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Department of the

DLN: 93493032011857

OMB No 1545-0047

Open to Public Inspection

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Intern	al Reve	nue Serv	ıce						Inspection
A F	or the	2015 ca		ar beginning 07-01-2015 , and e	nding 06-30-20:	16			
B Ch	eck ıf aı	pplicable	C Name of organization Bingham Osborn & Scar	borough Foundation			D Empl	oyer id	entification number
	ddress c	_					51-0	5157	57
<u> </u>	ame cha nitial reti	-	Doing business as						
F		um					E Teleph	none nu	mber
_	/termina		Number and street (or 5 Hamilton Landing No	P O box if mail is not delivered to street 200	address) Room/su	iite	(415)464-	-2500
	nended Inlication	return n pendind	City or town, state or p	province, country, and ZIP or foreign posta	al code		- (413) +0+	2300
1 7	plication	i pendin <u>e</u>	Novato, CA 94949				G Gross	receipt:	s \$ 12,580,171
			F Name and addres	s of principal officer		H(a) Is	this a grou	n retur	n for
			DR THOMAS PETER	RS PHD			bordinates?	•	⊤ Yes 🗸
			5 Hamilton Landing Novato, CA 94949				lo	linator	
I Ta	ıx-exem	pt status	5 7 501(c)(3) 5 0	01(c)() ◀ (insert no) 4947(a)(1) or 527		e all subord cluded?	illates	Yes No
	ebsit e	e: ► No				If	"No," attac	h a list	t (see instructions)
							roup exemp		
K For	m of org	ganızatıor	Corporation Trus	st Association Other >		L Year o	f formation 2	004	M State of legal domicile Co
Pa	rt I	Sun	nmary						
	1 Br	refly de	scribe the organization	n's mission or most significant act	tivities				
	<u>CI</u>	HARITA	ABLE GRANT MAKING	<u>i</u>					
nce	=								
Ba	-								
Activities & Governance	2 (Check t	his box ▶ ☐ if the orga	nization discontinued its operatio	ns or disposed	of more tha	n 25% of it	s net a	assets
<u> </u>	3 1	Jumher	of voting members of t	the governing body (Part VI, line 1	a)			з	5
× 0 √.			-	members of the governing body (P	·			4	5
Ĭ			mber of individuals em		5	0			
∤ct	6 T	otal nu	mber of volunteers (es	timate if necessary)				6	5
4	7 a ⊺	otal un	related business rever	nue from Part VIII, column (C), lin	ne 12			7a	0
	b N	et unrel	ated business taxable	ıncome from Form 990-T, line 34				7 b	(
						P	rior Year		Current Year
a.	8	Contr	ributions and grants (P	art VIII, line 1h)			930	,685	10,399,245
Ravenue	9	_	•	art VIII, line 2g)		-		0	
λċ	10	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						,844	373,169
_	11							0	(
	12	12)	revenue—aud illies o i	1,163	1,163,529 10,77				
	13	Grant	s and similar amounts	paid (Part IX, column (A), lines 1	-3)		1,165	,354	2,166,856
	14	Benet	fits paid to or for memb	pers (Part IX, column (A), line 4)				0	(
ς	15	Salar 5-10		on, employee benefits (Part IX, col	lumn (A), lines			0	(
Expenses	16a		,	es (Part IX, column (A), line 11e)				0	
e d	ь		_	X, column (D), line 25) \triangleright^0				\dashv	
Δ	17		- · · ·	olumn (A), lines 11a-11d, 11f-24	le)		52	,376	70,304
	18			.3-17 (must equal Part IX, colum	•		1,217	-	2,237,160
	19	Reve	nue less expenses Su	btract line 18 from line 12			-54	,201	8,535,254
Net Assets or Fund Balances						Beginnin	g of Current	Year	End of Year
alan	20	Total	accete (Dart V. June 16	= \			10 706	642	10 252 225
A B	20			5)			10,796	,616	19,352,225
Neg Fig	22			Subtract line 21 from line 20 .		•	10,769		19,166,725
	rt II		nature Block				•		
my k	nowled	dge and	belief, it is true, correc	I have examined this return, inclu ct, and complete Declaration of pi	-				•
	arei IIa	із ану К	knowledge						
		***					2017-01-30		
Sign			nature of officer				Date		
Her	æ		Hartman CFO e or print name and title						
		17	Print/Type preparer's name] [Date	Gh	PTIN	
Pai	d		Katy Brown	Katy Brown		- 11	Check ıf self-employed	P006	50274
	pare	ΥΓ ⊢	Firm's name Armanino		•		Fırm's EIN 🟲 🤄		
	Onl		Firm's address ► 12657 Alco	osta Blvd Ste 500		[1	Phone no (92	5) 790-	2600
		, l	San Ramo	on, CA 945834600					

. ✓Yes No

orm	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🐿	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	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		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11 c		No
	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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

29

,	,	
: IV	Checklist of Required Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

complete Schedule J

Pa	rt IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
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,"	23	Yes	

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🛸 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Pait I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

35b

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Yes

Yes

Yes

Form 990 (2015)

Νo

Νo

Nο

Νo

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Νo

Nο

Nο

Nο

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	<u>v</u>		 Yes	. No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	0		163	140
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c		ے ne organization comply with backup withholding rules for reportable payments to ng (gambling) winnings to prize winners ک میں میں میں اور اور اور کا اور کا میں ہوتا ہے۔ اور کی اور کی اور کی		dors and reportable	1c		
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and	٠ ا	 			
	Tax S	tatements, filed for the calendar year ending with or within the year covered s return	2a	0			
b		ے east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b		
3a		ne organization have unrelated business gross income of \$1,000 or more during	,	•	3a		No
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>	on in S	Schedule O	3b		
4 a		y time during the calendar year, did the organization have an interest in, or a sign a financial account in a foreign country (such as a bank account, securities acc					
		int)?	ĺ		4a		No
b		s," enter the name of the foreign country 🕨					
	See in	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	and	Financial Accounts			
5a	,	· ' he organization a party to a prohibited tax shelter transaction at any time durin	a the	tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t	_		5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			35		
		-,			5c		
	organi	the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont	ributi	ons?	6a		No
b		s," did the organization include with every solicitation an express statement th not tax deductible?	at su	ch contributions or gifts	6b		
	_	nizations that may receive deductible contributions under section 170(c).					
	servic	ne organization receive a payment in excess of \$75 made partly as a contribution in the payor?			7a		No
		s," did the organization notify the donor of the value of the goods or services pi			7b		
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal proper	٠.	which it was required to	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		No
g	If the requir	organization received a contribution of qualified intellectual property, did the ored?	rganız • •	zation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd i	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus the year?	siness	s holdings at any time			NI -
q۵	_	ne sponsoring organization make any taxable distributions under section 49667	,		9a		No No
		ne sponsoring organization make any taxable distributions under section 4300. The sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		No
LO		on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facilit	receipts, included on Form 990, Part VIII, line 12, for public use of club ess	10b				
L1	Section	on 501(c)(12) organizations. Enter					
а	Gross	Income from members or shareholders	11a				
b		ncome from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
L2a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If"Ye	s," enter the amount of tax-exempt interest received or accrued during the	435				
L3	year Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.	12b				
а		e organization licensed to issue qualified health plans in more than one state? N o onal information the organization must report on Schedule O	ote. S	See the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
c		the amount of reserves on hand	13c				
L4a	Did th	ے ne organization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tion in	Schedule O	14b		

orm	990 (2015)					Page
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S.			or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI					<u> [</u>
Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,		3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?	, ,		7b		No
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction B. Policies (This Section B requests information about policies not			even	ue Cod	e.)
					Yes	No
10-	Did the organization have local chapters, branches, or affiliates?			102		No

10a Did the organization have local chapters, branches, or affiliates? 10a Nο If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Nο **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes Did the organization have a written document retention and destruction policy? 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Nο 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

▶SA HARTMAN 5 Hamilton Landing Novato, CA 94949 (415) 464-2500

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 Report compensation for the calendar year ending with or 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, or 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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h a	chec x, unlo n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) Ted Mitchell	0 10										
Member		×						0	0	(
(2) Ed Osborn Member	0 10	×						0	0	(
(3) Robert Sanderson Member	0 10	×						0	0	(
(4) Thomas Reicher Member	0 10	×						0	0	(
(5) Philip Feldman	0 10										
Member		×						0	0	(
(6) Thomas Peters President	0 50			х				0	530,569	63,591	
(7) SA Hartman	0 50										
CFO	40 00			X				0	320,255	86,399	
(8) Caroline Jensen Secretary (Through 10/25/15)	0 50			х				0	59,162	28,246	
(9) Ashley Smith	0 10										
Secretary (Start 10/26/15)	40 00			Х				0	14,346	2,621	

Part VII	Section A	. Officers,	Directors,	Trustees,	Key Employee:	s, and Highest	Compensated	Employees (continued)
----------	-----------	-------------	------------	-----------	---------------	----------------	-------------	-----------------------

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee individual trustee or director		Former	2/1099-MISC)	2/1099-MISC)	related organizations			
1b Sub-Total			•			•			•	
c Total from continuation sheetd Total (add lines 1b and 1c) .	s to Part VII, S			٠.	٠.	. •		0	924,332	180,857
Total number of individuals (in \$100,000 of reportable compe	cluding but not	limited	to the			d abov	e) wl	ho received more th	nan	Yes No

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee

on line 1a? If "Yes," complete Schedule J for such individual 3 Νo For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual . 4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5 Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year								
(A) Name and business address	(B) Description of services	(C) Compensation						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 99								Page 9
Part V	/++1	Statement o						_
		Check If Sched	ule O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w 83	1a	Federated camp	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es 1b					
يا الله	c	Fundraising eve	ents 1c					
ifts. ar A	d	Related organiz	ations 1d					
<u>ت</u> :	e	Government grants	s (contributions) 1e					
ons Sir	f f	All other contribution	ons, gifts, grants, and 1f	10,399,245				
neti her	'	sımılar amounts no	ot included above					
	g	Noncash contribution 1a-1f \$	ons included in lines	1,807,757				
Cont	h	Total. Add lines	s 1a-1f		10,399,245			
Program Service Revenue	2a b			Business Code				
3	c							
Servi	d							
Ē	e							
ogra	f	All other progra	am service revenue					
<u>&</u>	g	Total. Add lines	s 2a-2f					
	3		ome (including dividendar amounts)		376,569			376,569
	4		tment of tax-exempt bond					
	5	Royalties	<u> </u>	•				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(п) Other				
	7a	Gross amount from sales of assets other than inventory	1,804,357					
	ь	Less cost or other basis and	1,807,757					
		sales expenses Gain or (loss)	-3,400					
	c d	Net gain or (los	·		-3,400			-3,400
evenue		Gross income f events (not inc	rom fundraising					
Other Revenue	b	See Part IV, lin	a penses b					
O	c	Net income or ((loss) from fundraising	events ▶				
	9a	Gross Income f See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo		P				
	b c	_	oods sold b (loss) from sales of inve	entory ►				
		Miscellaneous		Business Code				
	11a							
	ь							
	С							
	d	All other revenu						
	e	Total. Add lines		•				
	12	Total revenue.	See Instructions	•	10,772,414	0	0	373,169

	990 (2015) IX Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	nlete column (A.)	
, , , , , , ,	Check if Schedule O contains a response or note to any line in t			· · · · · ·	
			(B)		(D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	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	2,121,869	2,121,869		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	44,987	44,987		
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				
ь	Legal				
с	Accounting				
d	Lobbying				
e	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 Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
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 (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Admin Assessment	70,304	35,152	35,152	
b		,	,	, -	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,237,160	2,202,008	35,152	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)	2,237,200	2,202,000	33,132	0

Part X	Bal	a r	ıce	Sł	1e

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X $$. $$.			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	108,712	2	578,239
	3	Pledges and grants receivable, net		3	
	4	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	
Assets	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 instructions) Complete Part II of Schedule L		6	
As	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10 c	
	11	Investments—publicly traded securities	10,687,930	11	18,773,986
	12	Investments—other securities See Part IV, line 11		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 equal line 34)	10,796,642	16	19,352,225
	17	Accounts payable and accrued expenses	4,616	17	0
	18	Grants payable	23,000	18	185,500
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
۸۵	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	_
ilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabi		persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	27,616	26	185,500
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶	·		<u> </u>
апс	27	Unrestricted net assets	10,769,026	27	19,166,725
- E	28	Temporarily restricted net assets		28	
פ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Vet	33	Total net assets or fund balances	10,769,026	33	19,166,725
_	34	Total liabilities and net assets/fund balances	10,796,642	34	19,352,225

Revenue less expenses Subtract line 2 from line 1 . . .

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) . . .

Cash ✓ Accrual COther

Both consolidated and separate basis

✓ Both consolidated and separate basis

10,769,026

1

2

3

8

9

10

Page 12

10,772,414

2,237,160

8,535,254

-137,555

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5 6 7

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

19,166,725 ▽ No 2a Νo

2b Yes 2c Yes

Nο

Form 990 (2015)

3a

3b

Schedule A (Form 990 or 990-EZ) 2015

51-0515757

SCHEDULE A (Form 990 or 990EZ)

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.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

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

1 2

3

Name of the organization **Employer identification number** Bingham Osborn & Scarborough Foundation

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

The organization is not a private foundation because it is $\,$ (For lines 1 through 11 , check only one box)

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) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 Provide the following information about the supported organization(s) Name of supported (ii)EIN (iii) (iv) (v) (vi) organization (i) Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes Nο (A) Marin Community Foundation 943007979 Yes 2,166,856 0 Total1 2,166,856 Cat No 11285F

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants)						
2	Tax revenues levied for the						
	organization'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 through 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)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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)						
L1	Total support. Add lines 7						
12	through 10 [Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	•	•	▶□
b	33 1/3% support test—2014. If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and stop here. The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- -
h	organization 10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 4	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, 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						
	business under section 513						
4	Tax revenues levied for the organization'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 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts 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 businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation ► [
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V,

Se	I, complete Sections A and D, and complete Part V) ection A. All Supporting Organizations			
36	Ection A. An Supporting Organizations		Yes	No
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	1	Yes	
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	2		No
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?			
	If "Yes," answer (b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a		No
Ī	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
	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 11a or 11b in Part I, answer (b) and (c) below	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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	70	<u> </u>	
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	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes		I I	
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)	5a		No
ь	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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		No
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 II of Schedule L (Form 990)	8		No
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 .	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		No
c	Did a disqualified person (as defined in line 9(a)) 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 .	9c		No
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		No
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)	10b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		No
b	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		No

Part IV	Supporting	Organizations	(continued)

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Saction	. D	Typo	TC	unnarti	na Or	a - ni - :	stions

Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or iemove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)			
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		No
Se	ection C. Type II Supporting Organizations			
36	schon C. Type 11 Supporting Organizations		Yes	No
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 supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	165	NO
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	The result of the rest the significance of game and significance of game actions played in this regard			
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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	2a		
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

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

each of the supported organizations? Provide details in Part $\it VI$

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	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		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)					
Section D - Distributions			Current Year					
1 Amounts paid to supported organizations to accom	plish exempt purposes							
2 A mounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity								
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons						
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval rec	quired)							
6 Other distributions (describe in Part VI) See instru	ictions							
· · · · · · · · · · · · · · · · · · ·	20010115							
7 Total annual distributions. Add lines 1 through 6								
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide						
9 Distributable amount for 2015 from Section C, line	6							
10 Line 8 amount divided by Line 9 amount								
		T	I					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
1 Distributable amount for 2015 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2015								
a								
b								
<u>c</u>								
d From 2013								
e From 2014								
f Total of lines 3a through e g Applied to underdistributions of prior years								
h Applied to 2015 distributable amount								
i Carryover from 2010 not applied (see instructions)								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2015 from Section D, line 7 \$								
Applied to underdistributions of prior years								
b Applied to 2015 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7 Excess distributions carryover to 2016. Add lines 31 and 4c								
8 Breakdown of line 7								
a								
b								
c Excess from 2013								
d From 2014								
e From 2015								
			(F 000 000 F7) /2.01 F					

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DLN: 93493032011857

SCHEDULE D

(Form 990)

Department of the

Treasury

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

Internal Revenue Service **Employer identification number** Name of the organization Bingham Osborn & Scarborough Foundation 51-0515757 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 45 Aggregate value of contributions to (during 10,399,245 Aggregate value of grants from (during year) 2,166,856 Aggregate value at end of year 19,352,225 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? √ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ✓ Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	toric	al T	reası	ures, or (Other S	Similar A	ssets
3		the organization's acquisition, acception items (check all that apply)	ession, and other rec	ords, ch	neck ar	ny of	the foll	lowing that	are a sıç	gnificant us	e of its
а		Public exhibition		d		Loar	orex	change pro	grams		
b	Γ.	Scholarly research		e	Г	Othe	er				
c		Preservation for future generations									
4	Provi Part)	de a description of the organization's KIII	s collections and exp	laın hov	w they	furth	er the	organızatıoı	n's exem	ıpt purpose	ın
5		g the year, did the organization solic s to be sold to raise funds rather tha								r Ve s	s
Pa	rt IV		ngements.	-						· · · · · · · · · · · · · · · · · · ·	<u>'</u>
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interr	mediary	for co	ntrıbı	utions	or other ass	sets not	┌ Yes	s
b	If'	'Yes," explain the arrangement in Pa	art XIII and complete	e the fol	lowing	table	e			Am	ount
C	Be	ginning balance						10	:		
d	Αd	ditions during the year						1d			
е	Dis	tributions during the year						1e			
f		ding balance						1f			
2 a	Did th	ne organization include an amount or	n Form 990, Part X, I	ıne 21,	for esc	row	or cust	odial accou	ınt lıabılı	ity? Ye s	s ✓ No
b	If"Y∈	es," explain the arrangement in Part	XIII Check here if t	he expl	anatıor	n has	been	provided in	Part XII	ı	🗆
Pa	rt V	Endowment Funds. Complet	te ıf the organızatı	on ans	were	J "Y€	es" to	Form 990	, Part I	V, line 10.	
			(a)Current year	(b) Pr	or year	_	b (c) ⊤w	o years back	(d)Three	years back	(e)Four years back
1 a		nning of year balance									
b	Cont •	ributions · · · · · · · ·									
С	Net i losse	nvestment earnings, gains, and es									
d	Gran	ts or scholarships									
е		r expenditures for facilities programs 									
f	A dmı	nistrative expenses									
g		of year balance									
2		de the estimated percentage of the o	current year end bala	nce (lır	ie 1g, d	olum	nn (a))	held as		'	
а	Board	l designated or quasi-endowment ▶									
b	Perm	anent endowment ▶									
c		orarily restricted endowment > ercentages on lines 2a, 2b, and 2c :	should equal 100%								
3а	A re tl	nere endowment funds not in the pos ization by	·	ızatıon	that ar	e hel	d and a	administere	d for the	·	Yes No
	(ii) re	related organizations						•		3a 3a	(i) (ii)
b		es" on 3a(II), are the related organiza					•			3	b
4	_	ribe in Part XIII the intended uses o		endowm	ent fur	nds					
Pa	rt VI	Land, Buildings, and Equiporation a		orm 9	90. Pa	art IV	V. line	11a.See	Form 9	90. Part X	, line 10.
		Description of property		(a	Cost o		r basıs	(b) Cost or other b (other)		Accumulated c)depreciation	d (d)Book value
1a	Land							()			
b	Buildin	gs									
		nold improvements		.			$\neg \uparrow$				
		nent		.							
e	Other										
		lines 1a through 1e (Column (d) mus		X colu	mn (B)	line	10(c)		•	•	0

	See Form 990, Part X, line 12.			
	(a) Description of security or categ (including name of security)	ory	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
1) Financia	al derivatives			Cost of end-of-year market valu
2) Closely-	-held equity interests			
3) O ther				
otal. (Colun	nn (b) must equal Form 990, Part X, col (B) line 12	}		
art VIII	Investments—Program Related	•		
	Complete if the organization answe	red 'Yes' on Form 99		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
				, , , , , , , , , , , , , , , , , , , ,
otal. (Colum	mn (b) must equal Form 990. Part X, col (B) line 13)) >		
	onn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organiz	· -	n Form 990, Part IV, line	11d See Form 990, Part X, line 15
	Other Assets. Complete if the organiz	· -	ı Form 990, Part IV , line	11d See Form 990, Part X, line 15 (b) Book value
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	ı Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	ı Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	n Form 990, Part IV, line	
Part IX	Other Assets. Complete if the organiz (a) Do	ration answered 'Yes' or		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) Do	ne 15)		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) Do (a) Do (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the o	ne 15)		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) Do	ne 15)		(b) Book value
otal. (Colu	Other Assets. Complete if the organize (a) Do (a) D	ne 15) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organize (a) Do (a) D	ne 15) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) Do (a) Do (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) Do (a) Do (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) Do (a) Do (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) Do (a) Do (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) Do (a) Do (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) Do (a) Do (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) Do (a) Do (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answere		(b) Book value
Part IX Otal. (Colu Part X	Other Assets. Complete if the organiz (a) Do (a) Do (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) Do (a) Do (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answere		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) Do (a) Do (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answere		(b) Book value
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otal. (Colu Part X	Other Assets. Complete if the organiz (a) Description of liability ome taxes	ne 15)		(b) Book value
otal. (Colum	Other Assets. Complete if the organiz (a) Do (a) Do (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability	ne 15)	ed 'Yes' on Form 990,	(b) Book value

Schedule D (Form 990) 2015

information

Return Reference

ne organization answered 'Yes' on Form 990, Par and other support per audited financial statements .	'	1	10,634,859
line 1 but not on Form 990, Part VIII, line 12			10,054,055
(losses) on investments 2	-137,555		
d use of facilities	'		
ear grants	:		
art XIII)	.		
		2e	-137,555
line 1	-	3	10,772,414
Form 990, Part VIII, line 12, but not on line 1		3	10,772,414
s not included on Form 990, Part VIII, line 7b . 4a			
art XIII) 4Ł		4c	0
			
nes 3 and 4c. (This must equal Form 990, Part I, line 12		5	
	ments With Expense	_	10,772,414 irn.
	ments With Expense t IV, line 12a.	_	ırn.
nes 3 and 4c .(This must equal Form 990, Part I, line 12 on of Expenses per Audited Financial State ne organization answered 'Yes' on Form 990, Par	ments With Expense t IV, line 12a.	s per Retu	
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nes 3 and 4c.(This must equal Form 990, Part I, line 12 on of Expenses per Audited Financial State ne organization answered 'Yes' on Form 990, Part osses per audited financial statements	ments With Expense t IV, line 12a. ta tb tc td	s per Retu	2,237,160
nes 3 and 4c.(This must equal Form 990, Part I, line 12 on of Expenses per Audited Financial State ne organization answered 'Yes' on Form 990, Part osses per audited financial statements	ments With Expense t IV, line 12a. ta tb tc td	s per Retu	2,237,160 0
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Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional

Explanation

Schedule D (Form 990) 2015		Page 5				
Part XIII Supplemental Information (continued)						
Return Reference	Explanation					

efile GRAPHIC pri	int - DO NOT	PROCESS	As Filed Da	ta -		DLN: 93	3493032011857
SCHEDULE F (Form 990)	Stat	ement of	Activities (Outside the Unit	ed States		MB No 1545-0047
Department of the Treasury Internal Revenue Service	▶ Informati	·	Part IV, line ► Attach t	n answered "Yes" to Form 14b, 15, or 16. To Form 990. and its instructions is at w	·		2015 Open to Public Inspection
Name of the organization Bingham Osborn & Sca		lation			Employe 51-051		ication number
				he United States. orm 990, Part IV, line	L	3737	
-	tance, the gra	antees' eligibi		Is to substantiate the ants or assistance, and	-		√ Yes No
2 For grantmake assistance outs			rganızatıon's p	rocedures for monitori	ng the use of its	grants	and other
3 Activites per Reg	jion (The follov	ung Part I, line	3 table can be d	uplicated if additional spa	ace is needed)		
(a) Regior	n	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in program service, de specific type o service(s) in reg	escribe of	(f) Total expenditures for and investments in region
(1) North America		0	 	Grantmaking			4,500
(2) Sub-Saharan Afr	ica	0	0	Grantmakıng			20,800
(3) Central America Caribbean	and The	0	0	Grantmakıng			3,435
(4) South Asia		0	0	Grantmakıng			16,000
(5) Middle East and	North Africa	0	0	Grantmakıng			252
3a Sub-total		O	0				44,987
b Total from contin to Part I	uation sheets	0	0				(
c Totals (add lines	3a and 3b)	C	0				44,987

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

Cat No 50082W

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

organization	and EIN (if applicable)		grant	cash grant	disbursement	assistance	assistance	(book, FMV, appraisal, other)
(1)		Sub-Saharan Africa	Relief Assistance	10,000	Wire			
(2)		Sub-Saharan Africa	Renovate Classrooms	9,800	Wire			
(3)		South Asia	Artıfact and Artwork Restoration	10,000	Wire			
(4)		South Asia	Cultural Presevation and Higher Education	6,000	Wire			

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of assistance recipients cash grant disbursement of non-cash valuation non-cash assistance (book, FMV, assistance appraisal, other) (1) (2) (3) (8) (9)

(4) (5) (6) (7) (10) (11) (12) (13) (14) (15) (16) (17)

(18) Schedule F (Form 990) 2015

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

Yes ▼ No

Old the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990)

Yes **▼** No

Additional Data

Software ID: Software Version:

EIN: 51-0515757

Name: Bingham Osborn & Scarborough Foundation

Schedule F (Form 990) 2015

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493032011857 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Bingham Osborn & Scarborough Foundation 51-0515757 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (d) A mount of cash **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Part IV Supplemental Information	tion. Provide the info	rmation required in P	ı art I, lıne 2, Part III,	column (b), and any other	addıtıonal ınformatıon.

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference Explanation

Part I, Line 2 To qualify for a grant distribution from the foundation a grantee must be able to satisfy the foundation's due diligence requirements. This process includes making an independent investigation of the prospective grantee to establish that it qualifies to receive the grant. The grantee organization must also have the capacity to fulfill the terms of the grant and be willing to furnish the foundation with any required evaluative reports. For grants originating from donor-advised funds, each grantee is instructed 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 I (Form 990) 2015

Additional Data

Software ID: Software Version:

EIN: 51-0515757

Name: Bingham Osborn & Scarborough Foundation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	, , ,	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
10000 Degrees 1650 Los Gamos Drive Suite 110 San Rafael,CA 94903	95-3667812	501(c)(3)	20,500				Provide Scholarship Support		
A Friendly Manor 2298 San Pablo Avenue Oakland,CA 94612	68-0335885	501(c)(3)	10,000				provide operating support		
American Conservatory Theatre 30 Grant Avenue Seventh Floor San Francisco, CA 94108	94-6135772	501(c)(3)	9,500				provide operating support		

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 501(c)(3) 10,000 Aurora Theatre Company 94-3168663 provide operating 2081 Addison Street support Berkeley CA 94704

support

DCIRCICY, CA JT/07					
Belvedere-Tiburon Library Foundation PO Box 483 Tiburon,CA 94920	68-0280522	501(c)(3)	16,250		support the capital campaign
Calıfornıa Fılm Institute	94-2498062	501(c)(3)	12,500		provide operating

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

California Film Institute 1001 Lootens Place Suite

San Rafael, CA 94901

220

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 45-2785580 501(c)(3) 6,000 Christian International House provide operating of Praver support 5121 Thompson Terrace

Suite A Colleyville,TX 76034					
Community Initiatives 354 Pine Street Suite 700	94-3255070	501(c)(3)	43,000		support People i

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

San Francisco, CA 94104

rt the Fund for n Parks

94-1687847 501(c)(3) 15,000

East Bay Zoological Society

provide operating 9777 Golf Links Road support Oakland, CA 94605

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Hospice By The Bay 94-2890791 501(c)(3) 30,005 provide operating 17 Fast Sir Francis Drake support Boulevard

A cre project

١.	Larkspur, CA 94939					
	Kino Border Initiative Inc PO Box 159 Nogales,AZ 856280159	26-3623357	501(c)(3)	30,000		provide operating support
	Marin Agricultural Land Trust	94-2689383	501(c)(3)	17.000		support the Save An

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 809

949560809

Point Reyes Station, CA

(a) Name and address of (b) EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 204,557 Marin Community Foundation 94-3007979 501(c)(3) provide grant-making 5 Hamilton Landing Suite 200 support le operating

burchase forklift

12,500

Novato, CA 94949					
Menlo School 50 Valparaiso Avenue Atherton CA 94027	94-3204137	501(c)(3)	525,000		provide support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

41-2111171

Monument Crisis Center

Pleasant Hill, CA 94523

PO Box 23973

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Muir Heritage Land Trust 501(c)(3) 10,000 68-0194652 support Carr Ranch PO Box 2452 Property

Martinez, CA 94553					
National Parks Conservation Association	53-0225165	501(c)(3)	15,000		support the parkscapes
777 6th Street NW Suite 700					program
Washington, DC 200013723					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

40 West 20th Street New York, NY 10011

Natural Resources Defense 13-2654926 501(c)(3) 8,250 provide operating Council support

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Naturebridge 501(c)(3) 10.500 provide operating 94-2145930 28 Geary Street Suite 650 support

San Francisco, CA 94108					
O akland Children's Fairyland Inc	94-3209054	501(c)(3)	10,000		provide operating support
699 Bellevue Avenue					

30,500

provide operating

support

Oakland, CA 94610

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Orinda Foundation

Orinda, CA 94563

28 Orında Wav

51-0172525

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Pathways Home Health and 94-2823240 501(c)(3) 10,000 support underwriting Hospice costs 585 North Mary Avenue Suppyyala CA 040852005 rt design

Julilly Valc, CA J40032303					
Peace Corps Foundation 3601 Connecticut Avenue NW Suite 504	01-0554700	501(c)(3)	95,000		support o developn
Washington, DC 20008					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

123 William Street 10th Floor New York, NY 10038

pment Planned Parenthood 13-1644147 501(c)(3) 9,500 provide operating Federation of America Inc. support

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Resources for the Future Inc 53-0220900 501(c)(3) 10,000 provide operating

1616 P Street NW Washington, DC 20036					support
Restaurant Opportunities Centers ROC United Inc 275 7th Avenue Suite 1703	01-0939141	501(c)(3)	20,000		provide operating support

exhibition

New York, NY 10001 San Antonio Museum of Art 74-2689943 501(c)(3) 5,650 re-mounting scrolls for

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

200 W Jones Avenue San Antonio, TX 78215

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) San Francisco Ballet 94-1415298 501(c)(3) 24,000 provide operating Association support 455 Franklin Street e operating

San Francisco, CA 94102					
San Francisco Opera Association 301 Van Ness Avenue San Francisco, CA	94-0836240	501(c)(3)	20,000		provide d support

941024509

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

941024585

San Francisco Symphony 94-1156284 501(c)(3) 12,500 provide operating 201 Van Ness Avenue

support San Francisco, CA

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Self-Realization Fellowship 95-1942336 501(c)(3) 16,500 support the New East Church Bay Temple Fund 2000 C--- D-6-- L A -----

Los Angeles, CA 900653298					
Shelter Inc of Contra Costa County 1333 Willow Pass Road Suite	68-0117241	501(c)(3)	20,000		support the Sustainability Fund

206 Concord, CA 94250

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

New York, NY 10010

5,500 Smile Train Inc 13-3661416 501(c)(3) provide operating

41 Madison Avenue 28th support Floor

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) SquashDrive 27-0719761 501(c)(3) 17,500 provide operating PO Box 99165 support Emeryville, CA 94662 ST MARYS COLLEGE OF 94-1156599 501(c)(3) 22,500 provide operating CALIFORNIA support PO Box 4300

provide operating

support

18,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Moraga, CA 94575

Trustees of the Leland

Stanford Junior Univers PO Box 20466 Stanford, CA 94305

Stanford University Board of

94-1156365

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Sustainable Lafavette 26-4130302 501(c)(3) 8.500 laarden and outdoor 3510 Hamlin Road learning center ıds programs,

campaign

Lafayette, CA 945495006					
The Dipsea Race Foundation PO Box 10 Mill Valley,CA 94942	68-0405142	501(c)(3)	9,000		trails, kids programs, scholarships
The Oakland Museum of	94-3094513	501(c)(3)	25,000		support the capital

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

California Foundation

1000 Oak Street Oakland, CA 94607

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) University of California 94-6090626 501(c)(3) 21,000 operating support and Berkeley Foundation financial aid 2080 Addison Street Suite 4200

Berkeley, CA 947044200					
University of California San Francisco Foundation PO Box 45339 San Francisco, CA	94-2829914	501(c)(3)	5,500		support r departme

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 17126

Denver, CO 802179155

t medical ments

University of Colorado 84-6049811 501(c)(3) 10,000 help purchase new Foundation cabinets

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Wagner Ranch Parents Club 91-1800943 501(c)(3) 11.000 provide operating 3050 Camino Pablo support scholarship & ing support

support

Orinda, CA 94563					
Yale University PO Box 2038 New Haven, CT 06521	91-1864328	501(c)(3)	13,000		provide scholarship operating support
Yosemite Foundation	94-3058041	501(c)(3)	10,000		provide operating

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

101 Montgomery Street Suite

San Francisco, CA 94104

1700

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 94-0997140 501(c)(3) 21,000 Young Mens Christian support youth Association of San Francisco programming 50 California Street Suite 650

San Francisco, CA 941114607					
Youth in Arts 917 C Street San Rafael, CA 94901	94-2178597	501(c)(3)	30,005		provide operating support

501(c)(3) 20,500 Regents of the University of 94-6002123 provide scholarship & California at Berkeley operating support 2080 Addison Street 4200

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Berkeley, CA 947044200

(a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 04-2103542 501(c)(3) 15.000 Trustees of Amherst College provide scholarship PO Box 5000 support Amherst, MA 010025000 Saint Joseph Notre Dame 87-0713302 Not Registered 6,000 lendowment fund High SchoolUnited States support Conference of Catholic Bi

8,500

provide operating

support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Not Registered

1011 Chestnut Street
Alameda, CA 94501

Trinity Parish - Holy Trinity

330 Ravenswood Avenue Menlo Park, CA 94025

Episcopal Church

94-1219133

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (e) Amount of non- (f) Method of valuation (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance other) or government assistance Moraga Valley Presbyterian 94-1546653 Not Reaistered 15,000 provide operating ChurchThe United support Presbyterian Church in the Uni 10 Moraga Valley Lane Moraga, CA 94556 St Cyril of Alexandria Parish 86-6003834 Not Registered 10,000 provide operating

support

4725 Fast Pima Street

Tucson, AZ 85712

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Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

2015

OMB No 1545-0047

DLN: 93493032011857

Open to Public

Schedule J (Form 990)

Treas	tment of the ury al Revenue Service	▶ Information about Schedule J (Fo	orm 990)) and its instructions is at <u>www.irs.</u>			o Pul ectio			
Nar	me of the organiz				Employer identificati	on nur	nber			
Bing	ham Osborn & Scarb	porough Foundation			51-0515757					
Pa	rt I Questi	ons Regarding Compensatior	1							
							Yes	No		
1a		opiate box(es) if the organization pro Section A , line 1a Complete Part III								
	First-clas	s or charter travel		Housing allowance or residence for	personal use					
	Travel for	companions		Payments for business use of pers	onal residence					
	Tax idemr	nification and gross-up payments		Health or social club dues or initia	ion fees	ļ				
	Discretion	nary spending account		Personal services (e g , maid, chai	ffeur, chef)	 	İ	l I		
b		the boxes in line 1a are checked, did the organization follow a written policy regarding payment or ement or provision of all of the expenses described above? If "No," complete Part III to explain								
2		ation require substantiation prior to re								
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?									
3	organization's (, if any, of the following the filing orgar CEO/Executive Director Check all th ed organization to establish compens	at apply	Do not check any boxes for metho	ds					
	used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract									
	Independent compensation consultant Compensation survey or study									
	Form 990	of other organizations	Г	Approval by the board or compens	ation committee	 	l I	 		
4	During the year or a related org	r, did any person listed on Form 990, anization	Part VII	, Section A , line 1a with respect to	the filing organization					
а	Receive a seve	rance payment or change-of-control	payment	7		4a		No		
b	Participate in, o	or receive payment from, a supplemer	ntal nond	qualified retirement plan?		4b		Νo		
c	Participate in, o	or receive payment from, an equity-ba	ased con	npensation arrangement?		4c		Νo		
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the	e applicable amounts for each item i	n Part III					
		, 501(c)(4), and 501(c)(29) organizat		•						
5	For persons list compensation of	ted on Form 990, Part VII, Section A contingent on the revenues of	, line 1a	, did the organization pay or accrue	any					
а	The organizatio	on?				5a		Νo		
b	Any related org					5b		Νo		
	If "Yes," on line	e 5a or 5b, describe in Part III								
6	•	ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	, did the organization pay or accrue	any					
а	The organizatio	on?				6a		Νo		
b	Any related org	ganization?				6b		Νo		
	•	e 6a or 6b, describe in Part III								
7		ted on Form 990, Part VII, Section A described in lines 5 and 67 If "Yes," d			n-fixed	7		No		
8		ints reported on Form 990, Part VII, p nitial contract exception described in				8		No		
9	If "Yes" on line	8. did the organization also follow the	e rebutta	able presumption procedure describe	ed in Regulations					

section 53 4958-6(c)?

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	· •	(E) Total of columns	(F) Compensation in
		Base (ı) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 Thomas PetersPresident	(i)	0	0	0	0	0	0	0
	(ii)	431,272	0	99,297	31,800	31,791	594,160	0

2 SA HartmanCFO 293,147 27,108 67.800 18.599 406.654

Return Reference	Explanation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Part IIII Supplemental Inform	nation
Schedule J (Form 990) 2015	Page 3

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE M**

DLN: 93493032011857

Noncash Contributions

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

2015

OMB No 1545-0047

Open to Public Inspection

Department of the

(Form 990)

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Treasury Internal Revenue Service

Employer identification number Name of the organization Bingham Osborn & Scarborough Foundation 51-0515757 Types of Property (a) (b) (d) (c) Number of contributions Method of determining Check Noncash contribution ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g Art—Works of art . . . Art-Historical treasures Art—Fractional interests Books and publications Clothing and household 6 Cars and other vehicles 7 Boats and planes . . . Intellectual property . . 9 Securities-Publicly traded . Х 31 1,807,757 FMV **10** Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Oualified 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 ▶ (_____) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used Νo

for exempt purposes for the entire holding period? . 30a **b** If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

contributions?

Cat No 51227J

Schedule M (Form 990) (2015)

32a

Yes

Νo

Part I. Column (b) ITHIS NUMBER REFLECTS THE NUMBER OF CONTRIBUTIONS. NOT THE NUMBER OF ITEMS

Schedule M (Form 990) (2015)

CONTRIBUTED

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.

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

OMB No. 1545-0047 2015 Open to Public Inspection

DLN: 93493032011857

Department of the

Internal Revenue

Name of the organization

Bingham Osborn & Scarborough Foundation

Treasurv

Service

51-0515757

Employer identification number

990 Schedule O, Supplemental Information

Return Reference **Explanation** Form 990, Part VI, Section B, line 11 The Form 990 is provided to the chief financial officer and vice president for finance for review before filing Form 990. Part VI. Section B. line All members of the governing board, officers and key employees must review the conflict of 12c interest policy and complete a questionnaire concerning compliance on an annual basis. The e forms are reviewed by the corporate secretary and CFO to ensure ongoing compliance and d etermine 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

990 Schedule O, Supplemental Information

Reference	Explanation
Form 990, Part VI, Section B, line 15	The Bingham, Osborn & Scarborough Foundation does not have any paid staff. If the fund were to hire executive staff it would follow the policies and procedures of its parent organization, the Marin Community Foundation (MCF). MCF's top management official's compensation package is reviewed and decided annually by the Board of Directors. A compensation committee comprised of several independent Board members of the Board of directors is established annually. Every few years, the committee engages an independent executive compensation consultant to evaluate the President's compensation package to determine if the components, as well as the package as a whole continue to be fair and reasonable.
Form 990, Part VI, Section C, line 18	The Form 990 is available upon request

Explanation

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Part VI, Section C, line 19	Governing documents, conflict of interest policy and financial statements are available upon request

The process has not changed from the prior year

FORM 990, PART XII, LINE 2C

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DLN: 93493032011857
OMB No 1545-0047

Employer identification number

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Bingham Osborn & Scarborough Foundation

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

				51-05157	57			
Part I Identification of Disregarded Entities Complete	ıf the organization	answered "Yes" or	n Form 990, Pa	art IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	D	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the		he organization an	swered "Yes"	on Form 990, Pa	rt IV, I	ine 34 because it	had one	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion (e) Public charity s (if section 501)	status c)(3))	(f) Direct controlling entity	Section (13) co	g) 512(b) ontrolled tity?
							Yes	No
iee Addıtıonal Data Table								T
or Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	1 35Y			Schedule R (Forr	n 990) 2	015

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	line 34
	because it had one or more related organizations treated as a partnership during the tax year.			

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Il Direct Predominant Sille controlling income(related, unrelated, unrelated, excluded from	Predominant income(related, to unrelated, excluded from tax under sections 512-	Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
] 3117			Yes	No	1	Yes	No		
Part TV Identification of Polated Organizations Taxable a	<u> </u>			<u> </u>									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Chedule K (Form 990) 2013					Ра	ge 3			
Part V Transactions With Related Organizations Complete if the organization answer	wered "Yes" on Form	990, Part IV, line	: 34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No			
b Gift, grant, or capital contribution to related organization(s)				1b	Yes				
${f c}$ Gift, grant, or capital contribution from related organization(s)				1 c		No			
d Loans or loan guarantees to or for related organization(s)				1d		No			
f e Loans or loan guarantees by related organization(s)				1e		No			
f Dividends from related organization(s)				1f		No			
g Sale of assets to related organization(s)				1 g		No			
h Purchase of assets from related organization(s)				1h		No			
i Exchange of assets with related organization(s)									
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1 j		No			
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No			
${f m}$ Performance of services or membership or fundraising solicitations by related organization(s) .				1m	Yes				
$m{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No			
o Sharing of paid employees with related organization(s)				10		No			
p Reimbursement paid to related organization(s) for expenses				1 p		No			
q Reimbursement paid by related organization(s) for expenses				1q		No			
${f r}$ Other transfer of cash or property to related organization(s)				1r		No			
s Other transfer of cash or property from related organization(s)				1 s		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple			1	ds					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount II	nvolved	ı			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

Name, actives, and FIN of entity Capt Capt	revenue) that was not a related organization. See instructions i													
	(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(related, unrelated, excluded from tax under sections 512-	org	01(c)(3) anizations?	total	total end-of-year	(h) Disproprtionate r allocations?		Code V-UBI amount in box 20 of Schedule K-1	General or managing partner ²		(k) Percentage ownership
	9			314)	Yes	No			Yes	No		Yes	No	
													1 I	
														_
														_
														_



Software ID: **Software Version:**

EIN: 51-0515757

Name: Bingham Osborn & Scarborough Foundation

Form 990, Schedule R, Part II - Identification of Re			1 40	1	1 65	1 .	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section (b)(continue of the continue of the co	g) on 512 (13) rolled
10000 Degrees 781 Lincoln Avenue Suite 140 San Rafael, CA 94901 95-3667812	Scholarship	CA	501(c)(3)	Line 11a, I	Marin Community Foundation	Yes	No No
Alcohol Justice 24 Belvedere Street San Rafael, CA 94901 68-0152770	Promote public health	CA	501(c)(3)	Line 11a, I	Marin Community Foundation		No
Dagmar Dolby Fund 5 Hamilton Landing Suite 200 Novato, CA 94949 47-5332690	Grantmakıng	CA	501(c)(3)	Line 11a, I	Marin Community Foundation		No
Donald B Tanklage and Carole F Tanklage Foundation 5 Hamilton Landing Suite 200 Novato, CA 94949 20-0089179	Grantmakıng	CA	501(c)(3)	Line 11a, I	Marin Community Foundation		No
Fullerton Family Foundation 5 Hamilton Landing Suite 200 Novato, CA 94949 94-3316190	Grantmaking	CA	501(c)(3)	Line 11a, I	Marin Community Foundation		No
Kurland Family Foundation 5 Hamilton Landing Suite 200 Novato, CA 94949 87-0749260	Grantmaking	CA	501(c)(3)	Line 11a, I	Marin Community Foundation		No
Lynx Foundation 5 Hamilton Landing Suite 200 Novato, CA 94949 26-2717594	Grantmakıng	CA	501(c)(3)	Line 11a, I	Marin Community Foundation		No
Margaret E Haas Fund 5 Hamilton Landing Suite 200 Novato, CA 94949 51-0533111	Grantmakıng	CA	501(c)(3)	Line 11a, I	Marin Community Foundation		No
Marin Community Foundation 5 Hamilton Landing Suite 200 Novato, CA 94949 94-3007979	Grantmakıng	CA	501(c)(3)	Line 8	N/A		No
MCF Charitable Fund 5 Hamilton Landing Suite 200 Novato, CA 94949 84-1695823	Support Marin Community Foundation and its goals	CA	501(c)(3)	Line 11b, II	Marin Community Foundation		No
MCF Gift Fund Inc 5 Hamilton Landing Suite 200 Novato, CA 94949 68-0477815	Support Marin Community Foundation and its goals	CA	501(c)(3)	Line 11b, II	Marin Community Foundation		No
MCF One 5 Hamilton Landing Suite 200 Novato, CA 94949 51-0666996	Support Marin Community Foundation and its goals	CA	501(c)(3)	Line 11b, II	Marin Community Foundation		No
MCF Property Holdings Inc 5 Hamilton Landing Suite 200 Novato, CA 94949 94-3274626	To provide leased properties for non-profit organizations	CA	501(c)(3)	Line 11b, II	Marin Community Foundation		No
Peter E Haas Jr Family Fund 5 Hamilton Landing Suite 200 Novato, CA 94949 14-1962681	Grantmakıng	CA	501(c)(3)	Line 11a, I	Marin Community Foundation		No
Pirkle Jones Foundation 5 Hamilton Landing Suite 200 Novato, CA 94949 68-0664486	Grantmakıng	CA	501(c)(3)	Line 11a, I	Marin Community Foundation		No