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EXTENSION GRANTED TO MAY 17, 2010

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

Open to Public

OMB No 1545-0047

Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

	AF	or the	2008 calendar year, or tax year beginning $$	2008 and ending	JUN 30, 2009	
	B c	heck if	Please Use IRS		D Employer identifi	cation number
		Addres		UGH FOUNDATIO	N	
		Name change	type Doing Business As			515757
9	£]Initial return	See Number and street (or P.O. box if mail is not delivered			
ò		Termin	Specific 5 HAMILTON LANDING	200	415-	464-2500
<u></u>	Ļ	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	460,282.
C==	<u>.</u>	Application pendin	MOVATO, CA 34343	G DEMUDG	H(a) Is this a group re	
2	•		F Name and address of principal officer DR. THOMA SAME AS C ABOVE	S PETERS	for affiliates?	Yes X No
MAN		37.076		a)(1) or 527	H(b) Are all affiliates inc	lluded? Yes No list. (see instructions)
À			NONE 1301(c) (3) 4 (insert no) 1 4347(i	a)(1) 01 321	H(c) Group exemptio	
ہے گے			rganization: X Corporation Trust Association	Other L Y		A State of legal domicile; CA
36	Pa		Summary			
\preceq	<u>ξ</u> –		nefly describe the organization's mission or most significant a	activities. CHARITAB	LE GRANT MAKI	NG
	3 2					
Kie C	Governance		check this box 🕨 🔲 if the organization discontinued its o		nore than 25% of its asset	_
	Š		lumber of voting members of the governing body (Part VI, line		3	5
	8		lumber of independent voting members of the governing bod	y (Part VI, line 1b)	4	5
	Activities &		otal number of employees (Part V, line 2a)		5	0
	ķ		otal number of volunteers (estimate if necessary) otal gross unrelated business revenue from Part VIII, line 12,	column (C)	6 7a	0.
	ĕ		let unrelated business taxable income from Form 990-T, line 3		70	0.
	-		tet divolated business taxable interior from 1 on 1 os 1, inte		Prior Year	Current Year
	اه	8	Contributions and grants (Part VIII, line 1h)		1,474,710.	237,581.
	Revenue	9	rogram service revenue (Part VIII, line 2g)			
	ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	314,203.	147,898.	
	۳	11	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, ar	nd 11e)		
			otal revenue - add lines 8 through 11 (must equal Part VIII, co		1,788,913.	385,479.
	Ì		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	1,264,021.	705,980.
		14	enefit Post to From Ders (Part IX, column (A), line 4)			
	Expenses	15	iala ntes, other compensation, e raployee benefits (Part IX, colu Refessional fundraising fees (Part IX, column (A), line 11e)			
	됩		otal fundasing espenses (Par JK, column (D), line 25)			
	ŭ		other expenses (Part IX, column (2A)) lines 11a-11d, 11f-24f)		34,998.	35,585.
	ļ	18	otal Coenses (Add lines 1377 (must equal Part IX, column (A	N. line 25)	1,299,019.	741,565.
		19	levenue less expenses. Subtract line 18 from line 12	,,	489,894.	-356,086.
	98				Beginning of Year	End of Year
	Assets Balan	20	otal assets (Part X, line 16)		6,997,704.	5,555,509.
	쮏	21	otal liabilities (Part X, line 26)		173,250.	104,300.
	콀		let assets or fund balances Subtract line 21 from line 20		6,824,454.	5,451,209.
	Ра	rt II	Signature Block			
		1	Under penalties of perjury, I declare that I have examined this return, including acc and complete Declaration of preparer (other than discer) is based on all informatio	n of which preparer has any knowle	nts, and to the best of my knowledge	ge and belief, it is true, correct,
_	C:	_	1/1/20tm-		1 4.27	.11)
ightharpoonup	Sigr Here		Signature of officer		Date	70
	пен		S.A. HARTMAN, CFO			
≥ 20		ŀ	Type or print name and title			
2	04		Preparer's Wah kon	Date		er's identifying number structions)
	Paid		signature DEBORAH KAMINSKI	26 agrico 10	self- employed > [
	Use	arer's Only	Firm's name (or BURR, PILGER & MAYER L		EIN ►	
		Jy	self-employed) 600 CALIFORNIA STREET,			
<u></u>			ZIP+4 SAN FRANCISCO, CA 941		Phone no. ▶ 4	15.421.5757
			S discuss this return with the preparer shown above? (see ins		·	X Yes No
الي	83200	01 12-1	.08 LHA For Privacy Act and Paperwork Reduction Act	Notice, see the separate	mstructions.	Form 990 (2008)

	1990 (2008) BINGHAM, OSBORN & SCARBOROUGH FOUNDATION 51-0515757 Page 2
Pa	rt III Statement of Program Service Accomplishments (see instructions)
1	Bnefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
	THE BINGHAM, OSBORN & SCARBOROUGH FOUNDATION IS A CALIFORNIA
	NON-PROFIT PUBLIC BENEFIT CORPORATION ORGANIZED AS A SUPPORTING
	ORGANIZATION OF THE MARIN COMMUNITY FOUNDATION ("MCF"). THE BINGHAM,
	OSBORN & SCARBOROUGH FOUNDATION ENGAGES IN CHARITABLE ACTIVITIES THAT
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes", describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
•	(0.1.)/C
4a	(Code:) (Expenses \$ 723,773. including grants of \$ 705,980.) (Revenue \$
	DURING THE FISCAL YEAR ENDING JUNE 30, 2009, THE FOUNDATION AWARDED 247
	GRANTS, TOTALING \$705,980.
	·····
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	W 1/2
	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services. (Describe in Schedule O.)
Tu	(Expenses \$ including grants of \$) (Revenue \$)
4e	500 550
+6	
22200	. Form 990 (2008)

Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		77	
_	If "Yes," complete Schedule A		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		1	v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	4		Α,
5	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	Δ
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice	3	14/	
Ü	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as 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 U S ?	14a]	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity		' I	v
40	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16]	Х
17	located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	16 17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 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 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X	
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 questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		}	
	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		Х
.	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	256	1	Х
26	prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Į	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial		\dashv	
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
			990 (2	
			(-	,

832003 12-18-08 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an		·	
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
þ	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701 2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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

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Х

Х

X

34

35

36

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1				
	U.S Information Returns. Enter -0- if not applicable	1a		Ol		ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		<u> </u>	1	1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming	<u> </u>	L	<u> </u>
	(gambling) winnings to prize winners?			1c	Х	<u> </u>
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,]			ļi	1
	filed for the calendar year ending with or within the year covered by this return	2a		0		ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		•	<u> </u>		_ <u>_</u> _
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by th	nis return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," 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			ĺ		۱
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a	ļi	X
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank a	nd	ļ	<u> </u>	į
_	Financial Accounts			<u> </u>		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b	<u> </u>	
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Hegan	aing Pronibitea		'	
60	Tax Shelter Transaction? Did the organization solicit any contributions that were not tax deductible?			5c 6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions are expressed in the contribution of the organization include with every solicitation and expressed in the contribution of the contribution of the organization include with every solicitation and expressed in the contribution of the contr	lione o	afte	- Oa		
	were not tax deductible?	10113 01	giits	6b		
7	Organizations that may receive deductible contributions under section 170(c).			100	\vdash	
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of mor	e than :	\$75?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	ured			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7a				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a page 1.00 pag	persona	al	1		
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	7		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as red	quired?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion 50	9(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or	ganıza	tion, have	<u> </u>		
	excess business holdings at any time during the year?			8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			L		
а	Did the organization make any taxable distributions under section 4966?			9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b_		X
10	Section 501(c)(7) organizations. Enter N/A	l I		1		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-{		
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: N/A	المدا				
a	Gross income from members or shareholders	11a		-{		
D	Gross income from other sources (Do not net amounts due or paid to other sources against			1		
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		10-		 -
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A			12a	\vdash	
U	11 res, enter the amount of tax-exempt interest received or accrued during the year 11/14	12b		Form	990 (2000
				FORM	330 (4000)

Part VI | Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O See instructions			.
1a	Enter the number of voting members of the governing body 1a 5			
b	Enter the number of voting members that are independent 5			.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			لــيــا
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		-,,	
а	The governing body?	_8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	-17-
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,		Ì	
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			v
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		<u>X</u>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	_11		<u>X</u>
Sec	tion B. Policies		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	NU
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give use	120		
D	to conflicts?	12b	х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	-^-	
C	in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written whisheblower policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	_ ''	-	\neg
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			1
а	The organization's CEO, Executive Director, or top management official?	15a		
	Other officers or key employees of the organization?	15b		
J	Describe the process in Schedule O. (see instructions)	.55		$\neg \neg$
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
- 4	taxable entity during the year?	16a	-	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		1	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion:		
	S.A. HARTMAN - (415) 464-2500			
	5 HAMILTON LANDING SUITE 200, NOVATO, CA 94949			
83200		Form	990 (2008)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 the organization did not (A)	(B)		(C) Position (check all that apply)					(D)	(E)	(F)
Name and Title	Average hours	l (cl					lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
HEATHER HILES DIRECTOR	0.10	x						0.	0.	0.
TED MITCHELL	1 0.10		H	H	┢	\vdash	├			
DIRECTOR	0.10	х						0.	0.	0.
ED OSBORN DIRECTOR	0.10	v						0.	0.	0.
NORMAN PEASE	0.10	<u> </u>	\vdash	├	├	┢	├-	0.	0.	<u> </u>
DIRECTOR	0.10	Х						0.	0.	0.
THOMAS REICHER DIRECTOR	0.10	х						0.	0.	0.
DR. THOMAS PETERS	0.10	^			-	<u> </u>	-		0.	
PRESIDENT	0.50	_	_	X	_	_		0.	390,800.	58,800.
S.A. HARTMAN CFO	0.50			х				o.	265,884.	38,590.
CAROLINE JENSEN SECRETARY	0.50			х				0.	61,285.	25,417.
SECRETARI	0.30			Â				0.	01,283.	23,417.
						_				
				_			_			
	+	-		_	_					

832007 12-18-08

Form 990 (2008)

Pai	t VII Section A. Officers, Directors, Tru	ıstees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	ļ		Posi				Reportable	Reportable	•	Es	tımate	:d
		hours	(c	heck	all t	that	app	ly)	compensation	compensation		!	nount o	of
		per	ig.					Γ	from	from relate		other		
		week	Individual trustee or director				2		the organization	organizatior (W-2/1099-MI			pensat	
			ag ag	ustee		1	ensat	1	(W-2/1099-MISC)	(44-271099-1411	30)		om the anızatı	
			a ta	Institutional trustee	Officer	toyee	Highest compensated employee		(11 2, 1000 111100)				d relate	
			1 Junio	attuti	icer	y em	pest S	Ē				orga	anızatıc	ons
			<u>ĕ</u>	Ĕ	ä	3	£.	æ						1
			П											
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		į				ĺ			ļ					
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		1												
				'										
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							L	<u> </u>						
								·		_				
_1b	Total						▶		0.	717,9	69.	12	2,80	07.
2	Total number of individuals (including those	e in 1a) who re	ceiv	ed n	nore	tha	n \$1	00,	000 in reportable					
	compensation from the organization										<u> </u>			0
													Yes	No
3	Did the organization list any former officer,	director or tru	stee	, key	y em	plo	yee,	or h	nighest compensated en	nployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su								•	the organization				
	and related organizations greater than \$150			-								4	Х	
5	Did any person listed on line 1a receive or a				rom	any	unr/	elat	ed organization for servi	ices rendered to)			
	the organization? If "Yes," complete Sched	ule J for such	pers	on						<u></u>		5		Х
Sec	tion B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·					
1	Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
	the organization. NONE							r	·					
	(A) Name and business	addrass						Ì	(B) Description of s			(C	;) nsation	
		audiess							———————	er vices		omper	isatioi	<u> </u>
								- 1						
								- 1						
														
														
								-						
	Total number of independent continues in	notudina *5 = -		11					ro than \$100,000		-			
2	Total number of independent contractors (i	nciuaing those 0	iu	ı) Wī	io re	cer	vea	HOP	e man a rou,ooo in com	pensation				
	from the organization											Form !	200	

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	and titler organizations must comp	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	705,980.	705,980.		.,
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the US				
	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 salanes and wages				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	•			
a	Management				
b	Legal		· · · · · · · · · · · · · · · · · · ·		
C	Accounting		-		
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
	Other				
g 12	Advertising and promotion		······································		
12 13	Office expenses				
14	Information technology	<u> – </u>		 	
15	Royalties				
16	Occupancy				-
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
а	expenses shown on line 25 below.) ADMINISTRATIVE FEES	35,585.	17,793.	17,792.	<u>-</u>
b		- 55,555		21,102.	
c					
d		_			
e		,			-
f	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24f	741,565.	723,773.	17,792.	0.
26	Joint Costs. Check here ▶ ☐ If following	, ,	,	,	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				L

832010 12-18-08

Pai	πX	Balance Sheet								
				(A) Beginning of year		(B) End of yea	r			
	1	Cash · non-interest bearing			1					
	2	Savings and temporary cash investments		1,096,650.	2	114,	894.			
	3	Pledges and grants receivable, net			3					
	4	Accounts receivable, net			4					
	5	Receivables from current and former officers, di	rectors, trustees, key							
	1	employees, or other related parties. Complete F	art II of Schedule L		5					
	6	Receivables from other disqualified persons (as	defined under section							
		4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete]					
		Part II of Schedule L			6					
ţ	7	Notes and loans receivable, net			7					
Assets	8	Inventories for sale or use			8					
⋖	9	Prepaid expenses and deferred charges			9					
	10a	Land, buildings, and equipment cost basis	10a							
	b	Less accumulated depreciation. Complete								
		Part VI of Schedule D	10b		10c					
	11	Investments - publicly traded securities	5,901,054.	11	5,440,	615.				
	12	Investments - other securities. See Part IV, line	1		12					
	13	Investments - program-related. See Part IV, line	11		13					
	14	Intangible assets			14					
	15	Other assets. See Part IV, line 11			15					
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	6,997,704.	16	5,555,	<u>509.</u>			
	17	Accounts payable and accrued expenses	-	173,250.	17	104,	300.			
	18	Grants payable	•		18					
	19	Deferred revenue		19	_ .					
	20	Tax-exempt bond liabilities			20					
les	21	Escrow account liability. Complete Part IV of Sc			21					
Liabilities	22	Payables to current and former officers, director								
<u>ia</u>	Ì	highest compensated employees, and disqualifi	ed persons. Complete Part II]]					
_		of Schedule L			22					
	23	Secured mortgages and notes payable to unrela	ated third parties		23					
	24	Unsecured notes and loans payable			24					
	25	Other liabilities. Complete Part X of Schedule D		173,250.	25	104	300.			
	26	Total liabilities. Add lines 17 through 25	V	1/3,230.	26	104,	300.			
		Organizations that follow SFAS 117, check he	ere X and complete							
ces	~	lines 27 through 29, and lines 33 and 34.		6,824,454.		5,451,	200			
lan	27	Unrestricted net assets		0,024,434.	27		203.			
8	28 29	Temporarily restricted net assets Permanently restricted net assets			28 29					
Net Assets or Fund Balan	29	Organizations that do not follow SFAS 117, c	heck here		29					
Ē		complete lines 30 through 34.	and		1 1					
ts	30	Capital stock or trust principal, or current funds			30					
sse	31	Paid-in or capital surplus, or land, building, or ed	unment fund		31					
ţ	32	Retained earnings, endowment, accumulated in	• •		32					
ž	33	Total net assets or fund balances	or and and	6,824,454.	33	5,451,	209.			
	34	Total liabilities and net assets/fund balances		6,997,704.	34	5,555,				
Pa	rt XI	Financial Statements and Reporting			٠					
		· · · · · _ · _ · _ ·		-		Ye	s No			
1	Acco	ounting method used to prepare the Form 990.	Cash X Accrual	Other						
2a		e the organization's financial statements compiled		nt accountant?		2a	X			
ь	Were	the organization's financial statements audited t	y an independent accountant?	?		2b X				
c	If "Ye	es" to lines 2a or 2b, does the organization have a	committee that assumes resp	onsibility for oversight of the	e audit,	,	\top			
		w, or compilation of its financial statements and s			_	2c X	<u>.</u> L			
3a	As a	tht Int								
	Act a	За	Х							
b	If "Ye	es," did the organization undergo the required au	dit or audits?			3b Form 99				
83201	332011 12-18-08									

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Part | Reason for Public Charity Status (All organizations must complete this part) (see instructions)

OSBORN & SCARBOROUGH FOUNDATION

OMB No 1545-0047

Open to Public Inspection

51-0515757

Name of the organization

BINGHAM,

Employer identification number

The organ	ization is not	a private foundation l	because it is: (Please ch	neck only o	one organiz	zation)				
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	inbed in se	ction 170	(b)(1)(A)(i)).		
2 🖳	A school des	scribed in section 17	0(b)(1)(A)(ii). (Attach So	chedule E))					
з 📖	A hospital or	a cooperative hospit	tal service organization	described	ın section	170(b)(1)	(A) (iii). (At	tach Sche	dule H)	
4 🗔	A medical re	search organization o	operated in conjunction	with a hos	spital desc	nbed in se	ction 170	(b)(1)(A)(i	ii). Enter tl	ne hospital's name,
	city, and sta	te [.]								
5 🔲	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or or	perated by	a govern	mental un	it describe	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6 🔲	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).			
7	An organizat	on that normally reco	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	oublic described in
	section 170	(b)(1)(A)(vi). (Comple	te Part II)							
8 🗔	A community	y trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)					
9 🔲	An organizat	on that normally rec	eives (1) more than 33	1/3% of its	s support f	rom contr	butions, n	nembersh	p fees, an	d gross receipts from
	activities rela	ated to its exempt fur	nctions - subject to certa	an excepti	ions, and (2) no more	than 33 1	1/3% of its	support f	from gross investment
	income and	unrelated business ta	axable income (less sec	tion 511 ta	ax) from bu	sinesses i	acquired b	y the orga	anization a	fter June 30, 1975.
	See section	509(a)(2). (Complete	the Part III)		•		•			
10	An organizat	ion organized and op	perated exclusively to te	st for publ	lic safety S	See sectio	n 509(a)(4	1). (see ins	structions)	
11 X	An organizat	ion organized and op	erated exclusively for the	he benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes of one or
	more publicl	y supported organiza	itions described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Che	ck the box that
	describes th	e type of supporting	organization and compl	ete lines 1	1e through	11h.				
	a X Type	ı b 🗀	Type II o	с 🗀 Тур	e III - Fund	tionally in	tegrated		d 🗀	Type III · Other
е 🗔	By checking	this box, I certify tha	t the organization is not	controlled	d directly o	r indirectly	by one o	r more dis	qualified p	ersons other than
	foundation n	nanagers and other tl	han one or more publicl	y supporte	ed organiza	ations des	cnbed in s	ection 50	9(a)(1) or s	ection 509(a)(2).
f	If the organiz	zation received a writ	ten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III		
	supporting of	rganization, check th	ns box							. 🗀
g	Since Augus	t 17, 2006, has the o	rganization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?	
	(i) A perso	on who directly or indi	rectly controls, either a	lone or tog	ether with	persons o	described	ın (ıi) and ((III) below,	Yes No
	the gov	erning body of the su	upported organization?							11g(i) X
	(ii) A family	member of a persor	n described in (i) above?)						11g(iı) X
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e?					11g(iii) X
h	Provide the f	following information	about the organizations	the organ	nization sup	oports.				<u> </u>
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the	organization	(v) Did yo	u notify the	(vi) ls	the	(vii) Amount of
	anization	(,	organization (described on lines 1-9		sted in your			organizáti (i) organiz	on in col. (red in the l	support
-			above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	7	• •
			(see instructions))	Yes	No	Yes	No	Yes	No	
MARIN	COMM.									
FOUND	MOITA	94-3007979	8	X		X		X		705, <u>9</u> 80.
				<u> </u>					1	
				<u> </u>				l		
				<u> </u>	<u></u>		<u> </u>	<u> </u>		
								<u> </u>		
				<u>i </u>	<u>L</u>					
Total				<u> </u>						705,980.
LHA For F	Privacy Act a	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for I	Form 990.		Schedul	e A (Form	990 or 990-EZ) 2008

_	edule A (Form 990 or 990-EZ) 2008						Page 2
Pa	irt II Support Schedule for)(b)(1)(A)(iv) aı	nd 170(b)(1)(A)(i	/i)
	(Complete only if you checke	d the box on line	5, 7, or 8 of Part I	<u> </u>			
	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-				İ		
	ization'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						
4	Total. Add lines 1 - 3						
5	The portion of total contributions						
	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		<u> </u>	l	<u> </u>		
_	ction B. Total Support			т	,		
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4			ļ	ļ		
8	Gross income from interest,				ļ		
	dividends, payments received on						
	secunties loans, rents, royalties				ļ		
_	and income from similar sources				 		<u> </u>
9	Net income from unrelated business			ŀ			
	activities, whether or not the						
	business is regularly carried on				ļ		
10	Other income Do not include gain				1		
	or loss from the sale of capital						
	assets (Explain in Part IV)			ļ			
	Total support. Add lines 7 through 10	<u> </u>	L.,	L	L	 	
	Gross receipts from related activities,	•	•			12	
13			s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	. —
500	organization, check this box and storection C. Computation of Publ		rcentage				
	Public support percentage for 2008 (<u> </u>	Luna (6)		T 44 T	
	Public support percentage from 2007			column (i))		14	%
	,	•	•	un line 12 and line	14 10 22 1/20/ 04	15	<u>%</u>
104	33 1/3% support test - 2008. If the c				14 IS 33 1/3% or	more, cneck this bo	x and
ı.	stop here. The organization qualifies		-		d line 15 :- 00 1 '0'	/ overes = ==== * **	
C	33 1/3% support test - 2007. If the c				ine 15 is 33 1/35	% or more, check th	XOCI ZII
17-	and stop here. The organization qual				- 10 104 - 101		▶∟_
178	10% -facts-and-circumstances tes						
	and if the organization meets the "facts and circumstances"					art iv now the organ	ization
L	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes					170 and 5 45	100/ 07
	more, and if the organization meets the						
	und in and diguinzation intoots to		vianooo iggi, t	DUA AHU	CAUP HOLE. LAPID	arriv HOW life	•

Schedule A (Form 990 or 990-EZ) 2008

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for	r Organizations	Described in	Section 509(a	(Complete only	If you checked the b	ox on line 9 of Part I.)
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 (3,1333	(1) 1 5 1 2 1
membership fees received (Do not	1					
include any "unusual grants.")			ļ			
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-			ļ	ľ		
iness under section 513						
4 Tax revenues levied for the organ-		-				
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						·
furnished by a governmental unit to the organization without charge						
6 Total, Add lines 1 · 5						
7a Amounts included on lines 1, 2, and	d	<u> </u>				-
3 received from disqualified person	1					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						-
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesse	s		ľ			
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on	s					
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV) 13 Total support (Add lines 9, 10c, 11, and 12)					-	
14 First five years. If the Form 990 is		s first, second, thii	d, fourth, or fifth to	ax vear as a section	n 501(c)(3) organiz	ation
check this box and stop here		oo., 0000a,	a, roaran, or mar a	an your ao a scotto	ar oo regariiz	.
Section C. Computation of Pul	blic Support Pe	rcentage				
15 Public support percentage for 2008			column (fl)		15	%
16 Public support percentage from 20	• • • • • • • • • • • • • • • • • • • •	•	JOIGH 111 (1))		16	
Section D. Computation of Inv			-		110	
17 Investment income percentage for			ne 13 column (fl)		17	
18 Investment income percentage from	,	• • • • • • • • • • • • • • • • • • • •	, ,,,,		17	<u>%</u>
19a 33 1/3% support tests - 2008. If the		•		15 is more *=== 0	18 23.1/29/ and line 1	7 to pot
						/ IS HOL
more than 33 1/3%, check this box						لــا 🔻
b 33 1/3% support tests - 2007. If the						ano 🛌
line 18 is not more than 33 1/3%, c						
20 Private foundation. If the organization	nor did flot check a	00x on line 14, 19	a, or 190, cneck tr			D == 000 E71 2000
				Sch	euule A (Form 99	0 or 990-EZ) 2008

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

Employer identification number

	BINGHAM, OSBORN &			51-0515757
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar	Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		20	
2	Aggregate contributions to (during year)	237,5		
3	Aggregate grants from (during year)	705,9		
4	Aggregate value at end of year	5,555,5	09.	
5	Did the organization inform all donors and donor advisors in	wnting that the assets held in don	or advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?		X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds	may be used	
	for chantable purposes and not for the benefit of the donor of	or donor advisor or other impermis	sible private b	enefit? X Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Forr	n 990, Part IV	, line 7
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or p			lly important land area
	Protection of natural habitat	Preservation of	of certified his	toric structure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form o	of a conservat	ion easement on the last day
	of the tax year			
	T. I			Held at the End of the Year
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements	resture makedad in (a)		2b
C	Number of conservation easements on a certified historic sti Number of conservation easements included in (c) acquired	` '		2c 2d
d 3	Number of conservation easements modified, transferred, re		d by the organ	
	year	leased, extinguished, or terminate	d by the organ	inzation during the taxable
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	· · · · · · · · · · · · · · · · · · ·	tions, and	
	enforcement of the conservation easements it holds?	3, 1, 11	, .	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during th	e year ►	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the ye	ear▶\$	
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of sect	tion 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and e	expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that de	scribes the or	ganization's accounting for
	conservation easements			
Pai	t III Organizations Maintaining Collections o		s, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116, no			
	treasures, or other similar assets held for public exhibition, e		ce of public se	ervice, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these			
D	If the organization elected, as permitted under SFAS 116, to			
	or other similar assets held for public exhibition, education, of	or research in furtherance of public	service, prov	ide the following amounts relating to
	these items:			. ¢
	(i) Revenues included in 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	ageurae or other cimilar access for	financial care	
4	the following amounts required to be reported under SFAS 1		ııı ıarıcıaı yallı,	Provide
а	Revenues included in Form 990, Part VIII, line 1	To relating to triese items.		• •
b	Assets included in Form 990, Part X			\$
-		•		
LHA	For Privacy Act and Paperwork Reduction Act Notice, se	e the Instructions for Form 990.		Schedule D (Form 990) 2008

Schedule D (Form 990) 2008

20

under FIN 48. 832053 12-23-08

	741, -356, ,015,	565. 086.
2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year. Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 4 -1	741, -356, ,015,	086.
3 Excess or (deficit) for the year. Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 4 -1	-356, ,015,	
4 Net unrealized gains (losses) on investments 4 -1	-356, ,015,	086.
4 Net unrealized gains (losses) on investments 4 -1	,015,	
 		
6 Investment expenses 6		
7 Prior period adjustments 7		
8 Other (Describe in Part XIV)	- l ,	568.
	,017	
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	,373,	245.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1 Total revenue, gains, and other support per audited financial statements	-631,	680.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments 2a -1,015,591.		
b Donated services and use of facilities 2b		
c Recovenes of prior year grants		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	,015,	591.
3 Subtract line 2e from line 1		911.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV) 4b 1,568.		
c Add lines 4a and 4b	1,	568.
5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	385,	479.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1 Total expenses and losses per audited financial statements 1	741,	565.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Losses reported on Form 990, Part IX, line 25		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d 2e		0.
3 Subtract line 2e from line 1	741,	565.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b		0.
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	741,	565.
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Pa X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	ert V, line	4; Part
PART XI, LINE 8 - OTHER ADJUSTMENTS:		
REALIZED GAIN: -1568.		·
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
REALIZED GAIN: 1568.		
		_

832054 12-23-08

SCHEDULE 1							OMB No 1545-0047	
Form 990)		Grants and Governr	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations to U.S.	_		2008	
Jeparlment of the Treasury	▲ Com	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.	n answered "Yes,	" on Form 990, Pa	rt IV, lines 21 or 22.		Open to Public	<u> </u>
Hernal Revenue Service			► Attach to Form 990.	n 990.			Inspection	٦
Name of the organization BINGHAM,	OSBORN &	SCARBOROUGH	FOUNDATION	NO		ш	Employer identification number $51-0515757$	iber 7
Part I General Information on Grants and Assistance	and Assistance							ŀ
1 Does the organization maintain records to substantiate the amount	s to substantiate th		or assistance, the	grantees' eligibility	for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	uo	
criteria used to award the grants or assistance?	sistance?						X Yes	8 N
2 Describe in Part IV, the organization's procedures for monitoring the use of grant funds in the United States	rocedures for mon	itoring the use of grant	funds in the United	d States				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	United States. C	omplete if the orga	inization answered "Y	es" on Form 990, Part	V, line 21, for any	
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	1 \$5,000 Check th	is box if no one recipier	it received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if additiona	il space is needed	П
1 (a) Name and address of organization or government	(b) EIN	(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 non-cash assistance	(h) Purpose of grant or assistance	
A FRIENDLY MANOR 2298 SAN PABLO AVENUE	202250	501(2)(3)	000	c			MOCAGIS NATHKAGAA AAIMAA	E A
		-	0				TO STEEL OF FIXE SOLE SOLE SOLE SOLE SOLE SOLE SOLE SOL	
NURORA THEATRE COMPANY								
2081 ADDISON STREET								
BERKELEY, CA 94704	94-3168663	501(C)(3)	10,000.	0.		E.	PROVIDE OPERATING SUPPORT	ORT
SOARD OF TRUSTEES OF THE LELAND STANFORD JINTOR INTUERSTRY - 326								
SALVEZ STREET - STANFORD, CA				•				
14305-6105	94-1156365	501(C)(3)	31,000.	0.		P4	PROVIDE OPERATING SUPPORT	ORT
30YS & GIRLS CLUBS OF SAN								
PRANCISCO - 55 HAWTHORNE STREET,								
SUITE 600 - SAN FRANCISCO, CA								
94105-3930	94-1156608	501(C)(3)	11,580.	0.		P	PROVIDE OPERATING SUPPORT	ORT
SRANSON SCHOOL								
P.O. BOX 887								
10SS, CA 94957	94-0338330	501(C)(3)	40,000.	0.		Pι	PROVIDE OPERATING SUPPORT	ORT
SKOWN UNIVERSITY				•				
				•				
PROVIDENCE, RI 02912-9936	05-0258809	501(C)(3)	5,000.	0.		P4	PROVIDE OPERATING SUPPORT	ORT
2 Enter total number of section 501(c)(3) and government organizations	and government o	rganizations					m ▲	33.
3 Enter total number of other organizations	ns						1	10.
LHA For Privacy Act and Paperwork Reduction Act Notice, see the	uction Act Notice	, see the Instructions	Instructions for Form 990.				Schedule I (Form 990) 2008	800

Page 2

51-0515757

Schedule I (Form 990) 2008 BINGHAM, OSBORN & SCARBOROUGH FOUNDATION

Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed

(d) Amount of non- cash assistance (book, FMV, appraisal, other)			the information required in Part I, line 2, and any other additional information.	GRANT DISTRIBUTION FROM THE	FOUNDATIONS DUE	INCLUDES MAKING AN INDEPENDENT	ESTABLISH THAT IT QUALIFIES TO	GRANTEE ORGANIZATION	THE GRANT, AND BE	
_		 	 ıt I, line 2,	DIST	E FOU	G AN	ISH T	E GRA		E REP(
(c) Amount of cash grant			n required in Pa	⋖	TISFY THE	ES MAKIN	TO ESTABL	STATUS). THE	TERMS OF	PATALITAMITY PEPODEMS
(b) Number of recipients			le the informatio	LIFY FOR	BE ABLE TO SATISFY			(3)	FILL THE	
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide	SCHEDULE I, PART I, LINE 2: TO QUALIFY	FOUNDATION, THE GRANTEE MUST BE ABI	DILIGENCE REQUIREMENT. THIS PROCESS	INVESTIGATION OF THE PROSPECTIVE GRANTEE	RECEIVE THE GRANT (INCLUDING 501(C)	MUST ALSO HAVE THE CAPACITY TO FULFILL	WILLING TO FIRNISH MCF WITH ANY REQUIRED

EACH GRANTEE IS INSTRUCTED 23 FOR GRANTS ORIGINATING FROM DONOR-ADVISED FUNDS, 832102 12-18-08

Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE 1-1 (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public

OMB No 1545-0047 2008 Inspection

Employer identification number

Name of the organization BINGHAM,	OSBORN &	SCARBOROUGH	FOUNDATION	NO		Employe 5	Employer identification number 51-0515757
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)	Assistance to G	overnments and Orga	nizations in the U	S. (Schedule I (Fo	m 990), Part II)		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
BUCKELEW PROGRAMS 914 MISSION AVENUE, 3RD FLOOR SAN RAFAEL, CA 94901-6106	23-7088977	501(C)(3)	12,500.	0.			PROVIDE OPERATING SUPPORT
CHURCH OF THE COVENANT 781 LINCOLN AVENUE, SUITE 140 SAN RAFAEL, CA 94901	95-3667812	501(c)(3)	5,000.	0.			PROVIDE OPERATING SUPPORT
CONGREGATION BETH EL 1301 OXFORD STREET BERKELEY, CA 94709	94-6030626	RELIGIOUS	5,000.	0.			PROVIDE OPERATING SUPPORT
EAST BAY ZOOLOGICAL SOCIETY 9777 GOLF LINKS ROAD OAKLAND, CA 94605	94-1687847	501(C)(3)	5,000.	0			PROVIDE OPERATING SUPPORT
FIRST CHRISTIAN CHURCH PO BOX 847 BROWNFIELD, TX 79316	75-1399513	501(C)(3)	9,000.	0,			PROVIDE OPERATING SUPPORT
GIRLS INCORPORATED OF ALAMEDA COUNTY - 13666 EAST 14TH STREET - SAN LEANDRO, CA 94578	94-1558073	501(C)(3)	5,000.	0.			PROVIDE OPERATING SUPPORT
GLIDE MEMORIAL UNITED METHODIST CHURCH - 330 ELLIS STREET - SAN FRANCISCO, CA 94102	94-1156481	RELIGIOUS	9,000.	0			PROVIDE OPERATING SUPPORT
HILLSIDE HOUSE 1235 VERONICA SPRINGS ROAD SANTA BARBARA, CA 93105	95-1816019	501(C)(3)	5,000.	0.			PROVIDE OPERATING SUPPORT
2 Enter total number of Section 501(c)(3) and of	nd government or	appliations.					

 ² Enter total number of Section 501(c)(3) and government organizations
 3 Enter total number of other organizations
 832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions 4or Form 990.

Schedule I-1 (Form 990) 2008

Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE 1-1 (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection

OMB No 1545-0047 2008

BINGHAM, OSBORN & SCARBOROUGH FOUNDATION

Employer identification number 51-0515757

Destil Continuation of Grants and Other Assistance to Governments and Organizations in the US (Cabadula Victory 200) Bad III	Assistance to Go	Assistance to Governments and Organizations in the US	FOUNDALL	CIN Cohodolo I (Ex	(= t 0 (000 m		16/6760-16
_	(a)	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(9) Description of non-cash assistance	(h) Purpose of grant or assistance
INDEPENDENT FEATURE PROJECT 68 JAY STREET, ROOM 425 BROOKLYN, NY 11201	13-3118525	501(C)(3)	5,000.	0.			PROVIDE OPERATING SUPPORT
LEADERSHIP HIGH SCHOOL 241 ONEIDA STREET SAN FRANCISCO, CA 94112	94-3278658	501(C)(3)	10,000.	0.			PROVIDE OPERATING SUPPORT
LEGAL COMMUNITY AGAINST VIOLENCE 268 BUSH STREET, SUITE 555 SAN FRANCISCO, CA 94104	94-3324402	501(C)(3)	7,500.	0.			PROVIDE OPERATING SUPPORT
MADEIRA SCHOOL 8128 GEORGETOWN PIKE MCLEAN, VA 22102-1200	54-0505925	501(C)(3)	.000,2	0.			PROVIDE OPERATING SUPPORT
MARIN AGRICULTURAL LAND TRUST P.O. BOX 809 POINT REYES STATION, CA 94956-0809	94-2689383	501(C)(3)	52,750.	0.			PROVIDE OPERATING SUPPORT
MARIN EDUCATION FUND 781 LINCOLN AVENUE, SUITE 140 SAN RAFAEL, CA 94901	95-3667812	501(C)(3)	18,500.	0			PROVIDE OPERATING SUPPORT
MT. TAMALPAIS UNITED METHODIST CHURCH - 410 SYCAMORE AVENUE - MILL VALLEY, CA 94941		RELIGIOUS	.000,2	0			PROVIDE OPERATING SUPPORT
MUIR HERITAGE LAND TRUST P.O. BOX 2452 MARTINEZ, CA 94553	68-0194652	501(C)(3)	5,000.	.0			PROVIDE OPERATING SUPPORT
2 Enter total number of Section 501(c)(3) and government organizations	nd government or	ganizations					

³ Enter total number of other organizations 832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Sor Form 990.

Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE 1-1 (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public OMB No 1545-0047 2008 Inspection

BINGHAM, OSBORN & SCARBOROUGH FOUNDATION

Employer identification number 51-05157

L	OSBOKN &	BINGHAM, OSBORN & SCARBOROUGH FOUNDATION	FOUNDAIL	ON		5	51-0515757
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	rizations in the U.	S. (Schedule I (For	m 990), Part II)		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY CANTON, NY 13617	15-0532239	PUBLIC	5,000.	.0			PROVIDE OPERATING SUPPORT
OREGON STATE UNIVERSITY FOUNDATION 850 SW 35TH STREET CORVALLIS, OR 97333	93-6022772	501(C)(3)	25,000.	0.			PROVIDE OPERATING SUPPORT
ORINDA CITY IMPROVEMENT FUND 22 ORINDA WAY ORINDA, CA 94563		GOVERNMENT	5,000.	0			PROVIDE OPERATING SUPPORT
ORINDA FOUNDATION 26 ORINDA WAY ORINDA, CA 94563	51-0172525	50 <u>1</u> (C)(3)	29,000.	0.			PROVIDE OPERATING SUPPORT
POMONA COLLEGE RENWICK HOUSE, 333 NORTH COLLEGE WA	95-1664112	501(C)(3)	25,000.	0			PROVIDE OPERATING SUPPORT
ROBERT AND SHIRLEY SANDERSON FAMILY FUND OF THE MARIN COMMUNITY FOUNDATION - 5 HAMILTON LANDING, SUITE 200 - NOVATO, CA 94949	94-3007979	501(C)(3)	100,000.	0	·		PROVIDE OPERATING SUPPORT
SAN FRANCISCO BALLET ASSOCIATION 455 FRANKLIN STREET SAN FRANCISCO, CA 94102	94-1415298	501(C)(3)	7,500.	.0			PROVIDE OPERATING SUPPORT
SAN FRANCISCO OPERA ASSOCIATION 301 VAN NESS AVENUE SAN FRANCISCO, CA 94102-4509	94-0836240	501(C)(3)	17,500.	0.			PROVIDE OPERATING SUPPORT
2 Enter total number of Section 501(c)(3) and government organizations	nd government org	ganizations					•

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2008

Open to Public Inspection Employer identification number 51 – 0 515757 Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) BINGHAM, OSBORN & SCARBOROUGH FOUNDATION Name of the organization

(a) Name and address of (b) EIN (c) IRC Code (d) Amount of (e) Amount of valuation organization or government section	(b) EIN	(c) IRC Code section	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
-		ıf applıcable	,	assistance	(book, FMV, appraisal, other)		
SELF-REALIZATION FELLOWSHIP CHURCH 3880 SAN RAFAEL AVENUE 1.0S ANGELES CA 90065-1298	05-1042336	01(2)(3)	с С	c			
ST. ANTHONY'S CATHOLIC CHURCH							FROVIDE OFFICER
PO BOX 671 BROWNFIELD, TX 79316		RELIGIOUS	5,000.	0.			PROVIDE OPERATING SUPPORT
ST, PETER'S EPISCOPAL CHURCH 305 NORTH MINNESOTA STREET CARSON CITY, NV 89703		RELIGIOUS	5 500	0			PROVIDE OPERATING SUPPORT
z							
909 MONTGOMERY STREET, SUITE 400 SAN FRANCISCO, CA 94133	94-2951480	501(C)(3)	12,500.	0			PROVIDE OPERATING SUPPORT
THE DIPSEA RACE FOUNDATION							
P.O. BOX 10 MILL VALLEY, CA 94942	68-0405142	501(C)(3)	5,000.	0.			PROVIDE OPERATING SUPPORT
THE GUARDESMEN							
340 BRANNAN STREET, SUITE 305				-			
SAN FRANCISCO, CA 94107-1836	94-1196194	501(C)(3)	5,000.	0			PROVIDE OPERATING SUPPORT
THE HEAD LAMA OF THE TIBETAN NYINGWAPA MEDITATION CENTER - 2425							
ວ							
94704	23-7072008	501(C)(3)	8,500.	0.			PROVIDE OPERATING SUPPORT
THE REGENTS OF THE UNIVERSITY OF							
CALIFORNIA - 2080 ADDISON STREET,							
#4200 - BERKELEY, CA 94720-4200	94-6036494	501(C)(3)	18,000.	0.			PROVIDE OPERATING SUPPORT
2 Foter total number of Section 501(c)(3) and dovernment organizations	of dovernment or	anotazinar					

Enter total number of Section 501(c)(3) and government organizations

³ Enter total number of other organizations 832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instruction& Tor Form 990.

SCHEDULE 1-1

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2008

(Form 990) Department of the Treasury Internal Revenue Service			▲ Attach to For	h to Form 990 to list additional informatic Part II and Part III, Schedule I (Form 990).	Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).	for		Open to Public Inspection
ation		،	110110 00 00 00 00 00 00 00 00 00 00 00				Employe	Employer identification number
BINGHAM, OSBORN & SCAKBOKOUGH FOUNDATION [Bart Continuation of Grants and Other Assistance to Governments and Ornanizations in the 11S (School up form 900) Bart	BINGHAM, OS	OSBOKIN &	SCARBOROUGH	FOUNDATION	ON S (Schodulo I (Ex	(II trod () 000 m		/6/6160-10
		מווכפ ומ			o (Scriedale I (L)	111 990), Pait II)		
(a) Name and address of organization or government	ss of nment	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 615 SLATERS LANE, PO BOX 269 ALEXANDRIA, VA 22313		94-1170408	RELIGIOUS	. 000 S	0			PROVIDE OPERATING SUPPORT
ь ы ы	FOUNDATION 2		501(C)(3)	5,500.	0.0			PROVIDE OPERATING SUPPORT
TRINITY PARISH - HOLY TRINITY EPISCOPAL - 330 RAVENSWOOD AVENUE - MENLO PARK, CA 94025	RINITY OOD AVENUE		RELIGIOUS	5,000.	0.			PROVIDE OPERATING SUPPORT
WILLITS UNIFIED SCHOOL DISTRICT 120 PEARL STREET WILLITS, CA 95490		94-6002711	GOVERNMENT	.002,2	.0			PROVIDE OPERATING SUPPORT
YOSEMITE FUND 155 MONTGOMERY STREET, 8	SUITE 1104	94-3058041	501(C)(3)	.000,08	0.			PROVIDE OPERATING SUPPORT
2 Enter total number of Section 501(c)(3) and government organizations	tion 501(c)(3) and g	jovernment org	janizations					

Schedule (Form 990) 2008 BINGHAM, OSBORN & SCARBOROUGH FOUNDATION 1-0515757 Page 2 Part IV Supplemental Information
Part IV Supplemental information
IN WRITING THAT NO ONE ASSOCIATED WITH THE FUND MAY RECEIVE ANY PERSONAL
BENEFIT BECAUSE OF THE GRANT, AND THAT THE GRANT MUST BE USED FOR
CHARITABLE PURPOSES ONLY. DEPENDING UPON THE SIZE AND SOURCE OF THE GRANT,
A WRITTEN REPORT FROM THE GRANTEE MAY BE REQUIRED.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

BINGHAM, OSBORN & SCARBOROUGH FOUNDATION

Employer identification number 51-0515757

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			. !
	of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		Х
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			. 1
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a_		X
b	Any related organization?	5b		X
_	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	<u> </u>		X
	The organization?	6a		X
b	Any related organization?	6b		
-	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
_	not described in lines 5 and 6? If "Yes," describe in Part III	7	-	<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
	Initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule, I	<u>8</u>	. 000)	

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Schedule J (Form 990) 2008

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Ξ		0	1 1	1 1	0		
DR. THOMAS PETERS	Ξ	350,54	0	40,252.	27,600.	31,200.	449	0
	Ξ:					- t		į
S.A. HARTMAN	Ξ	234,600.	0	31,284.	28,152.	10,438.	304,474.	0
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(iii)							
	(1)							
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	Ξ							
				7			Schedule	Schedule J (Form 990) 2008

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

BINGHAM, OSBORN & SCARBOROUGH FOUNDATION

Employer identification number 51 – 0515757

Pai	rt I Types of Property		_					
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of deto revenue		g	
1	Art - Works of art							
2	Art - Historical treasures	<u> </u>	-					
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	X		74 020	MADKEM			
9	Securities - Publicly traded		4	74,928.	MARKET		-	
10	Securities - Closely held stock	<u> </u>		-				
11	Securities - Partnership, LLC, or	ļ	ļ					
	trust interests		<u> </u>					
12	Securities - Miscellaneous							
13	Qualified conservation contribution							
	(historic structures)							
14	Qualified conservation contribution (other)		 	<u></u>				
15	Real estate · Residential	<u></u>						
16	Real estate - Commercial							
17	Real estate - Other			<u> </u>				
18	Collectibles							-
19	Food inventory	<u> </u>	 		 -			
20	Drugs and medical supplies							
21	Taxidermy	<u> </u>	 					
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26		<u> </u>						
27	Other ()	<u></u>	· · · · · ·	<u> </u>				
28_	Other ()			<u> </u>				
29	Number of Forms 8283 received by the organ		•	!				
	for which the organization completed Form 82	83, Part IV,	Donee Acknow	vledgment 29	<u> </u>		\\	· · ·
00-	Division the vesse did the average transverse vesses in				10 Alb A. A		Yes	No
30a	During the year, did the organization receive b	•						
	at least three years from the date of the initial	contribution	, and which is	not required to be used for	exempt purposes for	-		Х
_	the entire holding period?					30a		_^_
	If "Yes," describe the arrangement in Part II.	naliai that r	aguuraa tha sa	6	-tbd0		v	
31	Does the organization have a gift acceptance					31	Х	
328	Does the organization hire or use third parties	or related of	rganizations to	solicit, process, or sell non-	casn			v
	contributions?					,32a		X
	If "Yes," describe in Part II							
33	If the organization did not report revenues in o	column (c) fo	r a type of pro	perty for which column (a) is	cnecked,			ĺ
	describe in Part II				Sabadula M	<u></u> _		

SCHEDULE O

(Form 990)

4.6

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization **Employer identification number** BINGHAM, OSBORN & SCARBOROUGH FOUNDATION 51-0515757 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ARE CONSISTENT WITH THE CHARITABLE PURPOSES OF MCF. MCF'S MISSION IS TO ENCOURAGE AND APPLY PHILANTHROPIC CONTRIBUTIONS TO HELP IMPROVE THE HUMAN CONDITION, EMBRACE DIVERSITY, PROMOTE A HUMANE AND DEMOCRATIC SOCIETY, AND ENHANCE THE COMMUNITY'S QUALITY OF LIFE, NOW AND FOR FUTURE GENERATIONS. FORM 990, PART VI, SECTION B, LINE 12C: ALL MEMBERS OF THE GOVERNING BOARD, OFFICERS AND KEY EMPLOYEES MUST REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A QUESSTIONNAIRE CONCERNING COMPLIANCE ON AN ANNUAL BASIS. THE FORMS ARE REVIEWED BY THE CORPORATE SECRETARY TO ENSURE ONGOING COMPLIANCE AND DETERMINE WHETHER A CONFLICT EXISTS. ALL CONFLICTS AND POTENTIAL CONFLICTS ARE REQUIRED TO BE DISCLOSED, AND THE PERSON IS EXCLUDED FROM PARTICIPATING IN DELIBERATIONS AND DECISIONS CONCERNING THE MATTER. FORM 990, PART VI, SECTION C, LINE 19: FORM 990 IS PUBLISHED ON GUIDESTAR AND AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

▶ See separate instructions.

2008 Open to Public Inspection OMB No 1545-0047

Employer identification number 51-0515757

entity

Ē

Direct controlling End-of-year assets Œ Total income 9 Legal domicile (state or foreign country) SCARBOROUGH FOUNDATION Primary activity <u>@</u> ß Identification of Related Tax-Exempt Organizations OSBORN Identification of Disregarded Entities BINGHAM, Name, address, and EIN of disregarded entity Department of the Treasury Internal Revenue Service Name of the organization Part I Part II

(A)	(8)	(0)	(a)	(E)	(F)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
MARIN COMMUNITY FOUNDATION - 94-3007979 5 HAMILTON LANDING SHITTE 200					
NOVATO, CA 94949	GRANTMAKING	CALIFORNIA	501(C)(3)	590(A)(1)	SELF

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

832161 12-23-08

Schedule R (Form 990) 2008

51-0515757

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Schedule R (Form 990) 2008 BINGHAM, OSBORN & SCARBOROUGH FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership

Code V-UBI General or amount in box pariner?
20 of Schedule Pariner?
K-1 (Form 1065) Yes No Percentage ownership Schedule R (Form 990) 2008 3 £ Share of end-of-year assets Yes No Disproportion-£ Share of total income Œ Share of end-of-year assets 9 Type of entity (C corp, S corp, or trust) Œ Share of total income (D)
| Direct controlling entity Predominant income (related, investment, unrelated) (iii Legal domicile (state or foreign country) <u>©</u> (D)
(Direct controlling entity Primary activity Part IV Identification of Related Organizations Taxable as a Corporation or Trust Legal domicile (state or foreign country) Θ Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 832162 12-23-08

Schedule R (Form 990) 2008 BINGHAM, OSBORN & SCARBOROUGH FOUNDATION

Part V Transactions With Related Organizations

Note Complete ine 1 if any entity is listed in Date II III or IV			Yes	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		×
b Gift grant or capital contribution to other organization(s)		Đ		×
c Gift, grant, or capital contribution from other organization(s)		5		×
		₽		×
		1e		×
f Sale of assets to other organization(s)		=	-	×
		100		×
grandad or assets not one organization (s)		9	╁	¦⋈
		-		×
במספס כן ומכווונוסט, פקנוקרוזיסיוי, כן סנוני מססניט נס סנונים טופטיים (ע)				
j Lease of facilities, equipment, or other assets from other organization(s)		Ē		×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥		×
		=	X	
m Sharing of facilities, equipment, mailing lists, or other assets		πĮ		×
n Sharing of paid employees		무		×
o Reimbursement paid to other organization for expenses		9		×
p Reimbursement paid by other organization for expenses		đ		×
q Other transfer of cash or property to other organization(s)		19		×
		11.		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nsaction thresholds.			
(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved	volved	_
(1) MARIN COMM. FOUNDATION	ī	3	35,585	35.
(3)				
(4)				
(5)				
(9)				
832163 12-23-08	Scheo	Schedule R (Form 990) 2008	1 990) 2	5008

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Schedule R (Form 990) 2008 BINGHAM, OSBORN & SCARBOROUGH FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships