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Form **990-PF**

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.

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf. , and ending APR 30, For calendar year 2015 or tax year beginning MAY 17, 2015 2016 A Employer identification number Name of foundation CURUSIS FAMILY CHARITABLE FOUNDATION C/O BOSTON PRIVATE BANK, CO-TRUSTEE 81-1203070 Number and street (or P O box number if mail is not delivered to street address) Room/suite **B** Telephone number 220 650-378-3737 160 BOVET ROAD City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here 94402 SAN MATEO, CA G Check all that apply: X Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Uther taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 6,300,000. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purpose (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income 6,300,000 N/A Contributions, gifts, grants, etc., received 2 Check \blacktriangleright If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 62 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 6,300,000 0 12 Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees DEPENDE **b** Accounting fees c Other professional fees ŭ 17 Interest O JUL 20 18 2016 18 Taxes 19 Depreciation and depletion ch 20 Occupancy CAROLINE X 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 0 0. expenses. Add lines 13 through 23 0. 25 Contributions, gifts, grants paid 0. 26 Total expenses and disbursements. 0 0 0. Add lines 24 and 25 Subtract line 26 from line 12: 6,300,000. 2 Excess of revenue over expenses and disbursements Ō.

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)

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Form **990-PF** (2015)

N/A



C/O BOSTON PRIVATE BANK CO-TRUSTEE 81-1203070 Form 990-PF (2015) Page 2 Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 6,300,000 11 Investments - land, buildings, and equipment basis 6,300,000. 6,300,000. Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 6,300,000. 0. 6,300,000. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Fund ightharpoonsFoundations that do not follow SFAS 117, check here and complete lines 27 through 31. ö 27 Capital stock, trust principal, or current funds 0 6,300,000 Assets 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 29 Retained earnings, accumulated income, endowment, or other funds 0. 6,300,000 š 30 Total net assets or fund balances 0. 6,300,000. 0 6,300,000 31 Total liabilities and net assets/fund balances 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 1 | 0. |
| 2 | Enter amount from Part I, line 27a | 2 | 6,300,000. |
| 3 | Other increases not included in line 2 (itemize) | 3 | 0. |
| 4 | Add lines 1, 2, and 3 | 4 | 6,300,000. |
| 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 | 6,300,000. |

Form 990-PF (2015) C/O BOSTON PRIVATE BANK, CO-TRUSTEE

81-1203070

Page 3

| Ranti M Capital Gains and | Losses for Tax on Ir | ivestmen | t Income | | | | • | | |
|--|---|--------------------------------|--------------------------------------|--------------|----------------------------|-------------------------|---------------------|--------------------------------|---|
| (a) List and describe 2-story brick wareh | the kind(s) of property sold (e.g ouse; or common stock, 200 sha | ., real estate, s. MLC Co.) | | (6) | How ac - Purc - Dona | quired hase ation | (c) Date (mo., c | acquired lay, yr.) | (d) Date sold (mo., day, yr.) |
| 1 <u>a</u> | | | | | | | | | |
| b NONE | | | | | | | | | |
| <u>c</u> | | | | <u> </u> | | | | | |
| d | | | | | | | | | |
| e | | | | <u> </u> | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | | ain or (loss) s (f) minus (| |
| a | | | | | | | | | <u> </u> |
| b | | | | | | | | | |
| <u>c</u> | | | | | | | | | |
| d | | | | | | | | | |
| Complete only for assets showing ga | un in column (h) and owned by | the foundation | ı on 12/31/69 | \dashv | | | (I) Gaine (C | Col. (h) gaın | minue |
| - Complete only for assets snowing ge | (j) Adjusted basis | | cess of col. (i) | | | | ol. (k), but i | not less thar | 1 -0-) or |
| (i) F.M.V. as of 12/31/69 | as of 12/31/69 | | col. (j), if any | i | | | Losses | (from col. (| h)) |
| a | | | | _ | | | | | |
| b | | | | | | | | | <u> </u> |
| C | | | | \neg | | | | | |
| d | | | | | | | | | |
| е | | | | | | | | | |
| 2 Capital gain net income or (net capital | lf gain, also enter | | | } | 2 | | | | |
| , , , | , ((), | | , | 7 | | | | | |
| 3 Net short-term capital gain or (loss) a if gain, also enter in Part I, line 8, colu | | a (b). | | ٦١ | | | | | |
| If (loss), enter -0- in Part I, line 8 | 11111 (<i>0)</i> 2 | | | <u> </u> | 3 | | | | |
| PartV Qualification Und | er Section 4940(e) for | Reduced | Tax on Net | Inv | estn | nent In | come | | |
| (For optional use by domestic private fou | ndations subject to the section 4 | 1940(a) tax or | net investment in | come | e.) | • | | | N/A |
| Management 40.40/d\/0\) and the leave the a | ant blant. | | | | | | | | |
| If section 4940(d)(2) applies, leave this p | ari Dialik. | | | | | | | | |
| Was the foundation liable for the section | 4942 tax on the distributable am | ount of any y | ear in the base per | iod? | | | | | Yes No |
| If "Yes," the foundation does not qualify u | | | | | | | | | |
| 1 Enter the appropriate amount in each | | structions be | fore making any ei | ntries | | | - | | 745 |
| (a) Base period years Calendar year (or tax year beginning in | (b) Adjusted qualifying dist | tributions | Net value of no | (c) nchar | | use asset | s | Distrib | (d) ution ratio ided by col. (c)) |
| 2014 | , | | | | | | | (00.11 (0) 0.11 | |
| 2013 | | | | | | | - | | |
| 2012 | | • | | | | | | | |
| 2011 | | | | | | | | | |
| 2010 | | _ | | | | | | | |
| | | | | | | | | | |
| 2 Total of line 1, column (d) | | | | | | | 2 | | |
| 3 Average distribution ratio for the 5-year | ar base period - divide the total o | on line 2 by 5, | or by the number | of yea | ars | | | | |
| the foundation has been in existence i | f less than 5 years | | | | | | 3 | | |
| | | | | | | | | | |
| 4 Enter the net value of noncharitable-u | se assets for 2015 from Part X, I | ine 5 | | | | | 4 | | |
| | | | | | | | | | |
| 5 Multiply line 4 by line 3 | | | | | | | 5 | | |
| 6 Enter 1% of net investment income (1 | % of Part I, line 27b) | | | | | | 6 | | |
| 7 Add lines 5 and 6 | | | | | | | 7 | | |
| | | | | | | | | | |
| 8 Enter qualifying distributions from Pail If line 8 is equal to or greater than line | • | 1h and come | lete that nart using | n a 10 | % tav r | ate | 8 | | <u> </u> |
| See the Part VI instructions. | 7, SHOOK THE DOX III FAIL VI, IIIIE | io, and comp | note that part usilly | y a 17 | νυ LOLA I | u16. | | | |

| | | | 1203 | | | Page 4 |
|----|---|--------------|---------------|------|-------|--------------|
| _ | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49 | 48 - | see i | nstr | uctio | ns) |
| 1 | a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | | |
| | b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1% | 1 | | | | 0. |
| | of Part I, line 27b | | | | • | - |
| - | c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | l | | | | |
| 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 | | | | 0. |
| 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 | | | | 0. |
| 6 | Credits/Payments: | | | | - | |
| , | a 2015 estimated tax payments and 2014 overpayment credited to 2015 | | | | | |
| | b Exempt foreign organizations - tax withheld at source | | | | | |
| | c Tax paid with application for extension of time to file (Form 8868) | 1 | | | | |
| | d Backup withholding erroneously withheld | l | | | | |
| | Total credits and payments. Add lines 6a through 6d | 7 | | | | 0. |
| Я | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | | 0. |
| 10 | · . | 10 | | | | . |
| | · · · · · · · · · · · · · · · · · · · | 11 | | | | |
| | Enter the amount of line 10 to be: Credited to 2016 estimated tax ► Refunded | <u>''' </u> | | | | |
| | a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | - | | Voc | No |
| 10 | | | | 4- | 162 | |
| | any political campaign? | | | 1a | | X |
| | b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? | | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published | or | | | | ł |
| | distributed by the foundation in connection with the activities | | | i | | |
| | Did the foundation file Form 1120-POL for this year? | | | 1c | | X |
| (| 1 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | Ì |
| | (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. | | | | | |
| • | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | | |
| | managers. > \$O. | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | Х |
| | If "Yes," attach a detailed description of the activities | | l | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | X |
| | a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | Х |
| t | olf "Yes," has it filed a tax return on Form 990-T for this year? | N/ | /A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| | By language in the governing instrument, or | | | | | |
| | • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la | W | ļ | | | |
| | remain in the governing instrument? | | I | 6 | X | _ |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | | Γ | 7 | X | |
| | | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | ŀ | | | ì |
| | CA | | | ł | | · |
| 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) | | — I | - 1 | | |
| | of each state as required by General Instruction G? If "No," attach explanation | | Ī | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary | ar | Ì | | | |
| | year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV | | İ | 9 | 1 | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses ST | МT | 1 | 10 | Х | |

Form 990-PF (2015) C/O BOSTON PRIVATE BANK, CO-TRUSTEE

Part VII-A | Statements Regarding Activities (continued)

| - | at vii-A Otatements negarding Activities (continued) | | | |
|----------|--|--------------|----------------|----------|
| | | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | x |
| 12 | section 512(b)(13)? If "Yes," attach schedule (see instructions) Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | 11 | \dashv | |
| 12 | If "Yes," attach statement (see instructions) | 12 | | x |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | х | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ► BOSTON PRIVATE BANK Telephone no. ► 650 – 37 | 8-3 | 737 | |
| | Located at ▶ 160 BOVET RD. #220, SAN MATEO, CA ZIP+4 ▶94 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | | |
| | and enter the amount of tax-exempt interest received or accrued during the year | | /A | |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | |
| | securities, or other financial account in a foreign country? | 16 | | <u> </u> |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | ľ | |
| <u>n</u> | foreign country | | | |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | — т | VI | <u> </u> |
| 4. | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| Id | 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 | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? | | ĺ | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | - 1 | | |
| | ıf 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.) | | - 1 | |
| 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)? | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | . | 77 |
| ^ | before the first day of the tax year beginning in 2015? | 1c | | <u> </u> |
| Z | 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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| | before 2015? | - 1 | | 1 |
| | If "Yes," list the years | - 1 | | 1 |
| 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 | ŀ | | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | ļ | |
| | 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 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | 1 |
| Ja | during the year? | - 1 | | 1 |
| h | If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after | Ì | 1 | |
| • | 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 | | - 1 | |
| | 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, | ļ | | |
| | Form 4720, to determine if the foundation had excess business holdings in 2015) N/A | 3ь | - | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | $\neg \dagger$ | X |
| | 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 2015? | 4b | | <u> </u> |
| | For | n 990 | -PF (| 2015) |

| orm 990-PF (20 | | | | CO-TRUSTEE | | 81-12030 | 770 | Page € |
|------------------------|---|---------------------------------------|------------------|---|--|--|--------------|--------------------------------------|
| Part VII-B | Statements Regarding | Activities for | Which I | Form 4720 May Be | Required (conti | nued) | | |
| 5a During the y | ear did the foundation pay or incur | any amount to: | | <u>-</u> | | | | |
| (1) Carry o | n propaganda, or otherwise attemp | to influence legisla | ation (section | n 4945(e))? | Y | 'es 🗶 No | | |
| (2) Influenc | ce the outcome of any specific publi | c election (see sect | tion 4955); o | r to carry on, directly or ind | rectly, | | | l |
| any vot | er registration drive? | | | | □ \(\bullet \) | 'es 🗶 No | | |
| (3) Provide | a grant to an individual for travel, s | tudy, or other sımıl | lar purposes | ? | Y | 'es X No | | |
| (4) Provide | a grant to an organization other tha | ın a charıtable, etc. | , organizatio | n described in section | | | - 1 | ļ |
| 4945(d |)(4)(A)? (see instructions) | | | | Y | es X No | | 1 |
| (5) Provide | for any purpose other than religiou | s, charitable, scien | tıfıc, lıterary, | or educational purposes, or | r for | | | |
| the pre- | vention of cruelty to children or anin | nals? | | | Y | 'es X No | | |
| b If any answe | er is "Yes" to 5a(1)-(5), did any of th | e transactions fail t | o qualify und | der the exceptions described | in Regulations | i | | |
| section 53.4 | 945 or in a current notice regarding | disaster assistanc | e (see ınstru | ctions)? | | N/A | 5b | Ī |
| Organization | is relying on a current notice regard | ıng dısaster assısta | ince check h | ere | | ▶□ [| | |
| c If the answe | r is "Yes" to question 5a(4), does th | e foundation claim | exemption fr | rom the tax because it maint | tained | | 1 | ŀ |
| expenditure | responsibility for the grant? | | | | N/A 🔲 y | 'es 🔲 No | | |
| If "Yes," at | tach the statement required by | Regulations secti | ion 53 4945 | 5-5(d) | | | | |
| 6a Did the foun | dation, during the year, receive any | funds, directly or ii | ndirectly, to j | pay premiums on | | | | |
| a personal b | enefit contract? | | | | Y | es X No | | |
| b Did the foun | dation, during the year, pay premiu | ms, directly or indir | ectly, on a p | ersonal benefit contract? | | ſ | 6b | X |
| If "Yes" to | 6b, file Form 8870 | | | | | | | |
| 7a At any time | during the tax year, was the foundat | on a party to a pro | hibited tax s | helter transaction? | Y | es X No | | |
| b If "Yes," did | the foundation receive any proceeds | or have any net in | come attribu | table to the transaction? | | N/A | 7b | |
| Part VIII | Information About Office | ers, Director | rs, Trust | ees, Foundation M | anagers, Highl | У | | |
| | Paid Employees, and C | | | | | | | |
| 1 List all offic | ers, directors, trustees, found | ation managers | and their | | L() Company (| 177 | | |
| | (a) Name and address | | | (b) Title, and average hours per week devoted | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans and deferred | acc |) Expense ount, other |
| | | | | to position | `enter'-0-) | compensation | al | llowances |
| DONNA CU | | | | TRUSTEE | | | | |
| | ORGANIZATION | | | 2 22 | | | | • |
| | O, CA 94402 | | | 2.00 | 0. | 0. | \ | 0. |
| | RIVATE BANK | | | CO-TRUSTEE | İ | | | |
| | ORGANIZATION | | | 2 00 | | | | ^ |
| SAN MATE | O, CA 94402 | | | 2.00 | 0. | 0. | 1 | 0. |
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| | | | | | 1 | | | |
| Compensati | ion of five highest-paid emplo | vees (other than | those inc | luded on line 1). If none | enter "NONE." | | | |
| <u> </u> | | | | | 1 | (d) Contributions to | (e |) Expense |
| (a) Nam | e and address of each employee pa | d more than \$50,0 | 00 | (b) Title, and average hours per week devoted to position | (c) Compensation | employee benefit plans and deferred | acc |) Expense ount, other lowances |
| NO | NE | · · · · · · · · · · · · · · · · · · · | | dovoted to position | | compensation | <u>"</u> | - TOTALIOUS |
| | 212 | | | | | | | |
| | | | | | | <u> </u> | \vdash | |
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| | | | | | | | | |

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

| | DOGMON DETAINED DANK OF MENT | | 1000000 | |
|---------------------------------------|---|---------------------------------------|--------------|------------|
| | BOSTON PRIVATE BANK, CO-TRUS | | -1203070 | Page 7 |
| | oout Officers, Directors, Trustees, Founda es, and Contractors (continued) | ation Managers, Highly | | |
| | t contractors for professional services. If none, ente | r "NONE." | | |
| • | ess of each person paid more than \$50,000 | (b) Type of service | (c) Con | npensation |
| NONE | | (2) | 1.5-7 | <u> </u> |
| | - | 7 | | |
| | | | | |
| | | | | |
| | | | | _ |
| | | 7 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of others receiving over | \$50,000 for professional services | | <u> </u> | 0 |
| Partux A Summary of D | rect Charitable Activities | | | |
| | charitable activities during the tax year. Include relevant statis | | Expense | s |
| 37/3 | eficiaries served, conferences convened, research papers proc | Jucea, etc. | | |
| 1 N/A | | | 4 | |
| | | | 4 | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| 2 | | | - | |
| | | <u>.</u> | 4 | |
| 3 | <u> </u> | | | |
| | ······································ | · · · · · · · · · · · · · · · · · · · | 1 | |
| | | · · · · · · · · · · · · · · · · · · · | 1 | |
| 4 | | | | |
| · | | | 1 | |
| - | | | 1 | |
| PartiX:BI Summary of Pre | ogram-Related Investments | | | |
| | ed investments made by the foundation during the tax year on | lines 1 and 2. | Amount | |
| 1 N/A | | | | |
| | - | ., | 1 | |
| | | | 1 | |

Form **990-PF** (2015)

2

All other program-related investments. See instructions.

Total. Add lines 1 through 3

Form 990-PF (2015)

C/O BOSTON PRIVATE BANK, CO-TRUSTEE

| Р | Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations, | see instructions) |
|----|---|---------------|-------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | Γ ' Ι | |
| а | Average monthly fair market value of securities | 1a | 0. |
| ь | Average of monthly cash balances | 1b | 0. |
| | Fair market value of all other assets | 1c | 6,300,000. |
| d | Total (add lines 1a, b, and c) | 1d | 6,300,000. |
| 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 | 6,300,000. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 94,500. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 6,205,500. |
| 6 | Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD | 6 | 296,710. |
| P | 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 | 296,710. |
| 2a | Tax on investment income for 2015 from Part VI, line 5 | | |
| b | · · · · · · · · · · · · · · · · · · · | 1 | |
| C | Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 296,710. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 296,710. |
| 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 | 296,710. |
| P | 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 | 0. |
| 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 | 0. |
| 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 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 0. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years. | qualifies for | the section |

Form 990-PF (2015)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2015 from Part XI, | | | | |
| line 7 | | | | 296,710. |
| 2 Undistributed income, if any, as of the end of 2015 | | | | - |
| a Enter amount for 2014 only | | | 0. | 1 |
| b Total for prior years: | | | | |
| , | | 0. | | |
| 3 Excess distributions carryover, if any, to 2015: | , | | | |
| a From 2010 | | | | |
| b From 2011 | | | | |
| c From 2012 | | · | | |
| d From 2013 | | | | |
| e From 2014 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2015 from | | | | |
| Part XII, line 4: ►\$0 • | | | _ | |
| a Applied to 2014, 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 2015 distributable amount | , | | | 0. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2015 | 0. | | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | . O. | | | |
| 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 2014. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2015. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2016 | | | | 296,710. |
| 7 Amounts treated as distributions out of | | | | 4 == · |
| 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 2010 | | | | _ |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2016. | _ | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| O Analysis of line 9: | | | | |
| a Excess from 2011 | | | | |
| b Excess from 2012 | | | | |
| c Excess from 2013 | | | | |
| d Excess from 2014 | | | | |
| e Excess from 2015 | | | | |

CURUSIS FAMILY CHARITABLE FOUNDATION C/O BOSTON PRIVATE BANK, CO-TRUSTEE Form 990-PF (2015) 81-1203070 Page 10 Part: XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or √ 4942(1)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (b) 2014 (a) 2015 (d) 2012 income from Part I or the minimum (c) 2013 (e) Total investment return from Part X for each year listed **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 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 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 PartXXV# Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) 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).) NONE 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. NONE 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:
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF₍₂₀₁₅₎

C/O BOSTON PRIVATE BANK, CO-TRUSTEE

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of Purpose of grant or contribution Amount Name and address (home or business) recipient a Paid during the year NONE 0. Total ▶ 3a **b** Approved for future payment NONE Total **▶** 3b 0.

81-1203070 Page 11

| | s amounts unless otherwise indicated. | Unrelate | ed business income | | ded by section 512, 513, or 514 | (e) |
|---|--|-------------------------|--|------------------------|--|--|
| 1 Progra | m service revenue: | (a) Business code | (b) Amount | Exclu- sion code | (d) Amount | Related or exempt function income |
| a a | m service revenue. | Code | ·· · · · · · · · · · · · · · · · · · · | + | | |
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| ·; — | | - | | 1 | | |
| - Engl | and contracts from government against | | | - | | |
| | s and contracts from government agencies ership dues and assessments | - | | | <u>. </u> | |
| | • | | | - | | <u> </u> |
| ınvestm | t on savings and temporary cash nents | | | | | |
| | ds and interest from securities | | | | | |
| 5 Net ren | tal income or (loss) from real estate: | | | | | |
| a Deb | t-financed property | | | | | |
| b Not | debt-financed property | | | | | |
| 6 Net ren | tal income or (loss) from personal | | | | | |
| propert | • | | | | | |
| | evestment income | | | | | |
| 8 Gain or | (loss) from sales of assets other | | | | | |
| than inv | | | | | | |
| | ome or (loss) from special events | | | | | |
| - | profit or (loss) from sales of inventory | | | <u> </u> | | |
| 1 Other re | evenue: | | | | | |
| a | | | | <u> </u> | | |
| b | | - | | | | |
| c | | | | | | |
| d | | . | | <u> </u> | | |
| e | | . | | | | |
| | Add columns (b) (d) and (a) | | 0. | | 0. | |
| | al. Add columns (b), (d), and (e) | <u> </u> | | | 13_ | C |
| 3 Total. A | Add line 12, columns (b), (d), and (e) | <u> </u> | | | | |
| 3 Total. A | | | | | ·- | |
| 3 Total. A | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.) | to the Acco | omplishment of Ex | emp | t Purposes | |
| 3 Total. A See works Part X Line No. | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.) WI-B Relationship of Activities Explain below how each activity for which inc | ome is reported i | n column (e) of Part XVI-A | | <u> </u> | nplishment of |
| 3 Total. A See works Part X | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.) VI-B Relationship of Activities | ome is reported i | n column (e) of Part XVI-A | | <u> </u> | nplishment of |
| 3 Total. A See works Part X Line No. | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.) WI-B Relationship of Activities Explain below how each activity for which inc | ome is reported i | n column (e) of Part XVI-A | | <u> </u> | nplishment of |
| 3 Total. A See works Part X Line No. | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.) WI-B Relationship of Activities Explain below how each activity for which inc | ome is reported i | n column (e) of Part XVI-A | | <u> </u> | nplishment of |
| 3 Total. A See works Part X Line No. | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.) WI-B Relationship of Activities Explain below how each activity for which inc | ome is reported i | n column (e) of Part XVI-A | | <u> </u> | nplishment of |
| 3 Total. A See works Part X Line No. | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.) WI-B Relationship of Activities Explain below how each activity for which inc | ome is reported i | n column (e) of Part XVI-A | | <u> </u> | nplishment of |
| 3 Total. A See works Part X Line No. | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.) WI-B Relationship of Activities Explain below how each activity for which inc | ome is reported i | n column (e) of Part XVI-A | | <u> </u> | nplishment of |
| 3 Total. A See works Part X Line No. | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.) WI-B Relationship of Activities Explain below how each activity for which inc | ome is reported i | n column (e) of Part XVI-A | | <u> </u> | nplishment of |
| 3 Total. A See works Part X Line No. | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.) WI-B Relationship of Activities Explain below how each activity for which inc | ome is reported i | n column (e) of Part XVI-A | | <u> </u> | nplishment of |
| 3 Total. A See works Part X Line No. | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.) WI-B Relationship of Activities Explain below how each activity for which inc | ome is reported i | n column (e) of Part XVI-A | | <u> </u> | nplishment of |
| 3 Total. A See works Part X Line No. | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.) WI-B Relationship of Activities Explain below how each activity for which inc | ome is reported i | n column (e) of Part XVI-A | | <u> </u> | nplishment of |
| 3 Total. A See works Part X Line No. | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.) WI-B Relationship of Activities Explain below how each activity for which inc | ome is reported i | n column (e) of Part XVI-A | | <u> </u> | nplishment of |
| 3 Total. A See works Part X Line No. | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.) WI-B Relationship of Activities Explain below how each activity for which inc | ome is reported i | n column (e) of Part XVI-A | | <u> </u> | nplishment of |
| 3 Total. A See works Part X Line No. | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.) WI-B Relationship of Activities Explain below how each activity for which inc | ome is reported i | n column (e) of Part XVI-A | | <u> </u> | nplishment of |
| 3 Total. A See works Part X Line No. | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.) WI-B Relationship of Activities Explain below how each activity for which inc | ome is reported i | n column (e) of Part XVI-A | | <u> </u> | nplishment of |
| 3 Total. A See works Part X Line No. | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.) WI-B Relationship of Activities Explain below how each activity for which inc | ome is reported i | n column (e) of Part XVI-A | | <u> </u> | nplishment of |

Form 990-PF (2015) C/O BOSTON PRIVATE BANK, CO-TRUSTEE

the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

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|----|-------|---|---|---|----|---|---|
| 0. | | | | • | ., | • | |

Page 13

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes No

| a | Transfe | ers from the reporting founda | ation to a noncharitable exempt | organization of: | | | | |
|--|------------------|---|--|---|---|---|--------------------------------------|--------|
| | (1) Ca | sh | | | | | 1a(1) | X |
| | (2) Oti | her assets | | | | | 1a(2) | X |
| þ | Other to | ransactions; | | | | | | |
| | (1) Sa | les of assets to a noncharital | ible exempt organization | | | | 1b(1) | X |
| | (2) Pu | rchases of assets from a noi | ncharitable exempt organization | | | | 1b(2) | X |
| (3) Rental of facilities, equipment, or other assets | | | | | | | | X |
| | (4) Re | imbursement arrangements | } | | | | 1b(4) | X |
| | (5) Lo | ans or loan guarantees | | | | | 1b(5) | X |
| | (6) Pe | rformance of services or me | embership or fundraising solicita | tions | | | 1b(6) | X |
| C | Sharing | of facilities, equipment, mai | uling lists, other assets, or paid e | employees | | | 1c | X |
| d | | | "Yes," complete the following sc | | - | | | |
| | | | oundation. If the foundation rece | | ue in any transaction | n or sharing arrangement, sl | now in | |
| | | | other assets, or services receive | | | | | |
| a)L | ine no | (b) Amount involved | <u> </u> | ble exempt organization | (d) Descriptio | n of transfers, transactions, and s | haring arrangem | ents |
| | | | N/A | | | | | |
| | | | | | | <u> </u> | | |
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| | | | | | | | | |
| 2a | | | tly affiliated with, or related to, or | | zations described | | | _ |
| | | | r than section 501(c)(3)) or in se | ection 527? | | | _ Yes ∟X | No |
| b | If "Yes," | complete the following sche | | | | | | |
| | | (a) Name of orga | anization | (b) Type of organization | | (c) Description of relationsh | ıp | |
| | | N/A | | | | | | |
| | | | | | | | | |
| | | | | | <u> </u> | | | |
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| | | gnater of officer or trustee | | 17-19-16 | | DSTEE X | Yes 🗀 | J No I |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

CURUSIS FAMILY CHARITABLE FOUNDATION

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

OMB No 1545-0047

Employer identification number

| C | O BOSTON PRIVATE BANK, CO-TRUSTEE | 81-1203070 | | | | | |
|--|--|--------------------------------|--|--|--|--|--|
| Organization type (check one) | | | | | | | |
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| 527 political organization | | | | | | | |
| 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 | | | | | | | |
| • • | is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru | ale See instructions | | | | | |
| General Rule | | | | | | | |
| | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor. | | | | | | |
| Special Rules | | | | | | | |
| sections 509(a)(1 any one contribut | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour Z, line 1. Complete Parts I and II. | or 16b, and that received from | | | | | |
| year, total contrib | 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, contribution is checked, enter purpose. Do not o | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | |
| but it must answer "No" o | that is not covered by the General Rule and/or the Special Rules does not file Schedule E in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | • | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization CURUSIS FAMILY CHARITABLE FOUNDATION C/O BOSTON PRIVATE BANK, CO-TRUSTEE

Employer identification number

81-1203070

| Partil | 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 | CURUSIS FAMILY TRUST DTD 10/18/2002 C/O CURUSIS FAMILY FOUNDATION SAN MATEO, CA 94402 | \$6,300,000. | Person X Payroll Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroli 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.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Oncash 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.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 123452 10-26 | | \$Shodula B (Form) | Person Payroll Noncash (Complete Part II for noncash contributions) | | |

Name of organization

CURUSIS FAMILY CHARITABLE FOUNDATION C/O BOSTON PRIVATE BANK, CO-TRUSTEE

Employer identification number

81-1203070

| Partill | 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 |
| 1 | 90% INTEREST IN REAL PROPERTY: 88 TUSCALOOSA AVE., ATHERTON CA 94027 | \$ <u>6,300,000</u> . | 05/17/15 |
| (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 |
| 523453 10-26- | | \$ | 90, 990-EZ, or 990-PF) (2015) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization **Employer identification number** CURUSIS FAMILY CHARITABLE FOUNDATION C/O BOSTON PRIVATE BANK, CO-TRUSTEE 81-1203070 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 info once) 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 (c) Use of gift (b) Purpose 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

| 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 | | |
| - | | | | | |
| - | | | | | |
|) No. rom 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.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

1

NAME OF CONTRIBUTOR

ADDRESS

CURUSIS FAMILY TRUST DTD 10/18/2002 C/O THE ORGANIZATION

SAN MATEO, CA 94402