

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

A F	or the	2017 calendar year, or tax year beginning	and	ending								
Bc	heck if pplicable	ROPPIS-LOKISSIMY EPEWER	NTARY SCHOOL	•	D Employer identific	cation number						
<u> </u>	_change Name	FOUNDATION		. —	40 1	200600						
늗	,Jchange ∏Initial			D/		298690						
	return _Final return/ termin-	Number and street (or P.O box if mail is not deli 102 W. PORTOLA AVENUE		Room/suite	E Telephone numbe 6507	871397						
,	ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	7,706,577.						
<u>_</u>	Amend return Applica	105 ALIUS, CA 34044			H(a) Is this a group re							
_	Jtion pendin	F Name and address of principal officer C1110.			for subordinates							
		102 W PORTOLA AVE, LOS		·	H(b) Are all subordinates in							
<u> T</u>	ax-exe			oj 527	If "No," attach a	list (see instructions)						
		HTTP://WWW.BCSFOUNDATIO		//	H(c) Group exemption							
			sociation Other	L Year	of formation: 2003 N	A State of legal domicile: CA						
Pa		Summary				TOW TO MO						
Activities & Governance	1 [Briefly describe the organization's mission or most PROVIDE FINANCIAL SUPPORT	significant activities THE TO PUBLIC EDUCA	ATION.	TION'S MISS	ION IS TO						
rna	2 (Check this box 🕨 🔲 if the organization discor	tinued its operations or dispos	sed of more	than 25% of its net as	ssets.						
ove	3 1	Number of voting members of the governing body	Part VI, line 1a)		3	20						
ž G	4 1	Number of independent voting members of the gov	erning body (Part VI, line 1b)		4	20						
es {	5 1	otal number of individuals employed in calendar y	ear 2017 (Part V, line 2a)		5	0						
viti	6 1	otal number of volunteers (estimate if necessary)			6	20						
\cti	7 a Total unrelated business revenue from Part VIII, column (C), line 12											
4	1 d	Net unrelated business taxable income from Form !	990-T, line 34		7b	0.						
			_		-Prior Year	Current Year						
o	8 (Contributions and grants (Part VIII, line 1h)	and 7d) 1192		3,726,928.	4,799,175.						
nue	9 F	Program service revenue (Part VIII 1719 2g)	111414	,	0.	0.						
Revenue	10	Program service rovenips (Part VIII 1919 2g) nvestment income Part VIII column (A) lines 3, 4,	and 7d)		249,449.	137,956.						
ш.	11 (Other revenue (Part VIII, column (A), lines 5,76¢, 8c,	9c, 10c, and 11e)		289,680.	20,757.						
	12	otal revenue ad hines 80 h Bough 10 must equal	Part VIII, column (A), line 12)		4,266,057.	4,957,888.						
		Grants and Bimilar amounts paud (Part IX, column (A			3,391,903.	4,147,186.						
	14 E	Benefits paid t o exfor members (PartiX, c olumn (A), line 4)		0.	0.						
es	15 8	Salaries, other opmoansation, employee benefits (F	art IX, column (A), lines 5-10)		0.	0.						
Expenses	16a F	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.						
ă.	ь	otal fundraising expenses (Part IX, column (D), line	25) 🕨	0.								
ш		Other expenses (Part IX, column (A), lines 11a-11d,			71,990.	148,290.						
		otal expenses Add lines 13-17 (must equal Part I)			3,463,893.	4,295,476.						
. (0	19 F	Revenue less expenses Subtract line 18 from line	12		802,164.	662,412.						
ts or nces		•		Be	ginning of Current Year	End of Year						
t Assets d Balan	20 1	otal assets (Part X, line 16)		<u> </u>	6,324,407.	7,066,796.						
ind A		otal liabilities (Part X, line 26)		⊢	12,606.	35,141.						
<u> </u>		Net assets or fund balances Subtract line 21 from	line 20		6,311,801.	7,031,655.						
	ırt II	Signature Block										
	-	ties of perjury, I declare that I have examined this return,				y knowledge and belief, it is						
uue,	correct	, and complete. Declaration of preparer (other than office) is based on all illiorniation of wi	non preparer	nas any knowledge.	1 /.10						
۵.		Signature of officer	<u> </u>		Date	1/18						
Sigr 		CHRIS WELBORN, TREASURI	סיג									
Her	e	Type or print name and title			· · · · · · · · · · · · · · · · · · ·							
		· · · · · · · · · · · · · · · · · · ·	Preparer's signature	11	Date Check	T PTIN						
Paid		· · · ·	Preparer's signature		1/12/18 self-employs							
		ELAINE LEUNG Firm's name FRANK, RIMERMAN 8	CO. LLP	ڪٿ		94-1341042						
		Firm's name FRANK, RIMERMAN 8 Firm's address 1801 PAGE MILL RO			Firm's EIN							
JOE	Jy	PALO ALTO, CA 943			Phone no. (6	50) 845-8100						
N 4 ===	. +1- 15				Tenone no. (O	177						
viay	rne in	S discuss this return with the preparer shown about	ve r (see instructions)		:	Yes No						

Form	n 990 (2017) FOUNDATION	48-12986	90 Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
•	THE FOUNDATION'S MISSION IS TO		
	PROVIDE FINANCIAL SUPPORT TO PUBLIC EDUCATION.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?		Yes X No
	•		31C3 CEE 110
	If "Yes," describe these new services on Schedule O		T चि
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by exp	enses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
		rs, tric total exper	ioco, una
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 3,963,750. including grants of \$ 3,963,750.) (Revenu)
	THE ANNUAL CAMPAIGN SOLICITS DONATIONS TO COVER THE DIFF		
	THE ANNUAL OPERATION EXPENSES OF BULLIS CHARTER SCHOOL A	ND THE A	MOUNT
	OF STATE FUNDING RECEIVED BY THE SCHOOL.		
4b	(Code) (Expenses \$ 183,436 · including grants of \$ 183,436 ·) (Revenu)
	ADDITIONAL SUPPORT PROVIDED TO PAY EXPENSES OF BULLIS CH	LARTER SC	HOOL.
4c	(Code) (Expenses \$ including grants of \$) (Revenu		
40	(Code) (Expenses \$) (Revenu	в э	
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)_	
<u>4e</u>	Total program service expenses ► 4,147,186.		
		F	orm 990 (2017)

	000 (2017)	<u> 298690</u>	P	age 3
Pa	t IV Checklist of Required Schedules			
		r	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		٠,	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		├
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		i	x
	public office? If "Yes," complete Schedule C, Part I	3	\vdash	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in ef			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4	 	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	" 5		х
c	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		┢	
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Pa			x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	"`` _		<u> </u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			ļ ——
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	ent		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	〈		l
	as applicable			ŀ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D	1		٠,
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	144		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.10		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			١,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		\vdash	
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Yes."	<u> </u>	\vdash	\vdash

Form **990** (2017)

complete Schedule G, Part III

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Pa	rt IV Checklist of Required Schedules (continued)			
	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		-	
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
·	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		<u> </u>
258		25a		x
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		 ^ `
D				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	امدا		x
	Schedule L, Part I	25b	ļ	┢┷
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			ŀ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			х
	complete Schedule L, Part II	26	_	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
	of any of these persons? If "Yes," complete Schedule L, Part III	27	┝	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		j	
	instructions for applicable filing thresholds, conditions, and exceptions)			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	\vdash	Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	₹	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30	H	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			7.7
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		•	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	n?		
	If "Yes," complete Schedule R, Part V, line 2	36	L	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	L	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		Form	990 ((2017)

1	7 0	U	ND	A	Т	Ι	O	N
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48-1298690 Page 5

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	6		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	븨		'
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	**		
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	o		'
	filed for the calendar year ending with or within the year covered by this return 2a	∸		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		-
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			 X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	 	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	40		x
.	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a	 	
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			' '
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	**	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	 	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		 	
-	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	L	X
đ	If "Yes," indicate the number of Forms 8282 filed during the year 7d			}
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C3	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			ا ۔ ــا
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	
_ b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		 ,
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			1
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	┨		1
ь 11	Section 501(c)(12) organizations. Enter.	1		í
·· a	Gross income from members or shareholders			í
	Gross income from other sources (Do not net amounts due or paid to other sources against	7		1
_	amounts due or received from them)	,		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		*******
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		[
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			4
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	لــِـا	
		Form	990	(2017)

Form 990 (2017) FOUNDATION 48-1298690 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in volting rights among members of the governing body, or if the governing body detaped for ad authority to an executive committee or similar committee, spinian in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 A Did the organization than the governing body? 9 Is there any officer, director, trustee, or key employee isted in Part VII, Section A, who cannot be reached at the organization's making address? If Yes, provide the names and addresses in Schedule O 10a Did the organization have local chapters, branches, or affiliates? 10b If Yes, did the organization have expensions are consistent with the organization's sexempt purposes? 11a Has the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this Form 990 11b Were officers, or fuscies, and key employee is r		Check if Schedule O contains a response or note to any line in this Part VI			X
tale Eiter the number of voting members of the governing body, at the end of the tax year if there are metal differences in voting might among members of the governing body, or the governing body of videpated troad authority to an exactive committee of similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent Dod any officer, director, instees, or key employees to a management dutes customarry performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Dod the organization delegate control over management dutes customarry performed by or under the direct supervision of officers, directors, or frustees, or key employees to a management company or other person? A Dd the organization make any significant changes to its governing obcomments since the prior Form 930 was filed? Dd the organization nave members, stockholders or the organization's assets? Dd the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Dd Arran y governance decessors of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Dd Arran y governance decessors of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Dd Arran y governance decessors of the organization or several pody? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? The prior of the	Sec	tion A. Governing Body and Management			
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20 State the name, address, and telephone number of the person who possesses the organization's books and records ► CHRIS WELBORN - (916) 715-8000					
CHRIS WELBORN - (916) 715-8000	20	• • •			
		102 W. PORTOLA AVENUE, LOS ALTOS, CA 94022			

Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization (A)	(B)			(((D)	(E)	(F)
Name and Title	Average	١		Pos	ition	١		Reportable	Reportable	Estimated
	hours per	box	not c , unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	offi	cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	Indiwdual trustee or director						the	organizations	compensation
	hours for related	o d	99			sated	•	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	Institutional trustee		a	uadu	l	(44-2/1099-101130)		organization and related
	below	daal	rtona		Key employee	S sc	5			organizations
	line)	ş	Instit	Officer	Key e	Highesi compensated employee	Former			
(1) GERRI BOCK	5.00	Г								_
CO-CHAIR		X		Х				0.	0.	0.
(2) VIVIAN LUFKIN	5.00	П								,
CO-CHAIR	j	X		Х		L	L.	0.	0.	0.
(3) CHRIS WELBORN	3.00									1
TREASURER		Х		Х				0.	0.	0.
(4) LISA YU	3.00]						_		_
CO-TREASURER		X		X	_	L_	L	0.	0.	0.
(5) MICHELLE OATES	1.00	1								_
SECRETARY		Х		X			L	0.	0.	0.
(6) ADAM MITCHELL	1.00]						_	_	_
BOARD MEMBER		X				L	_	0.	0.	0.
(7) CAM CHAN	1.00									
STEWARDSHIP CHAIR		X						0.	0.	0.
(8) CAROL ZHANG	1.00	l								
BOARD MEMBER	1 00	X						0.	0.	0.
(9) CHRISTINE KANI	1.00	١								
BOARD MEMBER	1 00	X						0.	0.	0.
(10) GAMBHIR KAUSHEK	1.00								_	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) IRENE BANKS	1.00	x						0.	0.	0.
BOARD MEMBER (12) KIM MONSALVE	1.00	<u> </u>				\vdash		0.	<u> </u>	<u> </u>
BOARD MEMBER	1.00	x						0.	0.	0.
(13) LAURA GWOSDEN	1.00	^	\vdash	-		-		· ·	0.	0.
MAJOR GIFTS CHAIR	1.00	x						0.	0.	0.
(14) LEA HALLERT	1.00	-	-					0.	0.	
MARKETING & COMMUNICATIONS CHAIR	1.00	x						0.	0.	0.
(15) LISA COLLART	1.00	 ^	\vdash			\vdash				
ANNUAL CAMPAIGN CHAIR	1 2.30	x						0.	0.	0.
(16) LOUISE TSOI	1.00	ᢡ	\vdash			\vdash				
AUDIT CHAIR		х						0.	0.	0.
(17) MICHELLE WONG	1.00	Ħ	Н			\vdash				
BOARD MEMBER	-	х	l		l		l	0.	0.	0.

732007 11-28-17

Form 990 (2017)

FOUNDATION

8-1298690	Page 8
<u>-</u>	

Section A. Onicers, Directors, Trus		bio	ees			gne	SIL		es (continued)	γ
· (A) Name and title	(B) Average hours per	рох	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	1	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related granizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(18) PETER JEWETT TECHNOLOGY CHAIR	1.00	х						0.	0.	0.
(19) RACHELLE MIRKIN	1.00	<u>^`</u>			\vdash	-	╁	† · · · · · ·		1
BOARD DEVELOPMENT CHAIR		X			_		<u> </u>	0.	0.	0.
(20) SUSAN HAYWARD BOARD MEMBER	1.00	х						0.	0.	0.
		_								
		_				_				
		_				_				
		_								
										ļ
1b Sub-total c Total from continuation sheets to Part VI	I, Section A						▶	0.	0. 0.	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	bove	e) wł	no r	0. eceived more than \$100	0.000 of reportable	0.
compensation from the organization				-			-			Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y en	nplo	yee,	or	highest compensated e	mployee on	3 X
4 For any individual listed on line 1a, is the su	•		•					•	the organization	X_
and related organizations greater than \$150Did any person listed on line 1a receive or a									dual for services	4 X
rendered to the organization? If "Yes," com	•				•			<u></u>		5 X
Section B. Independent Contractors 1 Complete this table for your five highest co	mnensated in		nde	nt c	ontr	acto	re t	that received more than	\$100,000 of compens	eation from
the organization Report compensation for	•								•	addit it of it
(A) Name and business	address							(B) Description of s	ervices ((C) Compensation
PROCOPIO, CORY, HARGREAVE	ES & SAV					2,	7	2001,011 011	0.11.000	·····
525 B STREET, SUITE 2200	, SAN D	IE(3O ,		CA		-	LEGAL		143,615.
							_			
					•		-			
		·								
2 Total number of independent contractors (i	ncluding but n	ot lu	mite	d to	tho	se lis	sted	above) who received m	nore than	·····
\$100,000 of compensation from the organiz	zation >		:			<u> </u>				Form 990 (2017)

48-1298690 Page 9

			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
-						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
lg är		b	Membership dues	1b					
A B		С	Fundraising events	1c	397,042.				
ar a		d	Related organizations	1d	·				
اعَ يُ		е	Government grants (contribut	ions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, gran	ts, and					
를			similar amounts not included abo	ve 1f	4,402,133.			•	
풀임		g	Noncash contributions included in lines	1a-1f \$	520,307.				
ခ် လ		-	Total. Add lines 1a-1f			4,799,175.			
					Business Code				
e l	2	а				^		•	`
اه ڏِ		b							
Program Service Revenue		С							
e e		d							
po		е							
<u>~</u>		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		•		-		
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)		▶	139,547.			139,547.
	4		Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5		Royalties		<u> </u>				
				(ı) Real	(ii) Personal				
	6	а	Gross rents				1		W/+
		b	Less rental expenses						
- 1		С	Rental income or (loss)		L		~	-	_
1		d	Net rental income or (loss)	p	, >				
l	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
i			assets other than inventory	2,675,042.					
		b	Less cost or other basis						
			and sales expenses	2,676,633.	ļ				1
			Gain or (loss)	-1,591.	l		-		
			Net gain or (loss)		<u> </u>	-1,591.			-1,591.
e l	8	а	Gross income from fundraisin						
venue			including \$ 397	,042. of					
å			contributions reported on line		02 013				
Other Re			Part IV, line 18	a	92,813. 72,056.				
ᅙ			Less direct expenses	b		 20,757.		- •	20,757.
			Net income or (loss) from fund	-		20,151.		-	20,737.
	9	đ	Gross income from gaming ac Part IV, line 19						
		_	Less direct expenses	a b					
			Net income or (loss) from gam	_			·		
			Gross sales of inventory, less	-					,
		a	and allowances	a					
ŀ		h	Less cost of goods sold	b					
- 1			Net income or (loss) from sale			- x	5 A &		- • •
-		<u>u</u>	Miscellaneous Revenu		Business Code	·-····································			
ŀ	11	2	Wildenaneous Nevenu	<u> </u>	2311033 0006				
ı		a b			 				
ŀ		C							
			All other revenue						
			Total. Add lines 11a-11d		•		-	· · · · · · · · · · · · · · · · · · ·	
	12		Total revenue. See instructions.			4,957,888.	0.	0.	158,713.
732009		_	. · · ·	, <u>, , , , , , , , , , , , , , , , , , </u>	- 1	. ,	·		Form 990 (2017)

Form 990 (2017) FOUNDATION

Part IX Statement of Functional Expense	S
---	---

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	omplete column (A)	
	Check if Schedule O contains a respor			<u> </u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	4,147,186.	4,147,186.		· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to domestic		}		
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				1
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			•	· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	25 700		25 700	
С	Accounting	25,700.		25,700.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	4,419.		4,419.	
12	Advertising and promotion	8,577.		8,577.	
13	Office expenses	0,311.		0,377.	
14	Information technology		··-		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
	Payments to affiliates	~			
21 22	Depreciation, depletion, and amortization	<u>-</u>			
23	Insurance				
24	Other expenses. Itemize expenses not covered	,			•
24	above. (List miscellaneous expenses in line 24e. If line				, •
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		•		٠
а	CONSULTING FEES	79,750.		79,750.	
b	BANK CHARGES	29,844.		29,844.	
c					
d				<u> </u>	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,295,476.	4,147,186.	148,290.	0.
26	Joint costs. Complete this line only if the organization	· · · · · · · · · · · · · · · · · · ·			
_•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		!		
					E 000 (0047)

732010 11-28-17

parties, and other liabilities not included on lines 17-24) Complete Part X of

Organizations that follow SFAS 117 (ASC 958), check here

X

and

Organizations that do not follow SFAS 117 (ASC 958), check here

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,348,030. 1,773,149. 1 Cash - non-interest-bearing 26,509. 29,785. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 287,170 304.053. 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 4,659,422. 4,963,085. 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 6,324,407. 7,066,796. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 35,141. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third

> 7,066,796. Form 990 (2017)

7,031,655.

35,141.

26,509.

7,005,146.

Net Assets or Fund Balances

28

32

33

Schedule D

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25

complete lines 27 through 29, and lines 33 and 34.

12,606

12,606.

50,000.

26,343.

6,235,458.

6,311,801.

324,407.

26

27

28

29

30 31

32

33

Form	990 (2017) FOUNDATION	48-	-129869	0	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			888.
2	Total expenses (must equal Part IX, column (A), line 25)	2			476.
3	Revenue less expenses Subtract line 2 from line 1	3			412.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			801.
5	Net unrealized gains (losses) on investments	5	1	<u>08,</u>	512.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-	<u>51,</u>	070.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,0	<u>31,</u>	655.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				x
				Υe	s No
1	Accounting method used to prepare the Form 990		'* ;		'
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		ــــاً ـــــ	_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u>. </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	'	. · .	ا ميدا
	separate basis, consolidated basis, or both		' ,		
	Separate basis Consolidated basis Both consolidated and separate basis		ــــــــــــــــــــــــــــــــــــــ		
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	i, '		
	consolidated basis, or both		,		٠, ,
	Separate basis Consolidated basis Both consolidated and separate basis			`	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit		:	
	review, or compilation of its financial statements and selection of an independent accountant?		20	: X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule () `	ļ.	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	ıdıt	_ _	, ere
	Act and OMB Circular A-133?		. 3a	<u></u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dıt		ļ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			For	տ 9 9	(2 017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

BULLIS-PURISSIMA ELEMENTARY SCHOOL

2017

Open to Public Inspection

Employer identification number

48-1298690 FOUNDATION Part Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization tisted (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported ing document? (described on lines 1-10 support (see instructions) organization support (see instructions) Yes Nο above (see instructions))

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	3,093,908.	3,111,739.	3,362,104.	3,726,928.	4,402,133.	17,696,812.
2	Tax revenues levied for the organ-	,					
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	3,093,908.	3,111,739.	3,362,104.	3,726,928.	4,402,133.	17,696,812.
5	The portion of total contributions			Í			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						17,696,812.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	3,093,908.	3,111,739.	3,362,104.	3,726,928.	4,402,133.	17,696,812.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	115 506	400 654	440 450	100 500	400 500	560 046
	and income from similar sources	117,796.	102,651.	110,159.	102,530.	130,780.	563,916.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					 	
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						18,260,728.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	_	first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
Sec	organization, check this box and storection C. Computation of Publ	here ic Support Pe	rcentage				▶□
	Public support percentage for 2017 (olumn (f))		14	96.91 %
	Public support percentage from 2016			\ <i>''</i>		15	96.46 %
16a	33 1/3% support test - 2017. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	-					$ ightharpoons \overline{X}$
b	33 1/3% support test - 2016. If the		_		line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes		•		e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	ns box and stop h	ere. Explain in Par	t VI how the organ	ızatıon
	meets the "facts-and-circumstances"			-	·	J	ightharpoons
ь	10% -facts-and-circumstances tes	•	•	. , ,,	ū	7a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization		-		• • • •		 ▶□
				•		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION 48-1298690 Page 3

Part III Support Schedule for	Organizations Described i	in Section 509(a)(2)	
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(Complete only if you				organization talled	to quality under	Part II II the organi	zation falls to
qualify under the test Section A. Public Suppor		elow, please comp	piete Part II)				
Calendar year (or fiscal year beginni	ng in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f)∕Total
Gifts, grants, contributions, a membership fees received (include any "unusual grants	and Do not					/	<i>)</i>
2 Gross receipts from admission merchandise sold or services formed, or facilities furnished any activity that is related to organization's tax-exempt put	s per- l in the						
3 Gross receipts from activities are not an unrelated trade or iness under section 513							
4 Tax revenues levied for the or ization's benefit and either proor expended on its behalf	١ ١						
5 The value of services or facil furnished by a governmental the organization without cha	unit to						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1 3 received from disqualified p b Amounts included on lines 2 and 3 received from other than disqualified persons the	persons eived nat						
exceed the greater of \$5,000 or 1% of amount on line 13 for the year c Add lines 7a and 7b	-				_		
8 Public support. (Subtract line 7c Iro Section B. Total Support	m line 6)			<u> </u>	l	.L	
Calendar year (or fiscal year beginni	ng in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	, -	(8) 2010	/ /	(6) 2010	(6,20.0	(0) 2017	17 10.4
10a Gross income from interest, dividends, payments receive securities loans, rents, royalt and income from similar soul	ies,		/				
b Unrelated business taxable incor (less section 511 taxes) from bu acquired after June 30, 1975							
c Add lines 10a and 10b 11 Net income from unrelated b activities not included in line whether or not the business regularly carried on	10b,						
 Other income Do not include or loss from the sale of capit assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11 	al /						
14 First five years. If the Form		the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop her							
Section C. Computation of						, ,	
15 Public support percentage for				column (f))		15	<u>%</u>
16 Public support percentage fr Section D. Computation of						16	%
17 Investment income percenta				ne 13 column (fl)		17	%
18 Investment income percenta	-	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		18	%
19a 33 1/3% support tests - 20	-			on line 14, and line	e 15 is more than	_	
more than 33 1/3%, check the							ightharpoons
b 33 1/3% support tests - 20		-					and
line 18 is not more than 33 1							
20 Private foundation. If the or	ganization	n did not check a	box on line 14, 19	a, or 19b, check t		structions) or 000 EZ\ 0047

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section	A.	Ail	Supporting	Organizations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Part IV Supporting Organizations Continued	Sche	dule A (Form 990 or 990-EZ) 2017 FOUNDATION	48-129869	0 р	age 5
1 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 39% controlled entity of a person described in (a) above? c A 39% controlled entity of a person described in (a) above? c A 39% controlled entity of a person described in (a) (a) (b) above? // "Yes" to a, b, or c, provide detail in Part VI. 1 Do the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a maprity of the organization or organizations and the power to regularly appoint or elect at least a maprity of the organization organization and more than or exported organization, describe how the powers to appoint and/or remove directors or trustees at all times dump the tax year? If "No." describe in Part VI how the supported organization describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, displied to such powers duming the tax year allow or providing such benefit cared out the purposes of the supported organizations) that operated, supervised, or controlled the supported organization operated the supported organizations. 2 Do the organization operate for the benefit of any supported organizations of the supported organizations and what conditions or restrictions or restrictions or the purposes of the supported organizations that part VI how control or management of the supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directo					
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a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive of those supported organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	С	The organization supported a governmental entity. Describe in Part VI how you supported a government ent	ity (see instruction:	s)	
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those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а				
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reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
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a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3				
trustees of each of the supported organizations? <i>Provide details in</i> Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а			l	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			За		
	b				
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard			

Sche	edule A (Form 990 or 990 EZ) 2017 FOUNDATION		•	48-1298690 Page 6
Pa		g Orgar		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions .	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5	•	
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			, ,
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	-	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		1

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Schedule A (Form 990 or 990 EZ) 2017 FOUNDATION 48-1298690 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (tii) **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2017 Pre-2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 а **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions. Excess distributions carryover to 2018. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2013 b Excess from 2014

Schedule A (Form 990 or 990-EZ) 2017

c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 FOUNDATION	48-1298690 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition (See Instructions)	or 17b, Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V.
		-···· •
	·	
		<u></u>
-		····
		
		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BULLIS-PURISSIMA ELEMENTARY SCHOOL FOITNIDATION

Employer identification number 48-1298690

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, Iir			
	0.34	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	
3	are the organization's property, subject to the organization's			No
6	Did the organization inform all grantees, donors, and donor a	_		140
6	for charitable purposes and not for the benefit of the donor	<u> </u>	·	
	• •	or deficit advisor, or for any other purpose		No
Pai	impermissible private benefit? Il Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990	· · · · · · · · · · · · · · · · · · ·	140
1	Purpose(s) of conservation easements held by the organizat		r art iv, into i	
•	Preservation of land for public use (e.g., recreation or		torically important land area	
	- · · · · · · · · · · · · · · · · · · ·	· - 1	tified historic structure	
	Protection of natural habitat	Preservation of a cer	thed historic structure	
_	Preservation of open space	find appearation contribution in the form	of a conceniation assument on the lac	
2	Complete lines 2a through 2d if the organization held a quali	med conservation contribution in the form	Held at the End of the Tax Y	
_	day of the tax year			
	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	and the second second second	2b	
C	Number of conservation easements on a certified historic st	• •	2c	
d	Number of conservation easements included in (c) acquired	aπer 7/25/06, and not on a historic struct	1 1	
_	listed in the National Register		[2d]	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax	
	year -			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing con	servation easements during the year	
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year	
	\$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	[]	
	and section 170(h)(4)(B)(ii)?			No
9	In Part XIII, describe how the organization reports conservat			
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes	the organization's accounting for	
	conservation easements	(Nh Ci-il- AA-	
Pai	t III Organizations Maintaining Collections of		other Similar Assets.	
	Complete if the organization answered "Yes" on Forn			
1a	If the organization elected, as permitted under SFAS 116 (A			
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part)	KIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (A			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide the following amou	unts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$	
	(ii) Assets included in Form 990, Part X		> \$	
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, provide	
	the following amounts required to be reported under SFAS			
а	Revenue included on Form 990, Part VIII, line 1		> \$	
ь	Assets included in Form 990, Part X		> \$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

732051 10-09-17

	dule D (Form 990) 2017 FOUNDAT						98690		ge 2
Pai	t III Organizations Maintaining C								
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following that are a	significant	use of its	collection	items	
	(check all that apply)								
а	Public exhibition	d	Loan or excl	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how they further tl	he organization's ex	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other simila	ar assets	_	_		
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	ollection?			_ Yes	ليبيا	No
Pai	t IV Escrow and Custodial Arran	-	ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for contribution	is or other assets no	t included		- 1		
	on Form 990, Part X?					<u> </u>	ا Yes	Ш	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table		r	r			
					<u> </u>		Amount		
С	Beginning balance				1c				
	Additions during the year				1d		_		
е	Distributions during the year				1e				
f	Ending balance				<u>_1f</u>	L	Tv	т т	<u> </u>
	Did the organization include an amount on F						∐ Yes	H	No
Pai	If "Yes," explain the arrangement in Part XIII T V Endowment Funds. Complete								_
Га	Lindowittent i dinds. Complete				(d) Three	veare hack	(e) Four y	eare h	ack
	O	(a) Current year 26,343.	(b) Prior year 25,903.	18,352.	(a) Thies	17,002.	(e) rours	38,8	
	Beginning of year balance	20,343.	23,303.	10,332.	 	17,000.		30,0	
	Contributions	166,	440.	7,551.		1,350.			
	Net investment earnings, gains, and losses	100.	110.	,,,,,,,,,			<u> </u>		
	Grants or scholarships				 		<u> </u>		
е	Other expenditures for facilities							21,8	27
	and programs			<u>, </u>	 			,-	
	Administrative expenses	26,509.	26,343.	25,903.	 	18,352.		17,0	02.
_	End of year balance Provide the estimated percentage of the cur		<u> </u>		L		<u> </u>		
2	Board designated or quasi-endowment	Territ year erio balario	%	iji nela as					
	Permanent endowment	 %							
	Temporarily restricted endowment	^ 							
·	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organi	zation			
-	by						5	es l	Mo
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)	\neg	X
ь	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipn	nent.							
	Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 11a S	See Form 990, Part	(, line 10				
-	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulate	∍d	(d) Book	value	
		basis (investr	nent) basis ((other) de	epreciation				
1a	Land								
b	Buildings								
С	Leasehold improvements						-		
d	Equipment								
	Other			<u></u>					_
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column (B), line 1	0c)		• _			<u>0.</u>

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Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, Iir			······································
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	ļ			
(A)	· · · · · · · · · · · · · · · · · · ·	- 		
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)			 	
(H)	· · · · · · · · · · · · · · · · · · ·			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>			
Part VIII Investments - Program Related.	5 000 B 1811		D 171 10	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, III (b) Book value			d-of-year market value
	(b) Book value	(c) Welliod of V	aluation Cost of en	d-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)		 		
(6)				· · · · · · · · · · · · · · · · · · ·
(7)			•	
(8)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13)			•	
Part IX Other Assets.	·			
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11d. See Form 990,	Part X, line 15	
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		<u>></u>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, III		n 990, Part X, line 2	5
1. (a) Description of liability		(b) Book value	[
(1) Federal income taxes		 .		
(2)				
(3)				
(4)				
(5)			1	
(6)				
(7)			1	
(8)			· ·	
(9)			-	
Total. (Column (b) must equal Form 990, Part X, col (B) lin			<u></u>	41-4
2. Liability for uncertain tax positions In Part XIII, provide				
organization's liability for uncertain tax positions unde	r FIN 48 (ASC 740) Che	CK nere if the text of th		
			Sch	nedule D (Form 990) 201

Sche	dule D (Form 990) 2017 FOUNDATION		48-	1298690 Page 4
Par		ents With Revenue per F	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements		1	5,066,400.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a 108,512.	.] [
b	Donated services and use of facilities	2b	1	
С	Recoveries of prior year grants	2c	1 I	
d	Other (Describe in Part XIII)	2d]	
е	Add lines 2a through 2d		2e	108,512.
3	Subtract line 2e from line 1		3	4,957,888.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b]	
С	Add lines 4a and 4b		4c	0.
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5_	4,957,888.
Par	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	4,295,476.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	╛	
b	Prior year adjustments	2b]	
С	Other losses	2c]	
d	Other (Describe in Part XIII.)	2d]	
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,295,476.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			<u>-</u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b] . [
С	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990,-Part I, line 18)		5	4,295,476.
Par	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV, lines 1b and 2b, Part V, line	4, Part	X, line 2, Part XI,
	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add			
				_
PAR	T V, LINE 4			
				_
то	PROVIDE FINANCIAL SUPPORT TO PUBLIC EDUCA	TION		
	•	-		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

Inspection

Name of the organization

BULLIS-PURISSIMA ELEMENTARY SCHOOL

Employer identification number 48-1298690

OMB No. 1545-0047

Open to Public

FOUNDAT	FOUNDATION 48-1298690					
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part						
Indicate whether the organization rais	e Solicita f Solicita g Special or oral agreement with any individua art VII) or entity in connection with products or entities (fundraisers) pursu	tion of tion of fundra I (includer profess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, true	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity activity fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (ii)				
		Yes	No			_
•						
		 				
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		†				
		L				
		<u> </u>				· · · · · · · · · · · · · · · · · · ·
Total			•			
List all states in which the organization or licensing	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
1, 414 eq.	· · · · · · · · · · · · · · · · · · ·					
				ne .		
		··				
				<u>-</u>	· · · · · · ·	

Schedule G (Form 990 or 990-EZ) 2017

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

	edu art	le G (Form 990 or 990-EZ) 2017 FOUNDAT	PION	d "Yes" on Form 990 Par		1298690 Page 2
<u></u>		of fundraising event contributions and g	_			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			AUCTION			(add col (a) through col (c))
ø			(event type)	(event type)	(total number)	COI (C))
Revenue	1	Gross receipts	489,855.			489,855.
	2	Less Contributions	397,042.			397,042.
	3	Gross income (line 1 minus line 2)	92,813.			92,813.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	72,056.			72,056.
	10	Direct expense summary Add lines 4 through	jh 9 in column (d)		•	72,056.
		Net income summary Subtract line 10 from			<u> </u>	20,757.
Pa	art		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
	ı	\$15,000 on Form 990-EZ, line 6a	1	(b) Pull tabs/instant		(d)-Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
eve						
<u>«</u>	1	Gross revenue				
	2	Cash prizes				
seuse:	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
۵	1	nentracinty costs	-			
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	☐ Yes % ☐ No	
	7	Direct expense summary Add lines 2 throug	jh 5 in column (d)		•	
	8	Net gaming income summary Subtract line	7 from line 1, column (d)		>	
_	_					
9		ter the state(s) in which the organization cond the organization licensed to conduct gaming a		etetee?		Yes No
		No," explain		states '		Tes
					·	
		ere any of the organization's gaming licenses r Yes," explain			year?	Yes No
_		,				
			····			
7320	82 0	9-13-17			Schedule G (For	rm 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 FOUNDATION	48-12	<u>98690</u>	Page 3			
	Does the organization conduct gaming activities with nonmembers?	L	Yes	No.			
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_					
	to administer charitable gaming?						
13	Indicate the percentage of gaming activity conducted in						
	The organization's facility	1	3a	%			
	An outside facility	1	3b	%			
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds					
	Name						
	Address ►						
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No			
	ganzato (na organizato) na oo aa oo aa oo aa oo aa oo aa oo aa oo aa oo aa oo aa oo aa oo aa oo aa oo aa oo aa						
	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt					
•	of gaming revenue retained by the third party \$\bigs\sum_{\text{\colored}}\$\$	Or it					
,	If "Yes," enter name and address of the third party						
١	The rest, enter hand address of the time party						
	Name						
	Name						
	Address >						
	Address						
16	Gaming manager information						
10	Caning manager information						
	Name ►						
	Name -						
	Gaming manager compensation ▶ \$						
	Garning manager compensation \$						
	Description of convect provided N						
	Description of services provided						
٠							
	Director/officer Employee Independent contractor						
4-	Mandala da bana						
17	•						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Г	Yes				
	retain the state gaming license?		res	∟ No			
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the					
_	organization's own exempt activities during the tax year > \$						
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and F	art III, lines	s 9, 9b, 10	0b, 15b,			
	15c, 16, and 17b, as applicable Also provide any additional information. See instructions.			 .			
	•						
	•						
_							
7320	83 09-13-17 Schedule	G (Form 99	90 or 990	-EZ) 2017			

BULLIS-PURISSIMA ELEMENTARY SCHOOL 48-1298690 Page 4 FOUNDATION Schedule G (Form 990 or 990-EZ) Part IV | Supplemental Information (continued)

SCHEDULE I	
(Form 990)	

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 ➤ Attach to Form 990

OMB No 1545-0047 Open to Public

Department of the Treasu Internal Revenue Service

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

Inspection >

Name of the organization BULLIS-PU FOUNDATION		LEMENTARY S	SCHOOL				Employer identification number 48-1298690
Part I General Information on Grants :	and Assistance	•					
Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pr	stance?	-			y for the grants or ass	istance, and the selec	X Yes No
Part II Grants and Other Assistance to	_				anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization or government	\$5,000 Part II car	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BULLIS CHARTER SCHOOL 102 W. PORTOLA AVENUE LOS ALTOS, CA 94022	48-1298689	501(c)(3)	3,963,750.	0.			TO PROVIDE PINANCIAL SUPPORT TO PUBLIC EDUCATION
						-	
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	-	-	ne line 1 table			· · · · · · · · · · · · · · · · · · ·	<u> </u>

Schedule I (Form 990) (2017)

BULLIS-PURISSII Schedule I (Form 990) (2017) FOUNDATION	MA ELEMEN	TARI SCHO	OL		48-1298690	Page 2
Part III Grants and Other Assistance to Domestic Individual		organization ansv	vered "Yes" on Form	990, Part IV, line 22		rugez
Part III can be duplicated if additional space is needed (a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	ssistance
···	recipients	cash grant	cash assistance	(OOOK, FINIV, appraisal, Other)		
	<u> </u>					
			+	· - ··· · · · · · ·		
	-	•				
			1			
Part IV Supplemental Information. Provide the information re-	quired in Part I, lin	e 2, Part III, colum	n (b), and any other a	dditional information		
PART I, LINE 2						
ALL DONATIONS ARE MAINTAINED IN QU	UTCKBOOKS	AND SPEC	IAL DONATIO	NS ARE		
NOTED AS SUCH.		·				
						
					· · · · · · · · · · · · · · · · · · ·	
732102 11-01-17		34			Schedule I (Form	990) (2017)

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

2017

OMB No 1545-0047

Open To Public Inspection

Name of the organization

BULLIS-PURISSIMA ELEMENTARY SCHOOL FOUNDATION

Employer identification number 48-1298690

Pai	TI Types of Property						
		(a)	(b)	(c)	(d)	A	
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	-	
		арріісаоїє	items contributed	Form 990, Part VIII, line 1g	Honeasii continod	tion amounts	
1	Art - Works of art			,			_
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications		, , .				
5	Clothing and household goods		. , ,				
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						_
9	Securities - Publicly traded	X	85	520,307.	FAIR MARKET	VALUE	_
10	Securities - Closely held stock						_
11	Securities · Partnership, LLC, or						
	trust interests						_
12	Securities - Miscellaneous						_
13	Qualified conservation contribution -						
	Historic structures						_
14	Qualified conservation contribution - Other						_
15	Real estate · Residential						_
16	Real estate - Commercial						_
17	Real estate · Other						_
18	Collectibles						_
19	Food inventory						_
20	Drugs and medical supplies						_
21	Taxidermy						_
22	Historical artifacts				····		_
23	Scientific specimens						_
24	Archeological artifacts						_
25	Other ()						_
26	Other ()						_
27	Other ()						—
28	Other ()		<u> </u>				_
29	Number of Forms 8283 received by the organiz		-	i I			
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29		Van Ni	_
20-	Divine the year did the assessment on receive by			ported in Part Llinos 1 throug	ah 20 that it	Yes No	<u>'</u> -
30a	During the year, did the organization receive by must hold for at least three years from the date					.	- {
	•		a contribution, and	which isn't required to be d	seu ioi	30a X	, l
	exempt purposes for the entire holding period?					30a	_ ,
31	If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	itions?	31 X	لب
	Does the organization have a gift acceptance p			•	itiorio :	 	—
JZa	contributions?	oi relateu Ol	garnzations to son	on, process, or sen nondash		32a X	
.	If "Yes," describe in Part II						- 1
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	v for which column (a) is che	cked		į
<i>ა</i>	describe in Part II	J. J. T. (C) 10	a type of propert	, i.e. which column (a) is the	onou,		1
	GOODING BITT WILL						<u> —</u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017

→ is repoi	lemental Inform	DATTON nation. Provide the inform n (b), the number of contrib nformation	nation required by utions, the numb	Part I, lines er of items re	30b, 32b, and 33 eceived, or a com	48-129869 3, and whether the organization of both Also	ganization
SCHEDULE M	, LINE 32B	:	<u> </u>				
THE FOUNDA	TION HAS H	IRED AN INVEST	MENT MAN	AGER W	HOSE RESI	PONSIBILITY	IS
TO SELL TH	E NON-CASH	CONTRIBUTIONS	S, NAMELY	STOCK	DONATED	TO THE	
FOUNDATION	•		<u> </u>				
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Schedule M (Form 990) 2017

732142 09-07-17

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open tổ Public

Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for the latest information. BULLIS-PURISSIMA ELEMENTARY SCHOOL Name of the organization FOUNDATION

Employer identification number 48-1298690

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE TREASURER, THE CO-TREASURER AND THE
CO-CHAIRS.
FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND POLICIES AVAILABLE
TO THE PUBLIC.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
PRIOR PERIOD ADJUSTMENT -51,070.
FORM 990, PART XII, LINE 2C NO CHANGES

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

Schedule O (Form 990 or 990-EZ) (2017)