		PUBLIC DISCLOSURE COPY - STATE REGISTRAT	ION NO	• CT-07	
For	" 9	90 Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priv	ne Tax	OMB No. 1545-0047
		of the Treasury Do not enter social security numbers on this form as it may I	-		Open to Public
		enue Service Information about Form 990 and its instructions is at www e 2014 calendar year, or tax year beginning OCT 1, 2014 and ending	<u>v.irs.gov/foi</u> ਵਿਸ਼ਹਿ ੨	<u>77990.</u> 0, 2015	Inspection
	heck if				ation number
D a	pplicab			pioyer identific	
	Addr	BAY FOUNDATION OF MORRO BAY			
	Name			77-02	215847
	Initial returr	Number and street (of P.O. box ii mail is not delivered to street address) Room/st		phone number	
	Final returr termi		_)772-3834
	ated Amer	City or town, state or province, country, and ZIP or foreign postal code		s receipts \$	6,648,719.
	_lreturr ∃Appli	MORRO BAI, CA 95442		this a group re	
	⊥tiò'n pend	IF Name and address of principal officer: O O E D NEED		r subordinates	
<u> </u>					cluded? Yes No
		ite: ► WWW.BAYFOUNDATIONMB.ORG		roup exemption	,
					State of legal domicile: CA
	art I				otato or logal domininio, -
	1	Briefly describe the organization's mission or most significant activities: TO PROVI	DE LEA	DERSHIP	IN
ů Ľ		RESTORING, ENHANCING, AND PROTECTING THE MAR	INE RE	SOURCES	AND
rna	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25	5% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			9
ۍ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			19
Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	95
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				r Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	1	72,942.	893,695.
Revenue	9	Program service revenue (Part VIII, line 2g)		8,819. 11,818.	1,074,322. 1,006,917.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	/	12,300.	9,945.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1 5	05,879.	2,984,879.
	12 13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,5	03,075.	5,000.
	14			0.	0.
6			5	39,814.	538,903.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 14,353.		0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25) 14, 353.			
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6	64,090.	1,209,945.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		03,904.	1,753,848.
	19	Revenue less expenses. Subtract line 18 from line 12	3	01,975.	1,231,031.
or				of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		93,961.	14,553,498.
t As id B	21	Total liabilities (Part X, line 26)		25,260.	169,979.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	14,4	68,701.	14,383,519.
Pa	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta			knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepared	arer has any l	knowledge.	

Sign	Signature of officer			Date
Here	JOEL NEEL, PRESIDENT			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	SHERRI Y. PARKINSON			self-employed P00672488
Preparer	Firm's name 🕞 GLENN BURDETTE			Firm's EIN 95-2772601
Use Only	Firm's address 1150 PALM STREET			
	SAN LUIS OBISPO,	CA 93401		Phone no. 805 - 544 - 1441
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
432001 11-0	7-14 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2014) BAY FOUNDATION OF MORRO BAY	77-021	5847	Page
Par	t III Statement of Program Service Accomplishments			_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u></u>	L
1	Briefly describe the organization's mission: TO PROVIDE LEADERSHIP IN RESTORING, ENHANCING, AND PROT MARINE RESOURCES AND WATERSHEDS OF MORRO BAY, ESTERO BA			
	CENTRAL COAST OF CALIFORNIA.			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Yes	XNo
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.	ers, the total e	expenses,	and
4a	(Code:) (Expenses \$ 1,486,141. including grants of \$ 5,000.) (Reven STUDIED, CONSERVED, AND ENHANCED MORRO BAY AND ITS ASSO	Je \$ 1 CIATED	,074, WETLA	
	AND WATERSHED ENVIRONMENTS THROUGH VARIOUS PROGRAMS.			
4b				
τD	(Code:) (Expenses \$ including grants of \$) (Reven	Je \$		
1c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$		
		·		
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,486,141.			
32002			Form 9	90 (2014
1-07-	14			
201	3			11 1
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⊢orm	990	(2014)

Part IV Checklist of Required Schedules

BAY FOUNDATION OF MORRO BAY

1 Is the organization described in section 501(k) of 4947(a)(1) (other than a private foundation)? 1 X 2 Is the organization request to complete Schedule <i>B</i> , Schedule <i>O</i> Contributors? 2 X 2 Is the organization request in direct or inder to private foundation segues in lobbying activities on brain of or in opposition to candidates for public for (C)(3) organizations. Dit the organization engues in lobbying activities, or have a section 501(b) election in effect during the tax year? If Yes, 'complete Schedule <i>C</i> , Part II 4 X 3 Is the organization ascense and anounts in such that organization that receives membership dues, assessments, or similar amounts a definid in Revenue Procedure 89-197 If Yes, 'complete Schedule <i>C</i> , Part II 5 X 6 Did the organization or investment of anounts in such that organization that receives membership dues, assessments, or similar amounts in particular and anounts in such that organization areas, or histoic atranes, or histoic atrane				Yes	No
2 Is the organization equired to complete Schedule G Contribution? 2 X 3 Did the organization equipates Schedule C, Part I 3 X 4 Exection SO1(c)(3) organizations (C, Part I) 3 X 5 Is the organizations as election SO1(c)(4), SO1(c)(5), or SO1(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Peervele Proceeding C, Part II 4 X 6 Did the organization as election SO1(c)(4), SO1(c)(5), or SO1(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Peervele Proceeding C, Part II 6 X 7 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the part II 6 X 8 Did the organization receive or hold a conservation easements in cluding easements to preserve open space, the environment, histonic all mease, or historic all treasures, or other similar assets? II 'Yes, ' complete Schedule D, Part II 7 X 9 Did the organization report an amount in Part X, line 21, for secrew or custodial account lability, serve as a custodian for amounts not listed in Part X, or provide credit connelling, debt management i, cedit repair, or debt repotation services? 7 X 9 Did the organization report an amount for fine schedule D, Part V W 10 X </td <td>1</td> <td></td> <td></td> <td></td> <td></td>	1				
9 Did the organization anyage in direct o indirect political campaign activities on behalf of or in opposition to candidates for public official ("Yes," complete Schedule C, Part II. 3 X 18 Section 501(c)(3) or ganizations. Dut the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If Yes," complete Schedule C, Part II. 4 X 18 Section 501(c)(3) or ganization activity, or 501(c)(6) organization that receives membership dues, assessments, or isnihar amounts as defined in Revenue Procedure 98:191 ("Yes," complete Schedule C, Part II. 5 X 10 Did the organization needine any donor advices on same initial runds 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 II. 6 X 10 Did the organization needine to report an amount in Part X, line 21, for secrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide cadito, part any or the following questions is 'Yes," then complete Schedule D, Part V 8 X 10 Did the organization directly or provide cadito conseling, dott management, credit repair, or dott negation services? 9 X 11 If the organization incertly if Yes, 'complete Schedule D, Part V 11a X 11 If the organization activity or through a ratelated organization, hold assets in temporarily restricted endowments, part ani		If "Yes," complete Schedule A			
public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(b) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization associum 501(c)(d),	2		2	Х	
4 Sectors 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a sectors 501(h) election in effect during the tax year? If Yes, " complete Schedule C, Part II 4 X 5 Is the organization asterious 501(c)(4), 501(c)(6) or 501(c)(6) organization that receives membership dues, assessments, or amiliar amounts as defined in Revenue Procedure 88-1971 / Yes, " complete Schedule C, Part III 6 X 6 Did the organization mainter and yoon advised funds or any sources for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts // Wes, " complete Schedule D, Part II 6 X 7 X 8 Did the organization calculation solvers or hold a conservation essenters. In readures, or other similar assets 7/1 Yes, " complete Schedule D, Part II 7 X 9 Did the organization report an amount in Part X, line 21, for escrow or outodial account liability: serve as a custodian for amounts no listed in Part X, or provide credit organization, hold assets in temporarily restricted endowments, permanent andowments, or quasi endowments? If Yes, " complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, " complete Schedule D, Part V 11 X 11 If the organization report an amount for line line line line line line line line	3				37
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5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 36.191/1 "Yes," complete Schedule C, Part III. 5 X D D the organization maintain any doorn advised funds or any summary to a counts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right of provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right of provide advice on the distribution or how dorks of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 6 X 9 Did the organization memory to provide credit connelling, deta maagement, credit repair, or debt negoliation services? 7 X 9 Did the organization, direct organization, fold assets in temporarily restricted endowments, promote Schedule D, Part IV 10 10 X 11 the organization report an amount for investments - other securities in Part X, line 12? If 'Yes,' complete Schedule D, Part V 10 X 11 X Did the organization report an amount for investments - other securities in Part X, line 12? If 'Yes,' complete Schedule D, Part X 11 X 11 X Did the organization report an amount for investments - other	4				
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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 X 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. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X 13 Did the organization report an amount for investments - program related in Part X, line 13? If "Yes," complete Schedule D, Part VII 11c X 14 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? If "Yes," complete Schedule D, Part VII 11c X 15 Did the organization report an amount for other assets in Part X, line 25/ If "Yes," complete Schedule D, Part X 11t X 16 the organization separate independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete S			•		x
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	47		16		
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 1 <	17		47		x
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	10		17		
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X	10		10		x
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	10		ΪÕ		
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	19		10		x
	20-2	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H			
		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	<u> </u>	<u> </u>

Form **990** (2014)

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Form 990 (2014)

BAY FOUNDATION OF MORRO BAY

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2.14	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	215		
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10		<u> </u>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schodula Dart	25b		x
26	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? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

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Form	BAY FOUNDATION OF MORRO BAY 77-0215	847	Р	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		(2014)
			ココリ	1/(14)

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Form	990	(2014)
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BAY FOUNDATION OF MORRO BAY

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

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Х

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

10	Enter the number of veting members of the governing body at the and of the tax year	10	9		Yes	No
ia	Enter the number of voting members of the governing body at the end of the tax year	1a				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
h	Enter the number of voting members included in line 1a, above, who are independent	1b	9			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsl					
2	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under	the direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?			7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,		F	14		
b	persons other than the governing body?		[7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the following:				
а	The governing body?		L	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		[8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		Γ			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
ect	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)				
			_		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ' in Schedule O how this was done	'Yes," describe		12c	х	
	Did the organization have a written whistleblower policy?			13	x	
	Did the organization have a written document retention and destruction policy?			14	x	
	Did the process for determining compensation of the following persons include a review and appro		····· -	14		
5						
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			15.0	х	
	The organization's CEO, Executive Director, or top management official			15a 15h	23	x
a	Other officers or key employees of the organization		····· -	15b		
6.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang			16-		x
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		····· -	16a		Λ
D		• •				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org			101		
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA				1-	
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-1 (Section 501(c)(3)s	only) av	allab	ie	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (expla)	in in Schedule O)				
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, o	onflict of interest poli	cy, and	finan	cial	
	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records:				
20	ALEXANDRA BELL - (805)772-3834					
.0						
0	601 EMBARCADERO SUITE 11, MORRO BAY, CA 93442					

Part VII	Compensation of Office	rs, Directors	, Trustees, I	Key Employees,	Highest	Compensated
	Employees, and Indepe	ndent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Т

(A) Name and Title	(B) Average hours per	(do box	not c	(C Pos heck ss pe	C) itior more erson		one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOEL NEEL PRESIDENT	1.00	x		x				0.	0.	0.
(2) GARY RUGGERONE	1.00	<u>^</u>						0.	0.	0.
VICE-PRESIDENT	1.00	x		x				0.	0.	0.
(3) MARK ROTHE	1.00	<u>^</u>						0.	0.	0.
TREASURER	1.00	x		x				0.	0.	0.
(4) BILL HENRY	1.00								••	0.
SECRETARY	1.00	x		x				0.	0.	0.
(5) RICK ALGERT	1.00									
DIRECTOR		x						0.	0.	0.
(6) DEANNA RICHARDS	1.00									
DIRECTOR		x						0.	0.	0.
(7) GREG SMITH	1.00									
FORMER DIRECTOR THROUGH 12/2014		x						0.	0.	0.
(8) SHAUNNA SULLIVAN	1.00									
DIRECTOR		X						0.	0.	0.
(9) KRIS VARGAS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) CARLA WIXOM	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ANDRIENNE HARRIS	40.00									
PAST EXECUTIVE DIRECTOR				х				80,669.	0.	2,420.
(12) MIKE MULTARI	15.00									•
INTERIM EXEC DIRECTOR (4/15-8/15)	_			X				0.	0.	0.
	-									
					<u> </u>	<u> </u>				
										Form 990 (2014)

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Form 990 (2014) BAY FOUNI	DATION (OF	M	ORF	RO	BZ	ΑY		77-02	215	847	P	age 8
Part VII Section A. Officers, Directors, Trus		ploy	vees			ghe	st C						
(A)(B)(C)(D)(E)Name and titleAverage hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee) (list any(D)(E)(A)Average hours per officer and a director/trustee) theReportable compensation from theReportable compensation from related									an	(F) timate nount other	of		
	(list any objective matrix) hours for related organizations below line) up of the organization (W-2/1099-MISC) organizations below line) up of the organization (W-2/1099-MISC) below below line of the organization (W-2/1099-MISC) below below line of the organization (W-2/1099-MISC) below below line of the organization (W-2/1099-MISC)							fr org and	pensa om th anizat d relat anizati	e tion ted			
1b Sub-total							80,669.		0.		2,4	20.	
c Total from continuation sheets to Part VII, Section A							0. 80,669.		0.		2,4	$\frac{0}{20}$	
d Total (add lines 1b and 1c) 80,669.0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable								• •		4,4	20.		
compensation from the organization						,			, ,			Yes	0 No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				•	•	-		•			3		x
4 For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d ot	•	the organization				
and related organizations greater than \$1505 Did any person listed on line 1a receive or a											4		X
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .					5		X
1 Complete this table for your five highest co	•	•							·	pensa	ation f	rom	
the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	rithir I	n the organization's tax (B)	year.		(0	2)	
Name and business								Description of s		C		nsatio	n
SECOND NATURE, 500 SEABR 205, SANTA CRUZ, CA 95062	2							PROJECT TECH SUPPORT SERV			21	9,9	99.
UNIVERSITY OF CALIFORNIA DAVIS, P.O. BOX 989062, WEST SACRAMENTO, CA 95798-9062							LOW IMPACT DEVELOPMENT			206,399.			
PACIFIC WATERSHED ASSOCIATES P.O. BOX 4433, ARCATA, CA 95518							ROAD PROJECT SERVICES			18	1,1	96.	
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot li	mite	d to		se li: 3	stec	d above) who received n	nore than				
432008 11-07-14											Form	990 ()	2014)

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		Check if Schedule O cont	ains a response	or note to any lin				L
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
و م		Fundraising events						
ifts ar A		Related organizations						
nii Gii		Government grants (contribut		878,071.				
Sir		All other contributions, gifts, gran						
er uti				15 624				
₿₽		similar amounts not included abor		15,624.				
u pu	g		-		000 605			
a C	h	Total. Add lines 1a-1f			893,695.			
				Business Code				
ice	2 a	MITIGATION SETTLEMENT		900099	1,059,445.			
re C	b	PROGRAM INCOME		900099	14,877.	14,877.		
Program Service Revenue	С							
Jev Rev	d							
ŝ	е							
₽	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		🕨	1,074,322.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		🕨 📘	661,309.			661,309.
	4	Income from investment of tax	x-exempt bond p	oroceeds 🕨				
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
	6 a	Gross rents	9,945.					
	b	Less: rental expenses	0.					
	С	Rental income or (loss)						
	d	Net rental income or (loss)		►	9,945.			9,945.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	4,009,448.					
	b	Less: cost or other basis						
		and sales expenses	3,663,840.					
	С	Gain or (loss)	345,608.					
	d	Net gain or (loss)		🕨	345,608.			345,608.
e	8 a	Gross income from fundraising						
ent		including \$	of					
Other Revenue		contributions reported on line	1c). See					
er		Part IV, line 18	а					
Ę	b	Less: direct expenses	b					
•	С	Net income or (loss) from fund	draising events	►				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities	····· •				
	10 a	Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold	b					
	с	Net income or (loss) from sale	s of inventory	🕨				
[Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	с							
	d							
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			2,984,879.	1,074,322.	0.	, , ,
43200 11-07-	9 •14							Form 990 (2014)

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2014.05091 BAY FOUNDATION OF MORRO BAY 006941_1

Form 990 (2014)

BAY FOUNDATION OF MORRO BAY Part VIII Statement of Revenue

Part IX Statement of Functional Expenses

BAY FOUNDATION OF MORRO BAY

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do not include am 7b, 8b, 9b, and 10	eck if Schedule O contains a response nounts reported on lines 6b,	(A) Total expenses	Program service	Management and	(D) Fundraising
	er assistance to domestic organizations		expenses	general expenses	expenses
	governments. See Part IV, line 21	5,000.	5,000.		
	other assistance to domestic	.,			
	See Part IV, line 22				
	other assistance to foreign				
	s, foreign governments, and foreign				
	See Part IV, lines 15 and 16				
	I to or for members				
	on of current officers, directors,				
	l key employees	53,799.	1,614.	52,185.	
	not included above, to disqualified				
persons (as de	efined under section 4958(f)(1)) and				
persons descr	ibed in section 4958(c)(3)(B)	402,564.	329,852.	65,155.	7,557
7 Other salarie	s and wages				
	ccruals and contributions (include				
	and 403(b) employer contributions)				
• •	yee benefits	43,282.	39,190.	3,490.	602
	· [39,258.	31,809.	6,800.	649
	rices (non-employees):				
	t	52,118.		52,118.	
		20,303.		20,303.	
	Indraising services. See Part IV, line 17				
f Investment n	nanagement fees				
	11g amount exceeds 10% of line 25,				
column (A) am	nount, list line 11g expenses on Sch 0.)				
12 Advertising a	Ind promotion	1,169.			1,169
13 Office expen	ses	15,277.	13,664.	696.	917
	echnology				
		80,690.	47,164.	33,526.	
		6,742.	6,734.		8
	travel or entertainment expenses				
	al, state, or local public officials				
9 Conferences	, conventions, and meetings	1,742.	1,742.		
0 Interest					
1 Payments to	affiliates				
	, depletion, and amortization	3,355.	3,355.		
3 Insurance		18,974.		18,974.	
4 Other expense	s. Itemize expenses not covered				
	iscellaneous expenses in line 24e. If line (ceeds 10% of line 25, column (A)				
	ie 24e expenses on Schedule O.)				
	SIONAL SERVICES	627,614.	627,614.		
	ATION AND PROTECT	255,108.	255,108.		
c MONITO	RING AND RESEARCH	86,201.	86,201.		
d EDUCAT	ION & OUTREACH PR	30,541.	30,541.		
e All other exp	enses	10,111.	6,553.	107.	3,451
5 Total function	al expenses. Add lines 1 through 24e	1,753,848.	1,486,141.	253,354.	14,353
Joint costs. Co	omplete this line only if the organization				
reported in col	umn (B) joint costs from a combined				
educational ca	mpaign and fundraising solicitation.				
Check here	if following SOP 98-2 (ASC 958-720)				

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Form **990** (2014)

12 2014.05091 BAY FOUNDATION OF MORRO BAY 006941_1 16130715 756668 006941

Form 990 (FOUNDATION	OF	MORRO	BAY
Part X	Balance Sheet	:				

		Check if Schedule O contains a response or not	e lo ai				
					(A) Beginning of year		(B) End of year
	1	Cash pop interest bearing			733,164.	1	1,221,126.
	2	Cash - non-interest-bearing			819,447.	2	1,329,218.
		Savings and temporary cash investments			140,507.	2	98,486.
	3	Pledges and grants receivable, net			140,507.	3 4	<u> </u>
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and former officers, directors,					
		trustees, key employees, and highest compensation				-	
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	-				
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
ets		employees' beneficiary organizations (see instr).		F	1,335.	6	2,035.
Assets	7	Notes and loans receivable, net			1,333.	7	2,035.
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		145 500			
		basis. Complete Part VI of Schedule D	10a	145,526.	01 (25		00 202
	b	• • • • • • • • • • • • • • • • • • • •			81,635.	10c	99,322.
	11	Investments - publicly traded securities			12,126,627.	11	11,077,394.
	12	Investments - other securities. See Part IV, line 1	691,246.	12	725,917.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			14 502 061	15	14 552 400
	16	Total assets. Add lines 1 through 15 (must equa	14,593,961.	16	14,553,498.		
	17	Accounts payable and accrued expenses	125,260.	17	169,979.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee					
.iab		Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			105 000	25	1.00 0 0 0 0
	26	Total liabilities. Add lines 17 through 25			125,260.	26	169,979.
		Organizations that follow SFAS 117 (ASC 958		k here ► 🔽 and			
sec		complete lines 27 through 29, and lines 33 an			0 000 440		0 000 600
anc	27	Unrestricted net assets			2,209,449.	27	2,209,630.
Bal	28	Temporarily restricted net assets			4,013,558.	28	3,286,889.
pu	29				8,245,694.	29	8,887,000.
Б		Organizations that do not follow SFAS 117 (A	SC 95	8), check here ▶ 📖 🛛			
Ъ.		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ec				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
2	33	Total net assets or fund balances			14,468,701.	33	14,383,519.
	34	Total liabilities and net assets/fund balances			14,593,961.	34	14,553,498.

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

Form 990 (2014)

	1990 (2014) BAY FOUNDATION OF MORRO BAY	77-0	215847	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,98		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,75		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,23		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,46		
5	Net unrealized gains (losses) on investments	5	-1,31	6,2	13.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	14,38	3,5	19.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2014)

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Department of the Treasury

Internal Revenue Service

(Form 990	or	990-	ΕZ
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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.

2014
Open to Public Inspection

OMB No. 1545-0047

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>. Inspection Employer identification number

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Nul		BAY	FOUNDATION	OF MORRO BA	Y				7-0215847
Pa	rt I	Reason for Public				is part.) Se	ee instructions.		
The	organ	ization is not a private found	lation because it is: (For lines 1 through 11.	check only	one box.)			
1		A church, convention of ch							
2	\square	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3		A hospital or a cooperative			action 17(<u>YHV1VAVi</u>	;;)		
4	H	A medical research organiz					-	iii) Entort	he hospital's name
-		city, and state:	ation operated in co	injunction with a nospita	i describer				ine nospital s name,
5		An organization operated for	or the bonefit of a co	llogo or university owned	d or opora	tod by a a	ovornmontal ur	ait doccrib	od in
5		section 170(b)(1)(A)(iv). (C		liege of university owned	u or opera	lieu by a g	ovenimentarui	III UESCIID	
~						70/6//4//4/	()		
6	X	A federal, state, or local go	•				.,		an de Barrada e a dia a al fac
7	Λ	An organization that norma	-	intial part of its support	from a gov	/ernmentai	unit or from th	e general	public described in
-		section 170(b)(1)(A)(vi). (C							
8	\square	A community trust describe							
9		An organization that norma	• • • •						•
		activities related to its exen							
		income and unrelated busin		e (less section 511 tax) fr	om busine	esses acqu	lired by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con							
10	\square	An organization organized a	•						
11		An organization organized a	-	-				•	
		more publicly supported or	-						heck the box in
		lines 11a through 11d that	• •			-		-	
а		Type I. A supporting orga	-	-	•				
		the supported organization			a majority	of the dire	ctors or trustee	es of the si	upporting
	_	organization. You must o	-						
b		Type II. A supporting org	-				-		-
		control or management o	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or manag	ge the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
C		Type III functionally interpretent of the second	grated. A supporting	g organization operated	in connec	tion with, a	and functionally	y integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
c		Type III non-functionally	y integrated. A supp	oorting organization oper	rated in co	nnection v	with its support	ed organiz	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	an attenti	veness
	_	_ requirement (see instruct	ions). You must con	nplete Part IV, Section	s A and D,	, and Part	V .		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	a Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.			
f	Ente	er the number of supported o	organizations						
g	Pro	vide the following informatior	n about the supporte	ed organization(s).					
		(i) Name of supported	(ii) EIN	(iii) Type of organization		rganization in your	(v) Amount of r		(vi) Amount of
		organization		(described on lines 1-9 above or IRC section		document?	support (s		other support (see
				(see instructions))	Yes	No	Instructio	ins)	Instructions)
Tota	al								
		Paperwork Reduction Act N	Notice, see the Instr	ructions for			Schedu	le A (Forr	n 990 or 990-EZ) 2014
		or 990-EZ. 432021 09-17-14	,					,	,

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2014.05091 BAY FOUNDATION OF MORRO BAY 006941_1

Schedule A (Form 990 or 990-EZ) 2014 BAY FOUNDATION OF MORRO BAY Part II Support Schedule for Organizations Described in Sections 170

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	932,651.	833,062.	2191389.	772,942.	893,695.	5623739.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	000 (51	000 000	0101000		000 605	
4	Total. Add lines 1 through 3	932,651.	833,062.	2191389.	772,942.	893,695.	5623739.
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)						EC02720
	Public support. Subtract line 5 from line 4.						5623739.
	ction B. Total Support	() 0010	(1) 0011	() 0010	()) 0010	() 001 ((0 T))
	ndar year (or fiscal year beginning in)	(a)2010 932,651.	(b) 2011 833,062.	(c) 2012 2191389.	(d) 2013 772,942.	(e) 2014 893,695.	(f) Total 5623739.
	Amounts from line 4	952,051.	055,002.	2191309.	112,942.	095,095.	3023739.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	383,110.	332,456.	392,724.	483,264.	671,254.	2262808.
•	and income from similar sources	505,110.	552,450.	552,724.	405,204.	0/1,254.	2202000.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	17,085.	17,751.				34,836.
44	Total support. Add lines 7 through 10	17,005.	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				7921383.
	Gross receipts from related activities,	etc. (see instructio	ans)			12 1	,396,171.
	First five years. If the Form 990 is for		,	d fourth or fifth ta			/ • • • / = · = ·
10	organization, check this box and stor				-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (column (f))		14	70.99 %
	Public support percentage from 2013					15	72.19 %
	33 1/3% support test - 2014. If the c						
	stop here. The organization qualifies	•		•			
b	33 1/3% support test - 2013. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets th						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						s >
						dule A (Form 990	

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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.)

Sec	tion A. Public Support						
Caler	ıdar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	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						
	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						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support					_	
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	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						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	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, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, th	ird, fourth, or fifth	tax year as a sectio	on 501(c)(3) organi:	zation,
	check this box and stop here						▶∟
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2014 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2013					16	%
Sec	tion D. Computation of Inves	stment Incom	e Percentage)			
17	Investment income percentage for 20	14 (line 10c, colur	mn (f) divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2014. If the					33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a	-					
	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio						
	3 09-17-14			,,,		nedule A (Form 99	
				16	50		, , _
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Schedule A (Form 990 or 990-EZ) 2014 BAY FOUNDATION OF MORRO BAY

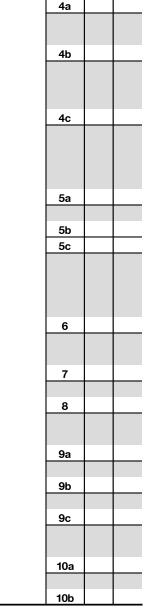
Part IV Supporting Organizations

(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 and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *Part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.*
- 7 Did the organization provide a grant, Ioan, 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 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**.
- **10a** 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.*
- **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.)

432024 09-17-14



1

2

3a

3b

3c

Yes

No

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014 BAY FOUNDATION OF MORRO BAY Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	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		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
•	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 remove directors or trustees were allocated among the supported	4		
~	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,	-		
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II 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		
Sec	tion D. 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		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
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 <i>Part VI</i> the role played by the organization in this regard.	3b		
43202	5 09-17-14 Schedule A (Form 9	90 or 99	0-EZ)	2014
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Schedule A (Form 990 or 990-EZ) 2014 BAY FOUNDATION OF MORRO BAY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
(collection of gross income or for management, conservation, or			
I	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b,	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
ď	Fotal (add lines 1a, 1b, and 1c)	1d		
e l	Discount claimed for blockage or other			
1	actors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 3	Subtract line 2 from line 1d	3		
4 (Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	ncome tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014 BAY FOUNDATION OF MORRO BAY

Pa	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
C				
d				
-	From 2013			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
-	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
6	greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h			
0	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
a				
a				
C				
-	Excess from 2013			
	Excess from 2014			
		1		

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2014

Employer identification number

77-0215847

BAY FOUNDATION OF MORRO BAY

3	·
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

BAY F	OUNDATION OF MORRO BAY		77-0215847
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
<u> 1</u>		\$ <u>512,9</u>	47. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
2		\$304,2	26. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
3		\$43,4	20. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
423452 11-05		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 3 (Form 990, 990-EZ, or 990-PF) (20

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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Employer identification number

77 - 0215847

BAY FOUNDATION OF MORRO BAY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
art I		(see instructions)	
-			
-		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
-		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
-			
-		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
-			
-		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
-		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received

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	NDATION OF MORRO BAY			77-0215847
Part III	Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete col	utions to organizations describe umns (a) through (e) and the foll	d in section 501(c)(7 Dwing line entry, For o), (8), or (10) that total more than \$1,00
	completing Part III, enter the total of exclusively religious, o	haritable, etc., contributions of \$1,000	or less for the year. (Enter t	his info. once.) \$
a) No.	Use duplicate copies of Part III if additional	space is needed.		
from	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
Part I				
<u> </u>				
		(e) Transfer of g	ft	
	Transferee's name, address, and	ZIP + 4	Relationshi	p of transferor to transferee
-		[
—		[
a) No.		I		
from Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
_				
		(.) T urne ferre ef av	<u>a</u>	
		(e) Transfer of g	π	
	Transferee's name, address, and	7IP + 4	Relationshi	p of transferor to transferee
			Telationen	
->				
a) No. from	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
Part I				
		(e) Transfer of g	ft	
	Transferee's name, address, and	<u>ZIP + 4</u>	Relationshi	p of transferor to transferee
		[
a) No. from	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
Part I	(2) 1 2 9000 01 911	(0) 000 01 9.11	`	
	-			
_				
	-		— ——	
		(e) Transfer of g	ft	
		.,		
	Transferee's name, address, and	ZIP + 4	Relationshi	p of transferor to transferee
_				
_				
				chedule B (Form 990, 990-EZ, or 990-Pf
3454 11-05-14				

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service	Complete if the org Part IV, line 6, 7, 8, 9, 10	al Financial Statemen anization answered "Yes" to Form 99 , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or Attach to Form 990. m 990) and its instructions is at	90, 12b.	000	OMB No. 1545-0047 2014 Open to Public Inspection
Name of the organizat	-		/.irs.gov/ic		identification number
-	BAY FOUNDATION OF	MORRO BAY		7	7-0215847
Part I Organiz	ations Maintaining Donor Advise	ed Funds or Other Similar Fun	ds or A	ccounts.	Complete if the
organizatio	n answered "Yes" to Form 990, Part IV, lin	e 6.			
		(a) Donor advised funds	(k) Funds an	d other accounts
1 Total number at e	nd of year				
	of contributions to (during year)				
2 Aggregate value of	of contributions to (during year)				
2 Aggregate value of	of grants from (during year)				

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 6 for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. _ ()

Purpose(s) of conservation easements held by the organization (check al	i that apply).
Preservation of land for public use (e.g., recreation or education)	Preservation of a historically important land area
X Protection of natural habitat	Preservation of a certified historic structure
X Preservation of open space	

2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nserva	tion easement or	1 the last
	day of the tax year.			
			Hald states Fact of	

			Held at the End of the Tax Year
а	Total number of conservation easements	2a	1
b	Total acreage restricted by conservation easements	2b	1,860.00
с	Number of conservation easements on a certified historic structure included in (a)	2c	0
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure		
	listed in the National Register	2d	0
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year \blacktriangleright	nizatior	n during the tax
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	he yea	r▶ <u>16</u>
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear 🕨	\$ 19.
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ment, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	ganizat	tion's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Simil	ar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement as	nd bala	ance 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.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	alance	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, p	provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1	. 🕨	\$
	(ii) Assets included in Form 990, Part X	. 🕨	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provid	e
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
а	Revenue included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X	. 🕨	\$
LHA 43205	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2014

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Yes

__ No

No

Sche	dule D (Form 990) 2014 BAY FOU	NDATION OF	MORRO BAY		7	7-02	1584	7 р	age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	ner Simila	r Asset	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant u	se of its o	collectio	n iterr	IS
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's ex	empt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o					_	-		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" t	o Form 990,	Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	is or other assets no	ot included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
с	Beginning balance				1c				
d	Additions during the year				1d				
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F					L	Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Par	Tt V Endowment Funds. Complete i		swered "Yes" to Fo	rm 990, Part IV, line	1				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye		(e) Four	,	
	Beginning of year balance	10,802,250.	10,735,286.			51,071.	9	,885,	,776.
b	Contributions	641,306.		800,000.					,547.
с	Net investment earnings, gains, and losses	-371,992.	699,559.	805,123.	1,37	70,648.		-53	,731.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	891,933.	632,595.	525,330.	. 76	56,226.		853,	,521.
f	Administrative expenses								
g	End of year balance	10,179,631.	10,802,250.		9,65	55,493.	9	,051,	,071.
2	Provide the estimated percentage of the cur		e (line 1g, column (a	a)) held as:					
	Board designated or quasi-endowment	13.16	_%						
	Permanent endowment 86.84	%							
С	Temporarily restricted endowment	• 0 0 %							
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should								
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administered for	the organiza	ation	r		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations								X
b	If "Yes" to 3a(ii), are the related organizations						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere								
	Description of property	(a) Cost or ot			Accumulated	1 L	(d) Bool	k valu	е
		basis (investm	,	. ,	epreciation			0 -	62
	Land		7	8,563.			1	ō, ɔ	63.
	Buildings								
	Leasehold improvements			6 062	16 00		<u> </u>	~ ~	<u> </u>
	Equipment		6	6,963.	46,20	4.	2	υ,/	59.
	Other					-+			<u></u>
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X, column (B), line 1	0c.)				-	22.
					S	Schedule	D (Forn	n 990)	2014

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Part VII	Investments -	Other Se	ecurities.			
Schedule D	(Form 990) 2014	BAY	FOUNDATION	OF	MORRO	BAY

Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

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Sche	edule D (Form 990) 2014 BAY FOUNDATION OF MORRO BA	Y		77-	0215847 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents W	/ith Revenue per F		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,662,304.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,316,213.		
b	Donated services and use of facilities		45,756.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-1,270,457.
3	Subtract line 2e from line 1			3	2,932,761.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	52,118.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	52,118.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,984,879.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statem	ents V			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ents V	With Expenses per		irn.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statem	ents V	With Expenses per		
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ents V	With Expenses per	Retu	irn.
1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ients V	With Expenses per	Retu	irn.
1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents V	With Expenses per	Retu	irn.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	With Expenses per	Retu	irn.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	With Expenses per	Retu	ırn.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	With Expenses per	Retu	ırn.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	With Expenses per	Retu	irn.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	With Expenses per	Retu 1 2e 3	ırn.
1 2 a b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	With Expenses per	Retu 1 2e 3	ırn.
1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	With Expenses per	Retu 1 2e 3	ırn. 1,747,486. 45,756. 1,701,730.
1 2 a b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	With Expenses per 45,756.	Retu 1 2e 3	rn. <u>1,747,486.</u> <u>45,756.</u> <u>1,701,730.</u> 52,118.
1 2 d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	With Expenses per 45,756.	Retu 1 2e 3	ırn. 1,747,486. 45,756. 1,701,730.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 9:

THE CONSERVATION EASEMENT WAS GRANT FUNDED AND THE FOUNDATION'S SHARE WAS

RECORDED AS EXPENSE OF CONSENT DECREE (LEGAL SETTLEMENT) FUNDS IN THE YEAR

PAID.

PART V, LINE 4:

CENTRAL COAST AMBIENT MONITORING PROGRAM (CCAMP) AND CENTRAL COAST LOW

IMPACT DEVELOPMENT CENTER (LID)

PART X, LINE 2:

THE FOUNDATION DID NOT MAINTAIN ANY TAX POSITIONS THAT DID NOT MEET THE

"MORE LIKELY THAN NOT" THRESHOLD.

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Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

FOUNDATION OF (continued)			
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

Employer identification number 77 - 0215847

BAY FOUNDATION OF MORRO BAY

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WATERSHEDS OF MORRO BAY, ESTERO BAY, AND THE CENTRAL COAST OF

CALIFORNIA.

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS AT THEIR REGULAR MONTHLY

MEETING FOR THEIR REVEIW AND COMMENT BEFORE IT IS SIGNED AND FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

IN ADDITION TO REVIEWING ANNUALLY, THE BOARD MEMBERS DISCLOSE CONFLICTS OF

INTEREST DURING THE YEAR AS THEY ARISE. THE BOARD ADDRESSES CONFLICTS OF

INTEREST IMMEDIATELY UPON DISCLOSURE.

FORM 990, PART VI, SECTION B, LINE 15A:

REVIEW OF SALARIES FOR COMPARABLE POSITION AS PROGRAM DIRECTOR, REVIEW AND APPROVAL OF ANNUAL BUDGET BY FOUNDATION BOARD AND EPA (MAJOR GRANTOR),

DOCUMENTATION IN BOARD MINUTES AND ORGANIZATIONS FILES.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND POLICIES ARE MADE AVAILABLE TO THE PUBLIC UPON

REQUEST AND POSTED ON BAY FOUNDATION WEBSITE.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2014)

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