

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

For	calen	dar year 2016 or tax year beginning $12/20/16$,	and ending $12/3$	1/16	
Na	me of fo	undation			A Employer identification number
ъ	T237 T	OGU HOIDDAHLON			01 4005664
		OSH FOUNDATION			81-4805664
		d street (or P O box number if mail is not delivered to street address) E BLITHEDALE AVENUE PMB556	K	oom/suite	B Telephone number (see instructions) 415-388-5370
		n, state or province, country, and ZIP or foreign postal code			413-300-3370
_		VALLEY CA 94941			C If exemption application is pending, check here
G	Check	all that apply: X Initial return Initial retu	rn of a former public c	harity	D 1. Foreign organizations, check here
		Final return Amended	•	,	Foreign organizations meeting the
		Address change Name cha			85% test, check here and attach computation
H (Check	type of organization: X Section 501(c)(3) exempt private			E If private foundation status was terminated under
			le private foundation		section 507(b)(1)(A), check here
		rket value of all assets at J Accounting method:		rual	F If the foundation is in a 60-month termination
		rear (from Part II, col. (c), Other (specify)			under section 507(b)(1)(B), check here
	ne 16)		be on cash basis)		
		. Analysis of Revenue and Expenses (The total of	(a) Revenue and	Γ	(d) Disbursements
20 W	×-4	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net inv	
	Τ.	the amounts in column (a) (see instructions))		631 &1	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	1,700,000		
	2	Check ► ☐ If the foundation is not required to attach Sch B			
	3	Interest on savings and temporary cash investments	<u> </u>	 	
	4	Dividends and interest from securities		ļ	
	5a	Gross rents	3% 33. 8. 43	1 15 81	
Revenue	b	Net rental income or (loss)		1.65	
en	6a	Net gain or (loss) from sale of assets not on line 10			
ě	b	Gross sales price for all assets on line 6a		<u> </u>	
œ	7	Capital gain net income (from Part IV, line 2)		EQI :	
	8	Net short-term capital gain			
	9	Income modifications	nor 17 Zuit		
	10a	Gross sales less returns and allowances	OCA I VENI		
	C	Less. Cost of goods sold Gross profit or (loss) (attach schedule)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	11	Other income (attach schedule)	" - " - " - " - " - " - " - " - " - " -	7	
	12	Total. Add lines 1 through 11	1,700,000		0 0
	13	Compensation of officers, directors, trustees, etc.	2,700,000		
Se	14	Other employee salaries and wages		+	
tpenses	15	Pension plans, employee benefits	<u> </u>	 	
		Legal fees (attach schedule)		 	
Щ	b	Accounting fees (attach schedule)		†	
<u>Ķ</u>	c	Other professional fees (attach schedule)		 	
rat	17	Interest			
Administrative	18	Taxes (attach schedule) (see instructions)			
ninis	19	Depreciation (attach schedule) and depletion			
) H	20	Occupancy		 	
¥	21	Travel, conferences, and meetings		1	
and	22	Printing and publications		T T	
ğ	23	Other expenses (att sch.)			
ij	24	Total operating and administrative expenses.			
Operating		Add lines 13 through 23	l 0	ol .	o
ğ	25	Contributions, gifts, grants paid	0		
	26	Total expenses and disbursements. Add lines 24 and 25	C)}	0 0
	27	Subtract line 26 from line 12:	1 11 121	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	а	Excess of revenue over expenses and disbursements	1,700,000		
	ь	Net investment income (if negative, enter -0-)	111211111111111111111111111111111111111		0
	6	Adjusted net income (if negative enter -0-)	3 : 44.23	1 211 .31	0

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_	0
2 Enter amount from Part I, line 27a	2	1,700,000
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	1,700,000
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	1,700,000

Form 990-PF (2016)

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

7 Add lines 5 and 6

Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

P	årt VII-A Statements Regarding 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 section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>_x</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		.	
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		<u>x</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			_
14	The books are in care of ▶ STEPHEN COATS Telephone no. ▶ 415 - 3	888-	537	0
	775 E BLITHEDALE AVE #556	1		
4 5	Located at ► MILL VALLEY CA ZIP+4 ► 9494:	T		<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here		l	
16	and enter the amount of tax-exempt interest received or accrued during the year At any time during colonder year 2016, did the foundation bays an interest in an a circulature or other outboritis.		Yes	No
10	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	16	res	X
	over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	10	¥ !	<u> </u>
	the foreign country			1
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1/ 38	<u> </u>	200.5
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	- 1	Yes	No
1a	During the year did the foundation (either directly or indirectly).	: 2 4	4 1	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1 3	álk –
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	l iš		
	disqualified person?		3	
	(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	X		
	the benefit or use of a disqualified person)?			
	(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			1
	termination of government service, if terminating within 90 days.)			11),
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations		iħ	1111
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b	186.3	1.54
_	Organizations relying on a current notice regarding disaster assistance check here			.(1)
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? N/A	1c	1. 1	/
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	16	3.3	11
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2016?], **		
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	Ŋ		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)]		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		\ \ \	
	all years listed, answer "No" and attach statement – see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20 , 20 , 20 , 20	1.		**************************************
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
4	foundation had excess business holdings in 2016) N/A	3b	\vdash	x
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u> </u>
IJ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4b		X
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	1 40 Form 99)0. DE	

Forr	n 990-PF (2016) BENJOSH FOUNDA	TION	81-4	805664			Page (
P.	art VII-B Statements Regarding	Activities for Which Form	4720 May Be F	Required (con	tinued)		
5a	During the year did the foundation pay or incu	r any amount to					
	(1) Carry on propaganda, or otherwise attemption	pt to influence legislation (section	4945(e))?	\	res X No		
	(2) Influence the outcome of any specific pub	olic election (see section 4955), or	to carry on,		_		
	directly or indirectly, any voter registration	drive?		\ \	res X No		
	(3) Provide a grant to an individual for travel,	study, or other similar purposes?		\	res X No		
	(4) Provide a grant to an organization other the	nan a charitable, etc., organizatio	n described in				
	section 4945(d)(4)(A)? (see instructions)			\	res 🛚 X No		
	(5) Provide for any purpose other than religio	us, charitable, scientific, literary, o	or educational			Kar Mi	
	purposes, or for the prevention of cruelty	to children or animals?		\	res X No		
b	If any answer is "Yes" to 5a(1)–(5), did any of	the transactions fail to qualify un	der the exceptions d	escribed ın			
	Regulations section 53.4945 or in a current no	otice regarding disaster assistanc	e (see instructions)?	•	N/A	5b	
	Organizations relying on a current notice rega	rding disaster assistance check h	ere		▶ 🔲	1 1 30	
С	If the answer is "Yes" to question 5a(4), does	the foundation claim exemption for	rom the tax				
	because it maintained expenditure responsibi	lity for the grant?		N/A 🔲 ነ	res No		
	If "Yes," attach the statement required by Reg	gulations section 53 4945–5(d)					
6a	Did the foundation, during the year, receive a	ny funds, directly or indirectly, to p	pay premiums				: .
	on a personal benefit contract?			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	res 🗓 No		
þ	Did the foundation, during the year, pay prem	iums, directly or indirectly, on a p	ersonal benefit contr	act?		6b	X
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the found	dation a party to a prohibited tax s	helter transaction?	\ \	res X No		*
b	If "Yes," did the foundation receive any procei				N/A	7b	<u> </u>
P	art VIII Information About Office	rs, Directors, Trustees, F	oundation Man	agers, Highly	/ Paid Employ	/ees,	
	and Contractors						
1	List all officers, directors, trustees, foundat	ion managers and their compe	nsation (see instru	ictions).			
			(b) Title, and average	(c) Compensation	(d) Contributions to	(-) Eupoppo	a a a a u mt
	(a) Name and address	5	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred	(e) Expense other allow	
			devoted to position	enter -0-)	compensation	<u> </u>	
V:	CTOR TRAPOTE	MILL VALLEY	SECRETARY				
77	75 E BLITHDALE AVE PMB556	CA 94941	0.00	0		<u> </u>	
S:	TEPHEN COATS	MILL VALLEY	TREASURER			1	
77	75 E BLITHEDALE AVENUE PMB542	CA 94941	0.00	0		<u> </u>	
DI	EBORAH MATTHEWS	MILL VALLEY	PRESIDENT				
77	5 E BLITHEDALE AVENUE PMB445	CA 94941	0.00	0		<u> </u>	
BI	EN MATTHEWS	MILL VALLEY	DIRECTOR				
77	5 E BLITHEDALE AVENUE PMB556	CA 94941	0.00	0	(<u> </u>	(
2	Compensation of five highest-paid emplo	yees (other than those include	d on line 1 – see ir	nstructions). If n	one, enter		
	"NONE."						
			(b) Title, and average		(d) Contributions to employee benefit	(e) Expense	account
	(a) Name and address of each employee paid m	ore than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	other allow	
_			devoted to position		compensation	 	
NO	ONE		1				
					1		
				<u> </u>	ļ <u> </u>	 	
						↓	
					ļ		
				į			
			1		1	1	

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

Form 990-PF (2016) · BENJOSH FOUNDATION	81-4805664	Page 7
Part VIII Information About Officers, Directors, Trustees, Fo	oundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services (see	instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informorganizations and other beneficiaries served, conferences convened, research papers produced, etc.	nation such as the number of	Expenses
1 N/A		
		_
2		
3		
_ 		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 ar		Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	<u> </u>	Form 990-PF (2016
		Corm 91344 = F (2011

Forn	990-PF (2016) BENJOSH FOUNDATION	81-4805664		Page 8
Pa	rt X Minimum Investment Return (All domestic foundat	ions must complete this part	Foreign foundat	
	see 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
b	Average of monthly cash balances		1b	9,290
С	Fair market value of all other assets (see instructions)		1c	0
d	Total (add lines 1a, b, and c)		1d	9,290
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	9,290
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater a	amount, see		
	instructions)	·	4	139
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter	here and on Part V, line 4	5	9,151
6	Minimum investment return. Enter 5% of line 5		6	15
Pa	rt XI: Distributable Amount (see instructions) (Section 49	942(i)(3) and (i)(5) private op	erating foundatio	 ns
	and certain foreign organizations check here		Ü	
1	Minimum investment return from Part X, line 6		1	15
2a	Tax on investment income for 2016 from Part VI, line 5	2a		
b	Income tax for 2016 (This does not include the tax from Part VI.)	2b		
С	Add lines 2a and 2b	· · · · · · · · · · · · · · · · · · ·	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	15
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	15
6	Deduction from distributable amount (see instructions)		6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here a	ind on Part XIII,		
	line 1		7	15
. Sp.	rt XII Qualifying Distributions (see instructions)		<u>-</u>	
	Ti Aii S 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	0
b	Program-related investments – total from Part IX-B		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying ou	t 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		4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax or	n net investment income.	1 1	_
	Enter 1% of Part I, line 27b (see instructions)		5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	
	Note: The amount on line 6 will be used in Part V, column (b), in subseque	nt years when calculating whether th	e foundation	
	qualifies for the section 4940(e) reduction of tax in those years.			

<u>. P</u>	art XIII Undistributed Income (see instructions	s)			
1	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d)
•	line 7	Corpus		2013	2016
2	Undistributed income, if any, as of the end of 2016:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			15
- a					
b			<u> </u>		
3	Excess distributions carryover, if any, to 2016	13 11 11 11			2.187 1 W
а					
b	From 2012				
С					
d					
е	From 2015				
f	Total of lines 3a through e	- xxxxxx: 22:			
4	Qualifying distributions for 2016 from Part XII,	V 10 (0 10 10 10 10 10 10 10 10 10 10 10 10 10	10. 10. 11.		
	line 4: ▶ \$				
а	Applied to 2015, but not more than line 2a			/	
b	Applied to undistributed income of prior years			v 11 10 31	
	(Election required – see instructions)				
C	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2016 distributable amount		(1° (1) (1)	\$\!\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
е	Remaining amount distributed out of corpus			0.01 8 0	
5	Excess distributions carryover applied to 2016				
	(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	1	. 80 815 18.			
D	Prior years' undistributed income Subtract				
•	line 4b from line 2b				
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				
d	Subtract line 6c from line 6b. Taxable				
_	amount – see instructions				
е	Undistributed income for 2015 Subtract line			***	
-	4a from line 2a. Taxable amount – see				
	instructions				
f	Undistributed income for 2016 Subtract lines		78 N. N. W. Y.	413	2 8
	4d and 5 from line 1. This amount must be				
	distributed in 2017				15
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				i
8	Excess distributions carryover from 2011 not	-			
	applied on line 5 or line 7 (see instructions)			ii	
9	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a	8837 888			
10	Analysis of line 9:				
	Excess from 2012				
	Excess from 2013				
_	Excess from 2014				
d	Excess from 2015				
е	Excess from 2016			2 , 3 , 5	

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

factors.

Any submission deadlines:

Page 11 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year N/A Total ▶ 3a b Approved for future payment N/A Total ▶ 3b

Part XVI-A	Analysis of Income-Producing Ac	tivities							
	nounts unless otherwise indicated								
-		(a) Business code	,	(b) Amount	(c) Exclusion code	(d) Amount		Related o function	r exempt income
1 Program s	ervice revenue.							(See insti	ructions)
a			<u> </u>						
p					<u> </u>				
c		<u> </u>							
d					\				
_		<u> </u>			<u> </u>				
f		<u> </u>	!		 				
	nd contracts from government agencies				<u> </u>				
	ip dues and assessments		 		 				
	savings and temporary cash investments		ļ.——		 	 			
	and interest from securities		132	985 . 881	133			¥ .13	€. Y . Y . Y . Y
	ncome or (loss) from real estate:	<u> </u>	11.		111	1: 11: <u>2</u>) ===	, <u> </u>	<u> </u>
	nanced property		├ -		 -	 			
	bt-financed property		 						
	ncome or (loss) from personal property	 			 -				
	stment income	-	 		} -	 			
	ss) from sales of assets other than inventory		 		 	 			
	e or (loss) from special events		 		 				
	it or (loss) from sales of inventory				 				
h	nue: a		 		}	 			
			 		 				
e			 -		 				
	dd columns (b), (d), and (e)	11 1	 				0		0
	line 12, columns (b), (d), and (e)		<u> </u>	-	3773		13		0
	t in line 13 instructions to verify calculations.)						_		
Part XVI-E		ccomplishr	nent of	Exempt F	urpos	es			_
Line No.	Explain below how each activity for which income	e is reported in o	column (e) of Part XVI-	A contril	outed importantly	to the	•	
	accomplishment of the foundation's exempt purp	oses (other tha	n by provi	ding funds fo	r such p	urposes) (See in	struct	ions.)	
<u> N/A</u>									
		_ .							
	<u> </u>								
									
									
	 								
	· 								
	 								
 -	 								
	 								
	 				_				
									
				 					
	 					_			
	<u> </u>								
	 								
	 								
	 	 							
	 								

Part >				ansfers To an	d Transactio	ons and Relations	ships With Non	charitable	
	the organization		directly engag		-	other organization description 527, relating to p		Y	es No
org	anizations?			oncharitable exemp	·	_			
	Cash	reporting lound	Janor to a ric	onchantable exemp	pt organization o			1a(1)	x
	Other assets ner transactions							1a(2)	X
-		s to a nonchant	able exempt	organization				1b(1)	X
				exempt organization	on			1b(2)	X
		ties, equipment	-	sets				1b(3)	X
	Loans or loan	nt arrangement	S					1b(4) 1b(5)	X X
			embership o	r fundraising solicit	tations			1b(6)	X
			· ·	ther assets, or pai				1c	X
d If th	ne answer to an	y of the above	is "Yes," com	plete the following	g schedule. Colu	mn (b) should always s	show the fair market		
	_		_	-	-	the foundation receive			
Vall (a) Lin		Action or sharing Amount involved		nt, Show in column e of noncharitable exem		the goods, other asse	of transfers, transactions, a		
N/A	(5)	Amount involved	(c) Nam	e of noticinatilable exem	pt 0.gamzation	(a) Description	or transfers, transactions, a	no sharing arrangements	
			 						
	 		 -						
			 						
			 						
			 						
			 -						
des	cribed in section (es," complete	on 501(c) of the the following so	Code (other	than section 501(c	c)(3)) or in section	Lexempt organizations on 527?		Yes	X No
N/A		of organization		(b) Type of o	organization		(c) Description of relation	onship	
11/2	<u>* </u>								
	Under penalties of	neruny I declare th	nat I have evami	ned this return, includin	a accompanyana sch	edules and statements, and t	to the hest of my knowled	ne and helief it is true	
						which preparer has any know	wledge Ma with	y the IRS discuss this return the preparer shown below the instructions)?	v
		fficer or trustee	,	~ >	Date		Title		
Paid	Print/Type prepa	rer's name M COATS C	Pλ		Preparer's signatu	COATS CPA			heck X if
reparer	Firm's name			COATS C P		COAID CFA	PTIN	P000789	51
Jse Only	Firm's address			CHEDALE A		542	Firm's EIN		
	<u> </u>		VALLE		941		Phone no	415-388	
								Earm 990	-PF (2016)

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.

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

OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

2016

BENJOSH FOUND	ATION	81-4805664				
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					
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See				
General Rule						
	iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling property) from any one contributor. Complete Parts I and II. See instructions for detentions					
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during the	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.					
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. Don't 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.						
faution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 90-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its orm 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

PAGE 1 OF 1

Page 2

Name of organization
BENJOSH FOUNDATION

Employer identification number 81 - 4805664

»Part I	Contributors (See instructions). Use duplicate copies of	Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEBORAH MATTHEWS 775 E BLITHEDALE AVE PMB 556 MILL VALLEY CA 94941	\$ 1,700,000	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 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
	rumsy againsts, and am	\$	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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

09849695002 BENJOSH FOUNDATION
81-4805664 . Federal Statements

9/19/2017 Page 1

FYE: 12/31/2016

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	 Amount
DEBORAH MATTHEWS	\$ 1,700,000
TOTAL	\$ 1,700,000