travel, conferences,	-					
and	22	Printing and publicat		MT 4	1 027 055	0.		1 037 345
Đ.	23	Other expenses		111 4	1,027,955.	0.		1,037,345.
Operating	24	Total operating and expenses Add lines			1,371,373.	0.		1,302,695.
Ö	25	Contributions, gifts,	-		172,038.	·		172,038.
	25	Total expenses and	-		1,2,000			1,2,556.
	20	Add lines 24 and 25	araburacincints		1,543,411.	0.		1,474,733.
_	27	Subtract line 26 from	n line 12					1
		Excess of revenue over e		sements	1,134,517.			l
		Net investment inco				7,694.		

c Adjusted net income (if negative, enter -0-) 923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2019)

N/A

	art	Balance Sheets Attached schedules and amounts in the description column should be for and of war amounts only	Beginning of year	End o	f year
드	<u>a</u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	943,080.	2,146,135.	2,146,135.
	3	Accounts receivable >			
		Less allowance for doubtful accounts			<del></del>
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			·
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			<del></del>
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges	32,000.		
4	10a	Investments - U.S and state government obligations		<u> </u>	
	b	Investments - corporate stock			
	C	Investments - corporate bonds			-
	11	investments land buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			·
	13	Investments - other			-
	14	Land, buildings, and equipment basis		<del></del>	
		Less accumulated depreciation			-
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the	075 000	2 146 125	2 146 125
	_	instructions Also, see page 1, item I)	975,080.	2,146,135.	2,146,135.
	l l	Accounts payable and accrued expenses	10,791.	47,329.	<u> </u>
	18	Grants payable			
es	19	Deferred revenue	<u> </u>		
abilities	20	Loans from officers, directors trustees and other disqualified persons			1
Ľ	21	Mortgages and other notes payable	-		<u> </u>
_	22	Other liabilities (describe			
	22	Tatal liabilities (add lines 17 through 22)	10,791.	47,329.	'
_	23	Total liabilities (add lines 17 through 22)  Foundations that follow FASB ASC 958, check here	20,172.		
		and complete lines 24, 25, 29, and 30			
alances	24	Net assets without donor restrictions			
au	25	Net assets with donor restrictions	<u> </u>		-
Ва	23	Foundations that do not follow FASB ASC 958, check here			
Net Assets or Fund B		and complete lines 26 through 30			
Ę	26	Capital stock, trust principal, or current funds	0.	o.i	
S	27	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
sel	28	Retained earnings, accumulated income, endowment, or other funds	964,289.	2,098,806.	
Ä	29	Total net assets or fund balances	964,289.	2,098,806.	
Ž			·		
	30	Total liabilities and net assets/fund balances	975,080.	2,146,135.	
P	art		alances		
_	Total	net assets or fund balances at beginning of year - Part II, column (a), line	20	<u> </u>	
			<b>4</b> 3		964,289.
		it agree with end-of-year figure reported on prior year's return) amount from Part I, line 27a		2	1,134,517.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		3 4	2,098,806.
		eases not included in line 2 (itemize)		5	0.
-		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (h) line 29	6	2,098,806.
<u>-</u>	· otal	not appete or rand balances at and or year time a times into of a talt it, et	107, 20		- 000 DF (00 (0)

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THE BUNGIE FOUNDATION

		) of property sold (for exa or common stock, 200 sh		te,	I, b	How ac - Purc - Don	cquired chase ation		acquired fay, yr )	(d) Date sold (mo , day, yr )
<u>1a</u>					<b>├</b> -					
b NON	E									
<u>C</u>					├					
<u>d</u>					$\vdash$					
(e) Gross sales price	(f) C	Depreciation allowed (or allowable)		st or other basis expense of sale					iain or (loss s (f) minus i	
8.										
<u>b</u>			ļ							
C										
d										<del></del>
Complete only for assets showing	000000	column (h) and owned by	the foundation	on 12/31/60				N Caraa /C	\al (b) asia	
Complete only for assets shown		· · · · · · · · · · · · · · · · · · ·		cess of col (i)					Col (h) gain not less thar	
(ı) FMV as of 12/31/69	(	j) Adjusted basis as of 12/31/69		col. (j), if any					(from col (	
a										
b										-
C										
d										
е										
2 Capital gain net income or (net ca	pital loss)	{ If gain, also ente If (loss), enter -0	r in Part I, line )- in Part I, line	7 7	}	2				
3 Net short-term capital gain or (los	ss) as defir	•								
If gain, also enter in Part I, line 8,	•		` ,		$ \cdot $					
If (loss), enter -0- in Part I, line 8  [Part V   Qualification U	C		Doduood	Tay on Not		3	ont Inc.			
(For optional use by domestic private	foundatio	ns subject to the section of	4940(a) tax on	net investment in	come.	.)				
f section 4940(d)(2) applies, leave th	nis part bla	nk								
Also the foundation liable for the cost	tion 4049 t	ay on the distributable am	nount of any va	ar in the base per	nod2					Yes X No
Was the foundation liable for the sect If "Yes," the foundation doesn't qualif				·	iou					TES NO
1 Enter the appropriate amount in a					ntries					
(a) Base period years	i	(b)			(c)				Dietrib	(d) oution ratio
Calendar year (or tax year beginnii	ng in)	Adjusted qualifying dis	tributions	Net value of no			use assets		(col (b) div	ided by col (c))
2018		1	,075,296.				,292,131			.832188
2017			862,833.			1	,989,262			. 433745
2016			530,741.				314,602			1.687024
2015			557,535.				476,414			1.170274
2014			292,362.				821,015	·	<u> </u>	.356098
										4 470330
2 Total of line 1, column (d)	C		l O b 5 (	h	4 .			2		4.479329
3 Average distribution ratio for the	-	•	on line 2 by 5 t	o, or by the number	erory	/ears		,		.895866
the foundation has been in exister	ice ii iess	man 5 years						3_		.035000
4 Enter the net value of noncharitab	la-uca acc	ate for 2010 from Part Y	line 5					4		1,565,980.
+ Chief the het value of honorialitat	16-036 033	ets for 2015 from rait A,	iiie J					1		
5 Multiply line 4 by line 3								5		1,402,908.
y Multiply line 4 by line o										
6 Enter 1% of net investment incom	e (1% of F	Part I. line 27b)						6		77.
	( ) ( ) ( )	2.1., 2.2,								
7 Add lines 5 and 6								7		1,402,985.
B Enter qualifying distributions from	n Part XII, I	line 4						8		1,474,733.
If line 8 is equal to or greater than	line 7, chi	eck the box in Part VI, line	t 1b, and comp	lete that part usin	g a 19	% tax r	ate			
See the Part VI instructions										

orm 990-PF		(-) 4040(h) 4040(-) 404	27-2313989			Page 4
Part VI	Excise Tax Based on Investment Income (Section 4940)	(a), 4940(b), 4940(e), or 494	8 - see ins	truc	tion	s)
1a Exempt	operating foundations described in section 4940(d)(2), check here 🕨 🔛 and en	ter "N/A" on line 1				
	ruling or determination letter (attach copy of letter if nece					
<b>b</b> Domest	tic foundations that meet the section 4940(e) requirements in Part V, check here $\;$	· X and enter 1%	1			77.
of Part	I, line 27b		i			
c All othe	r domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% i	of Part I, line 12, col(b) 丿 📗 📙				
2 Tax und	der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, othe	ers, enter -0-)	2			0.
3 Add line	es 1 and 2	_	3			77.
4 Subtitle	A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, oth	ners, enter -0-)	4			0.
5 Tax bas	sed on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5			77.
6 Credits	Payments Payments					
a 2019 es	stimated tax payments and 2018 overpayment credited to 2019	6a 0.				
<b>b</b> Exempt	foreign organizations - tax withheld at source	6b 0.				
c Tax pan	d with application for extension of time to file (Form 8868)	6c 154.				
d Backup	withholding erroneously withheld	6d 0.				
	edits and payments. Add lines 6a through 6d		7			154.
8 Enter ar	ny penalty for underpayment of estimated tax. Check here if Form 2220 is attac	hed	8			0.
	If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ [	9			
	yment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>•</b>	10			77.
•	ie amount of line 10 to be. Credited to 2020 estimated tax.	77. Refunded	11			0.
	A Statements Regarding Activities	,				
1a During	the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or did it participate or intervene in			Yes	No
-	itical campaign?			1a		х
	pend more than \$100 during the year (either directly or indirectly) for political purpose	es? See the instructions for the definition	on F	1b		х
•	nswer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of					
	ted by the foundation in connection with the activities	,				
	foundation file Form 1120-POL for this year?		-	1c		х
	e amount (if any) of tax on political expenditures (section 4955) imposed during the y	rear		<del>``</del>		
	the foundation $\blacktriangleright$ \$ 0. (2) On foundation managers.		İ	ı		
	e reimbursement (if any) paid by the foundation during the year for political expenditu					
	ors > \$	and any impossion of notice and in			į	
_	foundation engaged in any activities that have not previously been reported to the IRS	\$?	<del>-</del>	2		х
	attach a detailed description of the activities			┪	$\neg$	
	foundation made any changes, not previously reported to the IRS, in its governing ins	strument articles of incornoration or				
	or other similar instruments? If "Yes," attach a conformed copy of the changes	stratilett, articles of incorporation, or	<u></u>	3		x
	foundation have unrelated business gross income of \$1,000 or more during the year?	•	<u> </u>	4a		x
	has it filed a tax return on Form 990-T for this year?		N/A	4b		
•	ere a liquidation, termination, dissolution, or substantial contraction during the year?			5		х
	attach the statement required by General Instruction T		-	<del></del> -		
	requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	or		l	. 1	
	nequirements of section 300(e) (relating to sections 4541 through 4543) satisfied enti- nguage in the governing instrument, or	IGI	1		. 1	
=	iguage in the governing institution, or ate legislation that effectively amends the governing instrument so that no mandatory i	directions that conflict with the state la				
•		directions that connict with the state ia	~ ⊢	ᆕᅥ	x	
	in the governing instrument?	to Dark II and Jan Val		6	X	
/ Dig the	foundation have at least \$5,000 in assets at any time during the year? If "Yes," comple	te Part II, cor (c), and Part XV	<u> </u>	7		
O. C-44b		- <b>-</b>	ļ.			
	e states to which the foundation reports or with which it is registered. See instructions					
WA	Manual (Manual de Line 7) has the foundation for the last of the l			- 1		
	iswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto	orney General (or designate)	1	<del></del>	<del>-</del>	
	state as required by General Instruction G? If "No," attach explanation	4040(1)(0) - 40 (0)(0)	<u> </u>	8b	Х.	<del></del>
	rundation claiming status as a private operating foundation within the meaning of section		3r	<del></del>		ــــا
-	19 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes," compl persons become substantial contributors during the tax year? If "Yes," attach a schedule			9 10	$\longrightarrow$	X
• • •						

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Pa	Part VII-A Statements Regarding Activities (continued)				
				Yes	No
11	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		x
12	12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person h	ad advicory privileges?	<del>                                     </del>		<b>-</b>
12	If "Yes," attach statement. See instructions	ad advisory privileges.	12	'	x
40	•	2		х	<del></del>
13	13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	,	13		L
	Website address BUNGIEFOUNDATION.ORG	elephone no > 425-440-	5962		
14					
	Located at   550 106TH AVENUE NE, SUITE 207, BELLEVUE, WA	ZIP+4 ▶ <u>98</u>	704	<del></del>	$\overline{}$
15	15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	<b>N</b> 1 1	.,	<b>,  ▶</b>	•
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	N,	/A	Na
16	16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a	a bank,		Yes	-
	securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		ŀ		
-	foreign country		L		
Pa	Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Requir	<u>ea                                    </u>		1.4	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	1a 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?	X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X Yes No		ê	
	(5) Transfer any income or assets to a disqualified person (or make any of either available		ĺ	,	
	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	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		l .		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		1b		х
	Organizations relying on a current notice regarding disaster assistance, check here	▶□			
c	c. Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not in	corrected			
	before the first day of the tax year beginning in 2019?		1c		х
2	2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating	1 foundation		Τ,	
_	defined in section 4942(j)(3) or 4942(j)(5))	,		- 1	
a	a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines				
_	6d and 6e) for tax year(s) beginning before 2019?	Yes X No			
	If "Yes," list the years				
h	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating	n to incorrect			
·	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "?	-			
	statement - see instructions )	N/A	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		
·					
2.	3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	_			
34	during the year?	Yes X No			
	b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualifie				ļ
0		•			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 494 of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use				
		rorm 4720, N/A	25		
4	Schedule C, to determine if the foundation had excess business holdings in 2019 )	W/A	3b	-	
	4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	table aurage 45-4	4a	<b></b>	
D	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chari	table purpose that	<del></del>		
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?		4b		^

Part VII-B   Statements Regarding Activities for Which F	orm 4/20 May Be Re	equired <sub>(contin</sub>	ued)					
5a During the year, did the foundation pay or incur any amount to.					/es	No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Y	es X No					
(2) Influence the outcome of any specific public election (see section 4955), or	2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly,							
any voter registration drive?	any voter registration drive?							
(3) Provide a grant to an individual for travel, study, or other similar purposes								
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section		1			İ		
4945(d)(4)(A)? See instructions		Y	s X No					
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or						
the prevention of cruelty to children or animals?		Y	es X No					
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations						
section 53.4945 or in a current notice regarding disaster assistance? See instru	ctions		N/A	5b				
Organizations relying on a current notice regarding disaster assistance, check h	ere					_		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned	-		ŀ			
expenditure responsibility for the grant?	N.	/A Y(	es 🔲 No 📗					
If "Yes," attach the statement required by Regulations section 53 4945-5(d)			i i		ŀ			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on				į			
a personal benefit contract?		Yo	s X No					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a po	ersonal benefit contract?			6b		х		
If "Yes" to 6b, file Form 8870.						1		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y6	s X No					
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b				
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or					1		
excess parachute payment(s) during the year?			s X No	<u> </u>				
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	agers, Highly						
Paid Employees, and Contractors								
1 List all officers, directors, trustees, and foundation managers and the	eir compensation.	T						
f 1 Norman and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e	Expe	ense other		
(a) Name and address	to position	enter -0-)	and deferred compensation	a	llowan	nces		
SEE STATEMENT 5		137,910.	18,419.			0.		
				ļ				
		İ						
		<u> </u>						
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."	(d) o	1 .				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e	e) Expe	ense other		
(a) Name and address of each employee paid more than \$60,000	devoted to position	(C) compensation	and deferred compensation		llowan			
AUSTIN SCHLICTMAN - 550 106TH AVENUE	FOUNDATION PROGRAM	SPECIALIST		İ				
NE, SUITE 207, BELLEVUE, WA 98004	40.00	85,630.	12,331.			0.		
				L_				
Total number of other employees paid over \$50,000						0		
I Otal number of other employees paid over \$50,000			▶					

[Part:[X-B] Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions	
3	
	ı

▶

Form 990-PF (2019)

NONE

SEE STATEMENT 6

SEE STATEMENT 7

Total. Add lines 1 through 3

Part VIII ■

THE BUNGIE FOUNDATION

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see	e instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
ь	Average of monthly cash balances	1b	, 1,589,827.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,589,827.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,589,827.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	23,847.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,565,980.
6	Minimum investment return Enter 5% of line 5	6	78,299.
ĮP.	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	nd certain	•
1	Minimum investment return from Part X, line 6	1	78,299.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019 (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	77.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	78,222.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	78,222.
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	78,222.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	1,474,733.
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		
а	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	1,474,733.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	77.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	1,474,656.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	jualifies for the	section

4940(e) reduction of tax in those years

# Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount fo	r 2019 from Part XI				
line 7	1 2013 HOIII I alt XI,	1			78,222.
2 Undistributed income, if any	as of the and of 2019				,
a Enter amount for 2018 (				0.	
<b>b</b> Total for prior years	only				
g rotal for prior yours			0.		
3 Excess distributions car	rvover, if any, to 2019		<u> </u>		
a From 2014	251,333.				
<b>b</b> From 2015	533,722.				
c From 2016	515,013.				
d From 2017	763,389.				
e From 2018	1,009,666.				
f Total of lines 3a through		3,073,123,			· .
4 Qualifying distributions					
Part XII, line 4 > \$	1,474,733.				
a Applied to 2018, but no				0.	4 4
<b>b</b> Applied to undistributed			<u> </u>		
years (Election required			0.		
c Treated as distributions	•				
(Election required - see	· ·	0.			
d Applied to 2019 distribu	•				78,222.
e Remaining amount distr		1,396,511			, ,
5 Excess distributions carryov	'	_,,			
(If an amount appears in column (a)	umn (d), the same amount	0.			0.
6 Enter the net total of ea indicated below	ach column as				e
& Corpus Add lines 3f, 4c, and	d 4e Subtract line 5	4,469,634.			
<b>b</b> Prior years' undistribute	ed income Subtract	• 1			
line 4b from line 2b			0.		
c Enter the amount of price					
undistributed income fo deficiency has been issu					
the section 4942(a) tax					
assessed			0.		
<b>d</b> Subtract line 6c from lin	ne 6b Taxable				b
amount - see instruction	ns		0.		
e Undistributed income fo	or 2018 Subtract line				
4a from line 2a Taxable	amount - see instr			0.	
f Undistributed income fo	or 2019 Subtract				
lines 4d and 5 from line	1 This amount must				
be distributed in 2020					0.
7 Amounts treated as dist					
corpus to satisfy require	ements imposed by			•	
section 170(b)(1)(F) or	4942(g)(3) (Election				
may be required - see in	nstructions)	0.			
8 Excess distributions car	ryover from 2014				
not applied on line 5 or		251,333.		3	
9 Excess distributions ca					
Subtract lines 7 and 8 fr	rom line 6a	4,218,301.			
10 Analysis of line 9	F34 F45		ū		
a Excess from 2015	533,722.				
<b>b</b> Excess from 2016	515,013.				
c Excess from 2017	763,389.				
d Excess from 2018	1,009,666.				
e Excess from 2019	1,396,511.			l	

01111 000 11 (2010)	FOUNDATION			27 <u>-2</u> 3	313989 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	or 8019, enter the date of	the ruling	<b>&gt;</b>		
<b>b</b> Check box to indicate whether the foun	dation's a private operati	ng foundation described	in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			1;		
alternative test relied upon 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			<b>†</b>	<del></del>	
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				1	V
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public	<del></del>		1		
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(8)(iii)					
(3) Largest amount of support from	J				
an exempt organization				-	'
(4) Gross investment income				-	
Part:XVa Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or mo	ore in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundation	n Managers		-		
a List any managers of the foundation wh			tributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed i	more than \$5,000) (See s	section 507(d)(2) )			
NONE	<u>.</u>		<u>.                                    </u>		
<b>b</b> List any managers of the foundation wh	no own 10% or more of th	e stock of a corporation	(or an equally large port	tion of the ownership of a p	partnership or
other entity) of which the foundation ha	is a 10% or greater intere	ST.			
NONE	<del></del>				
2 Information Regarding Contribut					
Check here X if the foundation					uests for funds. If
the foundation makes gifts, grants, etc	·				
a The name, address, and telephone num	ber or email address of the	ne person to whom appli	cations should be addre	sseq.	
h. The form in which applications chould l	ha cubmitted and informa	tion and materials they s	hould include	<del></del>	<del></del>
b The form in which applications should l	De Submitteu and imbrina	tion and materials trey's			<u> </u>
c Any submission deadlines					
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields	, kinds of institutions, oi	r other factors	

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution any foundation manager or substantial contributor status of Name and address (home or business) recipient a Paid during the year NONE PC 509(A)(1) GENERAL SUPPORT 2019 SUSAN G. KOMEN SEATTLE 3-DAY DR (2) 55 EAST JACKSON BLVD., STE. 1010, CHICAGO, IL 60604 120. ABA FUND FOR JUSTICE AND EDUCATION NONE PC 509(A)(1) GENERAL SUPPORT DR (2) (SUB PROBAR) 321 NORTH CLARK STREET BOTHELL, WA 98041 100. PC 509(A)(1) GENERAL SUPPORT ACLU FOUNDATION NONE DR (2) 125 BROAD STREET, 18TH FLOOR 100. NEW YORK, NY 10004-2400 PC 509(A)(1) GENERAL SUPPORT AIDS/LIFECYCLE NONE 1035 MARKET STREET, 4TH FLOOR OR (2) SAN FRANCISCO, CA 94103 20. ALSAC/ST. JUDE CHILDREN'S RESEARCH NONE PC 509(A)(1) GENERAL SUPPORT DR (2) HOSPITAL 501 ST. JUDE PLACE 50. MEMPHIS, TN 38105 SEE CONTINUATION SHEET(S) 172,038. ➤ 3a Total **b** Approved for future payment NONE 0. ▶ 3b\_ Total

	FOUNDATION		27-231	.3303
[Part XV] Supplementary Information				<del></del>
3 Grants and Contributions Paid During the Yo	<del></del>		<del>-</del>	
Recipient  Name and address (home or business)	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
ALSAC/ST. JUDE 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE		GENERAL SUPPORT	50
ALZHEIMER'S ASSOCIATION 25 NORTH MICHIGAN AVENUE FLOOR 17 CHICAGO, IL 60601	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	50
MERICAN FILM INSTITUTE 021 N WESTERN AVE OS ANGELES, CA 90027	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	1,000
MERICAN FOUNDATION FOR SUICIDE PREVENTION .99 WATER ST. IEW YORK, NY 10038	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	101
MERICAN LUNG ASSOCIATION - CLIMB FOR LEAN AIR (DARLA FREEZE) 5 W. WACKER DRIVE, SUITE 1150, CHICAGO, IL 60601	NONE	PC 509(A)(1) OR (2)	GENERAL SUPPORT	300
MERICAN LUNG ASSOCIATION IN NASHINGTON 601 6TH AVE S STE 460 EATTLE, WA 98108	NONE	PC: 509(A)(1) DR (2)	GENERAL SUPPORT	100
MERICAN LUNG ASSOCIATION 4329 195TH DR SE IONROE, WA 98272	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	20
MERICAN LUNG ASSOCIATION 6191 NE 83RD ST UNIT C206, REDMOND, (A 98052 REDMOND, WA 98052	NONE	PC. 509(A)(1) DR (2)	GENERAL SUPPORT	50.
MERICAN LUNG ASSOCIATION 5 W WACKER DR SUITE 1150 HICAGO, IL 60601	NONE	PC: 509(A)(1) DR (2)	GENERAL SUPPORT	600
MERICAN LUNG ASSOCIATION 601 6TH AVE S STE 460 SEATTLE, WA 98108	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	150.
Total from continuation sheets				171,648.

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient NONE PC 509(A)(1) GENERAL SUPPORT ARTHRITIS FOUNDATION DR (2) 155 NE 100TH STREET, #303 100. SEATTLE, WA 98125 PC 509(A)(1) GENERAL SUPPORT BABIES OF HOMELESSNESS NONE DR (2) PO BOX 147 CHICAGO, IL 60654-7598 100. NONE PC 509(A)(1) GENERAL SUPPORT BELLINGHAM PUBLIC SCHOOLS FOUNDATION OR (2) PO BOX 1132 50. BELLINGHAM, WA 98227 PC 509(A)(1) GENERAL SUPPORT BIKE WORKS SEATTLE NONE DR (2) 3715 S HUDSON ST. STE. #111 100. SEATTLE, WA 98118 BRIAN MORDEN FOUNDATION NONE PC. 509(A)(1) GENERAL SUPPORT 1330 11TH AVE. DR (2) ALTOONA, PA 16601 2,500. NONE PC 509(A)(1) GENERAL SUPPORT BUNGIE FOUNDATION DR (2) 550 106TH AVENUE NE, SUITE 207 50. BELLEVUE, WA 98004 PC· 509(A)(1) GENERAL SUPPORT BUSINESSES ENDING SLAVERY & NONE DR (2) TRAFFICKING P.O BOX 14512 100. SEATTLE, WA 98114 GENERAL SUPPORT CHILDREN'S MIRACLE NETWORK (EXTRA NONE PC 509(A)(1) OR (2) ATTN: EXTRA LIFE 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101 35. PC 509(A)(1) GENERAL SUPPORT CHILDREN'S MIRACLE NETWORK HOSPITALS NONE OR (2) 205 W 700 S 1,400. SALT LAKE CITY, UT 84101 GENERAL SUPPORT PC 509(A)(1) CHILDREN'S MIRACLE NETWORK NONE 205 WEST 700 SOUTH OR (2) 10. SALT LAKE CITY, UT 84101 Total from continuation sheets

	FOUNDATION		27-231	
Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	1	Т		
Recipient  Name and address (home or business)	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
CHILDREN'S MIRACLE NETWORK/GAME2GIVE 11030 MAIN ST, APT A307 BELLEVUE, WA 98004	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	50
CHILD'S PLAY CHARITY 8151 164TH AVE NE PMB #418 REDMOND, WA 98052	NONE	PC 509(A)(1) DR (2)	AUCTION DONATIONS	67,500.
CHILD'S PLAY CHARITY ' 8151 164TH AVE NE PMB #418 REDMOND, WA 98052	NONE	PC. 509(A)(1) DR (2)	GIFT DONATIONS	91.
CLARA BARTON ELEMENTARY PTSA 12101 172ND AVE. NE REDMOND, WA 98052	NONE	PC. 509(A)(1) DR (2)	GENERAL SUPPORT	50.
CLASSICAL KING PM 10 HARRISON STREET, STE. 100 SEATTLE, WA 98109	NONE	PC· 509(A)(1) DR (2)	GENERAL SUPPORT	450.
CROHN'S & COLITIS FOUNDATION NORTHWEST CHAPTER 9 LAKE BELLEVUE DRIVE #203 BELLEVUE, WA 98005	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	100.
DOCTORS WITHOUT BORDERS 40 RECTOR ST., 16TH FLOOR NEW YORK, NY 10006	NONE	PC 509(A)(1) OR (2)	GENERAL SUPPORT	600.
DOCTORS WITHOUT BORDERS/ MEDECINS SANS FRONTIERES 40 RECTOR ST., 16TH FLOOR NEW YORK, NY 10006	NONE	PC 509(A)(1) OR (2)	GENERAL SUPPORT	50.
DUWAMISH REAL RENT 4705 WEST MARGINAL WAY SW SEATTLE, WA 98106	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	216.
EASTSIDE AUDUBON 308 4TH AVE S. KIRKLAND, WA 98033 Total from continuation sheets	NONE	PC. 509(A)(1) DR (2)	GENERAL SUPPORT	1,000.

Supplementary Information

Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient EASTSIDE BABY CORNER NONE PC 509(A)(1) GENERAL SUPPORT OR (2) 1510 NW MAPLE ST. PO BOX 712 ISSAQUAH, WA 98027 500. EL CENTRO DE LA RAZA NONE PC 509(A)(1) GENERAL SUPPORT 2524 16TH AVE S OR (2) SEATTLE, WA 98144 1,977. EL CENTRO DE LA RAZA NONE PC 509(A)(1) GENERAL SUPPORT 2524 16TH AVENUE SOUTH DR (2) SEATTLE, WA 98144 50. PC 509(A)(1) ELIZABETH BLACKWELL PTSA NONE GENERAL SUPPORT 3225 205TH PLACE NE DR (2) SAMMAMISH, WA 98004 100. ENVIRONMENTAL DEFENSE FUND NONE PC. 509(A)(1) GENERAL SUPPORT DR (2) 1875 CONNECTICUT AVE, NW, SUITE 600 WASHINGTON, DC 20009 25. FRIENDS OF THE CHILDREN NONE PC 509(A)(1) GENERAL SUPPORT P.O. BOX 18886 OR (2) SEATTLE, WA 98118 100. PC: 509(A)(1) GAME2GIVE BUNGIE FOUNDATION NONE GENERAL SUPPORT 205 W. 700 S DR (2) 50. SALT LAKE CITY, UT 84101 PC 509(A)(1) GENERAL SUPPORT GAY MEN'S HEALTH CRISIS NONE AIDS WALK NEW YORK 307 W 38 STREET, OR (2) 50. 8TH FLOOR NEW YORK, NY 10018 GUARDIAN CON/ST. JUDE'S NONE PC 509(A)(1) GENERAL SUPPORT DR (2) 262 DANNY THOMAS PL 50. MEMPHIS, TN 38105 HAMILTON COLLEGE NONE PC 509(A)(1) GENERAL SUPPORT DR (2) 198 COLLEGE HILL ROAD 500. CLINTON, NY 13323 Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to any foundation manager Amount status of contribution Name and address (home or business) or substantial contributor recipient NONE PC 509(A)(1) GENERAL SUPPORT HELEN KELLER PTA DR (2) 13820 108TH AVENUE NORTHEAST KIRKLAND, WA 98034 100. HUGO HOUSE NONE PC 509(A)(1) GENERAL SUPPORT 16341 11TH AVE DR (2) 100. SEATTLE, WA 98104 HUMANE SOCIETY OF SEATTLE NONE PC: 509(A)(1) GENERAL SUPPORT 13212 SE EASTGATE WAY DR (2) BELLEVUE, WA 98005 100. GENERAL SUPPORT JAZZ24 NONE PC 509(A)(1) PO BOX 44459 DR (2) 120. TACOMA, WA 98448 JOSEPH'S BIRTHDAY FUNDRAISER ANIMAL NONE PC. 509(A)(1) GENERAL SUPPORT DR (2) WELFARE INSTITUTE 900 PENNSYLVANIA AVENUE, SE 10. WASHINGTON, DC 20003 LEUKEMIA & LYMPHOMA SOCIETY NONE PC 509(A)(1) GENERAL SUPPORT DR (2) 3 INTERNATIONAL DRIVE, SUITE 200 RYE BROOK, NY 10573 50. LEUKEMIA & LYMPHOMA SOCIETY NONE PC 509(A)(1) GENERAL SUPPORT 5601 6TH AVENUE SOUTH SUITE 182 DR (2) 25. SEATTLE, WA 98108 PC 509(A)(1) GENERAL SUPPORT LIFEWIRE NONE DR (2) P.O. BOX 6398 100. BELLEVUE, WA 98008 PC 509(A)(1) GENERAL SUPPORT LOVE RECKLESSLY NONE 960 EDMONDS ST. DR (2) 150. EDMONDS, WA 98020 GENERAL SUPPORT MAKE-A-WISH ALASKA AND WASHINGTON NONE PC 509(A)(1) 811 FIRST AVENUE, SUITE 520 DR (2) 500. SEATTLE, WA 98104 Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager or substantial contributor Name and address (home or business) recipient GENERAL SUPPORT MANOS UNIDAS INTERNATIONAL NONE PC 509(A)(1) DR (2) 21023 33RD DR SE BOTHELL, WA 98021 560. MARY'S PLACE SEATTLE NONE PC · 509(A)(1) GENERAL SUPPORT DR (2) P.O. BOX 1711 SEATTLE, WA 98111 100. NONE PC 509(A)(1) MEMORIAL SKOAN KETTERING CANCER GENERAL SUPPORT CENTER DR (2) P.O. BOX 5028 HAGERSTOWN, MD 21741-5028 50. PC. 509(A)(1) GENERAL SUPPORT MOTLEY ZOO NONE 23316 NE REDMOND- FALL CITY RD #522 DR (2) 100. REDMOND, WA 98053 NATIONAL MS SOCIETY NONE PC 509(A)(1) GENERAL SUPPORT 192 NICKERSON ST. STE. 100 DR (2) SEATTLE, WA 98109 150. PC 509(A)(1) GENERAL SUPPORT NATIONAL MS SOCIETY NONE DR (2) 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017 50. OLD DOG HAVEN NONE PC 509(A)(1) GENERAL SUPPORT DR (2) P.O. BOX 1409 OAK HARBOR, WA 98277 50. P.A.W.S. LYNNWOOD PROGRESSIVE ANIMAL NONE PC 509(A)(1) GENERAL SUPPORT WELFARE SOCIETY DR (2) 15305 44TH AVE W LYNNWOOD, WA 98087 750. PC 509(A)(1) GENERAL SUPPORT PACE AT WOODMOOR NONE DR (2) 12225 NE 160TH ST 75. BOTHELL, WA 98011 PLANNED PARENTHOOD FEDERATION OF NONE PC: 509(A)(1) GENERAL SUPPORT AMERICA, INC DR (2) ATTN ONLINE SERVICES P.O. BOX 97166 WASHINGTON, DC 20090-7166 100. Total from continuation sheets

	FOUNDATION		27-23	13989
[Part:XV] Supplementary Information				
3 Grants and Contributions Paid During the Ye	1			<u> </u>
Recipient  Name and address (home or business)	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
PLANNED PARENTHOOD OF THE GREAT NORTHWEST AND THE HAWAIIAN ISLANDS	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	
PPGNHI FUNDRAISING MS 313641 PO BOX 3641 SEATTLE, WA 98124-3641	<u> </u>			100.
PLANNED PARENTHOOD P.O. BOX 97166 WASHINGTON, DC 20090-7166	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	10.
PREVENT CANCER FOUNDATION 1600 DUKE STREET, SUITE 500 ALEXANDRIA, VA 22314	NONE	PC. 509(A)(1) DR (2)	GENERAL SUPPORT	<b>,</b> 500.
PROGRESSIVE ANIMAL WELFARE SOCIETY PO BOX 1037 LYNNWOOD, WA 98046	NONE	PC: 509(A)(1) OR (2)	GENERAL SUPPORT	50.
PROVIDENCE CLASSICAL CHRISTIAN SCHOOL 18943 120TH AVE NE BOTHELL, WA 98011	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	25.
PUGET SOUND GOAT RESCUE AND ADOPTION P.O. BOX 1199 MAPLE VALLEY, WA 98038-7900	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	100.
RAICES RAICES 1305 N. PLORES ST SAN ANTONIO, TX 78212	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	20.
RAINIER VALLEY FOOD BANK 4205 RAINIER AVE S SEATTLE, WA 98118	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	100.
RONALD MCDONALD HOUSE CHARITIES 5130 40TH AVE NE SEATTLE, WA 98105	NONE	PC: 509(A)(1) OR (2)	AUCTION DONATIONS	22,089.
SAKYA MONASTERY OF TIBETAN BUDDHISM 108 NW 83RD ST. SEATTLE, WA 98117	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	200.
Total from continuation sheets				

	FOUNDATION	*	27-231	
				<u> </u>
3 Grants and Contributions Paid During the Y	ear (Continuation)  If recipient is an individual,			
Recipient  Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SAMMAMISH ANIMAL SANCTUARY 20727 SE 24TH ST SAMMAMISH, WA 98075	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	20
SEATTLE AREA FELINE RESCUE 14717 AURORA AVE N SHORELINE, WA 98133	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	100
SEATTLE CHILDREN'S HOSPITAL FOUNDATION 4800 SAND POINT WAY NE	NONE	PC 509(A)(1) DR (2)	AUCTION DONATIONS	
SEATTLE, WA 98105				40,000
SEATTLE CHILDREN'S HOSPITAL FOUNDATION 4800 SAND POINT WAY NE	NONE	PC 509(A)(1) DR (2)	GIFT DONATIONS	
SEATTLE, WA 98105				3,172.
SEATTLE HUMANE SOCIETY 13212 SE EASTGATE WAY BELLEVUE, WA 98005	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	30.
SEISMIC SOUND DRUMLINE 1717 E THOMAS ST UPPR SEATTLE, WA 98112-5122	NONE	PC: 509(A)(1) DR (2)	GENERAL SUPPORT	1,000.
SHARE/WHEEL P.O. BOX 2548 SEATTLE, WA 98111-2548	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	50.
SOPHIA WAY 11061 NE 2ND STREET, SUITE 223 BELLEVUE, WA 98004	NONE	PC· 509(A)(1) DR (2)	GENERAL SUPPORT	40.
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN 38105	NONE	PC 509(A)(1) OR (2)	GENERAL SUPPORT	50.
ST JUDE'S 501 ST JUDE PLACE	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	500.
MEMPHIS, TN 38105  Total from continuation sheets		<del></del>	<u> </u>	300.

	POUNDATION		27-231	3989
Part'XV Supplementary Information				r <del>-</del> -
3 Grants and Contributions Paid During the Ye	T	1	<u> </u>	
Recipient Name and address (home or business)	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
ST. JUDE CHILDREN'S HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN 38105	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	500.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	25,
ST. JUDE PLAY LIVE 501 ST. JUDE PLACE MEMPHIS, TN 38105	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	622.
ST. JUDE 501 ST. JUDE PLACE MEMPHIS, TN 38105	NONE	PC. 509(A)(1) DR (2)	GENERAL SUPPORT	50.
THE FLORENCE PROJECT P.O. BOX 86299 TUCSON, AZ 85754	NONE	PC: 509(A)(1) DR (2)	GENERAL SUPPORT	-
THE FRIENDS OF ALYSSA BURNETT CENTER GUILD 19213 BOTHELL WAY BOTHELL, WA 98011	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	15,000.
THE LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	NONE	PC 509(A)(1) DR (2)	GENERAL SUPPORT	100.
THE LEUKEMIA & LYMPHOMA SOCIETY 5601 6TH AVENUE SOUTH, SUITE 182 SEATTLE, WA 98108	NONE	PC. 509(A)(1) DR (2)	GENERAL SUPPORT	160.
THE SOPHIA WAY 11061 NE 2ND STREET SUITE 223 BELLEVUE, WA 98004	NONE	PC. 509(A)(1) DR (2)	GENERAL SUPPORT	1,000.
THE TREVOR PROJECT PO BOX 69232 WEST HOLLYWOOD, CA 90069	NONE	PC. 509(A)(1) DR (2)	GENERAL SUPPORT	200.
Total from continuation sheets				

Supplementary Information

Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient TRANS CHORUS OF LOS ANGELES NONE PC. 509(A)(1) GENERAL SUPPORT TCLA C/O GMCLA, 8380 SANTA MONICA OR (2) BLVD., SUITE 206 WEST HOLLYWOOD, CA 25. 90069 PC 509(A)(1) GENERAL SUPPORT TRANS LIFELINE NONE DR (2) 101 BROADWAY #311 OAKLAND, CA 94607 25. NONE PC 509(A)(1) GENERAL SUPPORT TREEHOUSE OR (2) 2100 24TH AVE. S., SUITE 200 50. SEATTLE, WA 98144 GENERAL SUPPORT WAMAL NONE PC 509(A)(1) DR (2) WAMAL C/O MARY ORVIK 1108 W 2ND AVE 500. PMB#243 SPOKANE, WA 99201 WASHINGTON STATE PARKS FOUNDATION NONE PC 509(A)(1) GENERAL SUPPORT 1752 NW MARKET ST, #744 DR (2) SEATTLE, WA 98107 125. WASHINGTON TRAILS ASSOCIATION NONE PC 509(A)(1) GENERAL SUPPORT DR (2) WASHINGTON TRAILS ASSOCIATION ATTN: DEVELOPMENT 705 2ND AVE, STE 300 20. SEATTLE, WA 98104 PC 509(A)(1) GENERAL SUPPORT WESTERN WASHINGTON FOUNDATION NONE DR (2) OLD MAIN 430, MS 9034 516 HIGH STREET BELLINGHAM, WA 98225 100. WHISKER CITY NONE PC 509(A)(1) GENERAL SUPPORT 1615 N 183RD ST. DR (2) SHORELINE, WA 98133 125. PC 509(A)(1) GENERAL SUPPORT WOMEN'S REFUGEE COMMISSION NONE DR (2) 15 WEST 37TH STREET, 9TH FLOOR 25. NEW YORK, NY 10018 PC 509(A)(1) GENERAL SUPPORT WOODINVILLE MONTESSORI SCHOOL NONE 19102 NORTH CREEK PKWY DR (2) 1,000. BOTHELL, WA 98011 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient WORLD WITHOUT HATE NONE PC 509(A)(1) GENERAL SUPPORT PO BOX 601461 DR (2) DALLAS, TX 75360-1461 25. PC 509(A)(1) GENERAL SUPPORT YALLWEST SCHOOLS PROGRAM NONE 1145 CENTINELA AVE DR (2) 100. SANTA MONICA, CA 90403 Total from continuation sheets

THE BUNGIE FOUNDATION

nter gross amounts unless otherwise indicated	Unrelate	Unrelated business income Excluded by section 512, 513, or 5			(e)
1 Program service revenue.	(a) Business code	( <b>b</b> ) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
•	code		+		
a			1		
c		-	1		
d					
е		·-			
f					
g Fees and contracts from government agencies					
Membership dues and assessments					_
Interest on savings and temporary cash	- ··				
investments			14	7,694.	
Dividends and interest from securities					
Net rental income or (loss) from real estate					•
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					·
Gross profit or (loss) from sales of inventory		-			
Other revenue					
a			<u> </u>		
b			ļ		
C					
d					<u> </u>
e	_				
Subtotal Add columns (b), (d), and (e)		0 .	.	7,694.	
Total. Add line 12, columns (b), (d), and (e)				13	7,69
ee worksheet in line 13 instructions to verify calculations )					
art XVI-B Relationship of Activities	to the Acco	mplishment of Ex	empt	Purposes	
ne No Explain below how each activity for which inc the foundation's exempt purposes (other than			A contrib	outed importantly to the accomp	lishment of
the foundation of exemptions of terror than	- oy promoning to			·	
		<del></del>			
					•
		· <del>-</del>			
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Part	XVII	Information Re Exempt Organ		isfers to a	end Transactions a	nd Relationsh	ips With Non	charitable		
1 Dk	i the a			of the following	ng with any other organizati	on described in sect	ion 50 Ye)		Yes	No
		•			g to political organizations?					_
		from the reporting found	-		• •			1		1
(1)	Casch	1								×
(2)	Othe	r 26365						19(2)		X
		nsactions								Г
(1)	Sales	of accets to a noncharita	ible commpt organiza	rison		***************************************		1147)		x
(2)	Purc	hases of assets from a no	incharitable coumpt (	organization .				1142)		X
										X
(4)	Reim	bursement arrangements	***************************************					15(4)		X
(5)	Loans	s or loan guarantees		*************				16(5)		X
(6)	Perfe	ormance of services or me	embership or fundral	laing solicitatio	ns			11(6)		×
e Sh	ering o	f facilities, equipment, ma	dling lists, other ass	ets, or peid en	nplayees			10	<u>.                                    </u>	X
					edule. Column (b) should al				ats,	
or:	tervice	is given by the reporting f	oundation. If the fou	radation receiv	ed less than fair market valu	se in any transaction	or sharing arranger	ment, show in		
col	umn (c	f) the value of the goods,								
( <b>a) Loo</b> n	<u> </u>	(b) Amount involved	(e) Name o	oncharitable to	e exampt organization	(d) Description	of transfers, transactio	ne, and sharing arr	треттег	<u> </u>
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A		- 4-4	1	endeded de la cons	or more tax-exempt organi				~	
									Œ	l Na
		: 50 I(c) (Other Wall Section Complete the following schi		100001 327 F				145		פאנ
<u> </u>	es, o	(a) Name of org			(b) Type of organization	1	e) Description of re	tationship		
		N/A			107, 37		-,			
						<del></del>				
						_	<del></del>			
		11/	7					<del></del>		
				return, including	accompanying schedules and st	stements, and to the bea	t of my knowledge	District of the last of the la		
Sign	and be	Bel, it is true/correct, and com	plate. Declaration of pre-	barar (ogser gren	texpayer) is based on all informal	ion of which preparer ha is	s any knowledge.	May the IRS di return with the shown below?	prepare	
Here					1/11/20	PRESIDENT	2	X Yes		No
	Sign	sture of officer or trustee			Date	Title				
		Print/Type preparer's ner	me	Preparer's si	gnature	Date	Check if	PTIN		
				1 1	Vis. A	11/12/2	self- employed			
Paid		KATHRYN J. CEIN	oro	H	KUMKUT.	11/13/20		P00746598		
Prepa		Firm's name CLARE	HUBER				Firm's EIN ▶	91-1194016		
Use C	mly									
		Firm's address > 1090	DO WE ATH STR	EET, SUIT	1400					
	i	997.1	LEVITE WA GENE	04			Dans no. 1421	5)454-4919		

# 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.

To Go to www.irs.gov/Form990 for the latest information.

OMB No 1545 0047

2019

Name of the organization		Employer identification number					
THE	BUNGIE FOUNDATION	27-2313989					
Organization type (check or	ne)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	Form 990-PF X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See instructions					
General Rule							
	ifiling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
sections 509(a)(1) a	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount line 1. Complete Parts I and II	or 16b, and that received from					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III							
year, contributions is checked, enter h purpose Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled movere the total contributions that were received during the year for an exclusively religious inplete any of the parts unless the General Rule applies to this organization because it respectively.	ore than \$1,000. If this box s, charitable, etc.,					
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

Name of organization

Employer identification number

THE BUNGIE FOUNDATION

27-2313989

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	I space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BUNGIE AEROSPACE CORPORATION  550 106TH AVE NE, STE 207  BELLEVUE, WA 98004	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SUNRISE IDENTITY  28250 NETWORK PLACE  CHICAGO, IL 60673	\$15,951.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CHILD'S PLAY CHARITY  8040 161ST AVE NE  REDMOND, WA 98052	\$1,200,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occupiete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE BUNGIE FOUNDATION

27-2313989

Partill	Noncash Property (see instructions) Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization Employer identification number 27-2313989 THE BUNGIE FOUNDATION 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 infe ence) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING FEES	3,985.	0.		3,985.
TO FORM 990-PF, PG 1, LN 16B	3,985.	0.`		3,985.
FORM 990-PF 0	OTHER PROFES	SIONAL FEES	S	TATEMENT 2
DESCRIPTION .	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
CONTRACTOR SERVICES OTHER PROFESSIONAL FEES WEBSITE MAINTENANCE	42,557. 7,697. 32,000.	0.		42,557. 7,697. 0.
TO FORM 990-PF, PG 1, LN 16C	82,254.	0.		50,254.
· ·		- <del></del>		
FORM 990-PF	TAX	ES	S	TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAXES	.51.	0.		0.
TO FORM 990-PF, PG 1, LN 18 =	51.	0.		0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DIRECT PROGRAM ACTIVITIES INSURANCE	914,149.			914,149. 2,931.
EQUIPMENT, SUPPLIES AND OTHER	110,875.	0.		120,265.
TO FORM 990-PF, PG 1, LN 23	1,027,955.	0.		1,037,345.
10 TOIGH 990 II, 10 I, EN 29	_,,			

FORM 990-PF PART VIII - LIS TRUSTEES AND	STATEMENT 5			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
ONDRAUS JENKINS 550 106TH AVENUE NE, SUITE 207 BELLEVUE, WA 98004	PRESIDENT 0.50	0.	0.	0.
PETE PARSONS 550 106TH AVENUE NE, SUITE 207 BELLEVUE, WA 98004	DIRECTOR 0.50	0.	0.	0.
ZACH RUSSELL 550 106TH AVENUE NE, SUITE 207 BELLEVUE, WA 98004	DIRECTOR 0.50	0.	0.	0.
SHAWN TAYLOR 550 106TH AVENUE NE, SUITE 207 BELLEVUE, WA 98004	TREASURER 0.50	0.	. 0.	0.
CHRISTINE EDWARDS 550 106TH AVENUE NE, SUITE 207 BELLEVUE, WA 98004	DIRECTOR 40.00	. 137,910.	18,419.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	137,910.	18,419.	0.

27-2313989

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 6

## ACTIVITY ONE

THE IPADS FOR KIDS PROGRAM AT SEATTLE CHILDREN'S HOSPITAL LAUNCHED IN 2012. IN 2019, THE PROGRAM SERVED MORE THAN 150,000 PATIENTS WITHIN ALL INPATIENT UNITS OF THE HOSPITAL, BOTH BY LOANING CUSTOMIZED IPADS TO PATIENTS STAYING IN THE HOSPITAL, AS WELL AS PROVIDING IPADS TO HOSPITAL STAFF TO USE IN THEIR DIRECT INTERVENTIONS WITH PATIENTS. HOSPITAL STAFF INCLUDES CHILD LIFE SPECIALISTS, MUSIC THERAPY, ART THERAPY, AND RECREATION THERAPY.

**EXPENSES** 

TO FORM 990-PF, PART IX-A, LINE 1

911,361.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 7

### ACTIVITY TWO

THE BUNGIE FOUNDATION PARTNERS WITH MAKE A WISH ALASKA & WASHINGTON CHAPTER TO GRANT WISHES IN TWO WAYS - WE HOST CHILDREN AND THEIR FAMILIES AT BUNGIE TO GIVE THEM AN EXCLUSIVE TOUR OF OUR FACILITIES, AS WELL AS ALLOW THEM TO ACTIVELY PARTICIPATE IN BUNGIE ACTIVIITES SUCH AS MOTION CAPTURE, VOICE RECORDING, GAMEPLAY, AND ONE ON ONE LESSONS WITH OUR STAFF. THE SECOND WAY IN WHICH WE GRANT WISHES IS BY PURCHASING AND FACILITATING THE DELIVERY/INSTALLMENT OF ALL ELECTRONIC WISHES FOR THE AK&WA CHAPTER.

**EXPENSES** 

TO FORM 990-PF, PART IX-A, LINE 2

170,477.