Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

<u>A</u>	For the	<u>e 2011 calendar year, or tax year beginning OCT I, 2011 and end</u>	ling S	EP 30, 2	012	
В	Check if applicable	C Name of organization		D Employer id	dentifi	cation number
†	Addre: change	BAY FOUNDATION OF MORRO BAY				
†	Name change	Doing Business As		7	7 – 0	215847
† †	Initial return Termin ated	Number and street (or P.O. box if mail is not delivered to street address)  Roo  6 0 1 EMBARCADERO  S T I	m/suite E 11	E Telephone r		er )772-3834
†	Ameno			G Gross receipts	3	5,141,874.
†	Applic tion	MORRO BAY, CA 93442		H(a) Is this a g		eturn
	pendin	F Name and address of principal officer: GARY RUGGERONE		for affiliate		† Yes†X No
_			9344	H(b) Are all affilia	ates ind	•
	Tax-exe	mpt status: † X 501(c)(3) † 501(c)( ) \( \begin{array}{cccccccccccccccccccccccccccccccccccc	527			list. (see instructions)
J	Websit	e: WWW.THEBAYFOUNDATION.ORG		H(c) Group exe	emptio	n number I
		organization: † X Corporation † Trust † Association † Other	L Year o	of formation: 19	89	
P	art I	Summary				
e	1 1			LEADERS		IN
& Governance		RESTORING, ENHANCING, AND PROTECTING THE MA	ARIN	E RESOUR	CES	AND
ern	2 (	Check this box   † if the organization discontinued its operations or disposed	of more	than 25% of its	net as	
8	3 1	Number of voting members of the governing body (Part VI, line 1a) $\sim \sim \sim$	~~~~	~~~~~~	3	8
∞	4 1	Number of independent voting members of the governing body (Part VI, line 1b) $\sim$ $\sim$			4	8
Activities	5	Fotal number of individuals employed in calendar year 2011 (Part V, line 2a) $\sim$ $\sim$ $\sim$ $\sim$			5	13
Ξ	6	Total number of volunteers (estimate if necessary)~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			6	113
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 ~~~~~~~~~~~			7a	0.
	b 1	Net unrelated business taxable income from Form 990-T. line 34	וחחחחו		7b	0.
Revenue				Prior Year		Current Year
	8 (	Contributions and grants (Part VIII, line 1h) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		932,9		833,062.
	9 F	Program service revenue (Part VIII, line 2g)			0.	0.
	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d) ~~~~~~~~~~~~~~~~~~~~		703,5		574,045.
	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$	-	126,6	-	62,691.
	12	otal revenue - add lines 8 through 11 (must equal Part VIII. column (A), line 12) 🗆 🗆 🗀		1,763,1		1,469,798.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3) ~~~~~~~~~~~~~~~		71,6		160,526.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ~ ~ ~	30.	586,020.		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			0.	0.
d X	b 7	otal fundraising expenses (Part IX, column (D), line 25)   15, 107.				
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	-	704,1		1,009,189.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~ ~ ~ ~ ~ ~ ~		1,406,3		1,755,735.
. "	19 F	Revenue less expenses. Subtract line 18 from line 12		356,7	99.	-285,937.
Net Assets or Fund Balances	2			inning of Current		End of Year
SSet	20 1	otal assets (Part X, line 16)	1	11,483,9		12,159,254.
E A	21 7	otal liabilities (Part X, line 26)		100,9		100,642.
-	Name and Address of the Owner, where	let assets or fund balances. Subtract line 21 from line 20 3 3 3 3 3 3 3 4 4 4 5	] ]	11,383,0	19.	12,058,612.
	art II	Signature Block				
		ies of perjury, I declare that I have examined this return, including accompanying schedules and				knowledge and belief, it is
rue	, correct	and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer h	nas any knowledge	).	· · · · · · · · · · · · · · · · · · ·
Sign	n	Signature of officer		Date		
Her	·e	GARY RUGGERONE, PRESIDENT				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	De		eck †	PTIN
Paid		IICAL W. BOVEE, CPA		lif	f-employe	
		Firm's name OGLENN BURDETTE	Firm's ⊟	NQ	95-2772601	
Use	Only	Firm's address 2 1150 PALM STREET .			J	
		SAN LUIS OBISPO, CA 93401		Phone n	o. 80	05-544-1441
Мау	the IR	S discuss this return with the preparer shown above? (see instructions)			1	†X Yes † No

Other program services (Describe in Schedule O.) including grants of \$

) (Revenue \$

1,530,064. Total program service expenses

Form 990 (2011)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part IL ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			V.
•		8		Χ
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ~~	9		Χ
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	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	11c		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	11d		X
f	Did the organization report an amount for other liabilities in Part X, line 25? If res, complete schedule B, Part X = 2 = 2 = 2 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
· ·	the organization's separate of consolidated final coal statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X $\sim \sim \sim$	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. ~ ~	12b	(e)	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_18		
20	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-+	X
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Pa	rt IV   Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d		24d		
25a	the contraction of the contracti	25a		Х
<b>L</b>	BOOK SALAND CONTRACTOR SALAND STATE OF SALAND SALAN	258		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	6		v
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			Χ
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	26		Λ
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	Wa Jese	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):	18 S C   12		37
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~ ~	28b		Λ
С	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		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	9.	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		Х
22	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		Χ
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		Χ
34	Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	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		X
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 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	ĺ
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 C	2011)

orm 990 (2011)

Form 990 (2011) BAY FOUNDATION OF MORRO BAY

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			<u>†</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ~~~~~~~~ 1a	142	200	
b			2 1	
C	o in the contract of the contr	Same !	-1	
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	100	105	
	filed for the calendar year ending with or within the year covered by this return ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 2a 2a 13	20 V=c	Jan 18	E
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		lisi.	
3a		3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other 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: J	127	ile.	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
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		Χ
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?	6a		Χ
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).			H.
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		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		de la companya de la	
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 and section 509(a)(3) supporting organizations. Did the supporting		11 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	- 43		
а	Initiation fees and capital contributions included on Part VIII, line 12 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		d u	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~ ~ ~ ~ ~ ~ 10b		2	
11	Section 501(c)(12) organizations. Enter:	1	545	
а	Gross income from members or shareholders ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1.54		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
С	Enter the amount of reserves on hand ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		-	000	0044

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.

	Check if Schedule O contains a response to any question in this Part VI DDD TO	ПГП	111	<u>+ X</u>			
Sec	tion A. Governing Body and Management						
	r i		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year ~~~~~ 1a 8	-					
	If there are material differences in voting rights among members of the governing body, or if the governing	dian.	3				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	el Entre	1	Na.			
b	Enter the number of voting members included in line 1a, above, who are independent ~~~~~ \tag{1b}	1000	en s				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		Χ			
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		Χ			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ~ ~ ~ ~ ~	4		Χ			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ			
6	Did the organization have members or stockholders?	6		Χ			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
16 20	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
~	persons other than the governing body?	7b		Χ			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		2 15. 15				
а	The governing body? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Χ				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-00					
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ			
Soci	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9					
<u> </u>	HOLL B. 1 Olicles (The decide 2 requeste minimalier about policies fiet required 2) the months rectalled decide)		Yes	No			
100	Did the organization have local chapters, branches, or affiliates?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	10a	165	X			
		Tua					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b					
	and branches to ensure their operations are consistent with the organization's exempt purposes? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ~ ~ ~ ~ ~ ~ ~	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		Х				
		12c	Λ	X			
	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	_14	Λ				
15	Did the process for determining compensation of the following persons include a review and approval by independent		STEEL STEEL				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	17				
а	The organization's CEO, Executive Director, or top management official	15a	Х				
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	15-1A					
	taxable entity during the year?	16a		<u>X</u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	is Tax					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	15					
	exempt status with respect to such arrangements?	16b					
Sect	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed J CA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	availab	le				
	for public inspection. Indicate how you made these available. Check all that apply.						
	† Own website † Another's website † X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finai	ncial				
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person	tion:					
10000000000000000000000000000000000000	ADRIENNE HARRIS - (805)772-3834	unce III li	98				
	601 EMBARCADERO SUITE 11, MORRO BAY, CA 93442						

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

Check if Schedule O contains a response to any question 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.

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

- 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.

(A) Name and Title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOEL NEEL	22 34-324									
PAST PRESIDENT	1.00	Χ		Χ				0.	0.	0.
(2) SHAUNNA SULLIVAN								25		
VICE-PRESIDENT	. 1.00	Χ		Χ				0.	0.	0.
(3) GARY RUGGERONE .				10-000				war.		1000
PRESIDENT	1.00	Χ		Χ				0.	0.	0.
(4) BOB SEMONSEN	20 20 200									200
TREASURER	1.00	Χ		Χ				0.	0.	0.
(5) GARY KARNER								992		More
DIRECTOR	1.00	Χ				_		0.	0.	0.
(6) RICK ALGERT	1 00									_
DIRECTOR	1.00	Χ						0.	0.	0.
(7) DAVE PARADIES	1 00									
DIRECTOR- PART YEAR	1.00	Χ				_	_	0.	0.	0.
(8) GREG SMITH	1 00							_		
DIRECTOR	1.00	Х		_				0.	0.	0.
(9) BILL HENRY	1 00	37						0		
SECRETARY	1.00	Χ	-	-			1000	0.	0.	0.
a de la companya de l			$\neg$							
S										
								(*)		
×.										

132007 01-23-12

00200012 756660 006041

\$100,000 of compensation from the organization |

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2011) Part VIII Statement of Revenue (A) (B) (C) (D) Revenue excluded from Total revenue Related or Unrelated tax under sections 512, 513, or 514 exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ~~~~~ 1b b Membership dues ~~~~~~~ c Fundraising events ~~~~~~~~ 1c d Related organizations ~~~~~ 1d 828,596. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 4,466. similar amounts not included above ~ ~ g Noncash contributions included in lines 1a-1f: \$ 833,062 Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue ~ ~ ~ ~ ~ Total, Add lines 2a-2f Investment income (including dividends, interest, and 317,516. 317,516. other similar amounts) - - - - - - - - - - - - - - -Income from investment of tax-exempt bond proceeds 5 (ii) Personal (i) Real 14,940. 6 a Gross rents ~~~~~~ 0. b Less: rental expenses ~ ~ ~ 14,940. c Rental income or (loss) ~ ~ 14,940 14,940. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 3928605. assets other than inventory b Less: cost or other basis 3672076. and sales expenses ~~~ 256,529. c Gain or (loss) ~~~~~~~ 256,529. 256,529. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_\_ contributions reported on line 1c). See Part IV, line 18 ~~~~~~~~~~~~~ b Less: direct expenses~~~~~~~~~~ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 ~~~~~~~~~ b Less: direct expenses ~~~~~~~~ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ b Less: cost of goods sold ~~~~~~~~ Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code MITIGATION SETTLEMENT 900099 30,000. 30,000 11 a b MISCELLANEOUS 900099 17,751. d All other revenue ~~~~~~~~~~~ 47,751 e Total. Add lines 11a-11d ~~ 469,798 47,751 588,985. Total revenue. See instructions.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	160,526.	160,526.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22 ~~~				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			service and a partie of	
	United States. See Part IV, lines 15 and 16 ~			er satisfiere Laboration	
4	Benefits paid to or for members ~ ~ ~ ~ ~ ~				
5	Compensation of current officers, directors,				
	trustees, and key employees ~~~~~~~				10
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) ~~~~				
7	Other salaries and wages ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	485,051.	354,015.	121,004.	10,032
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions) ~				
9	Other employee benefits ~~~~~~~	59,672.	53,065.	3,597.	3,010.
10	Payroll taxes ~~~~~~~~~	41,297.	29,134.	10,098.	2,065
11	Fees for services (non-employees):	100	S.		
а	Management ~~~~~~~~~~	14			
b	Legal				
C	Accounting	21,901.		21,901.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees ~ ~ ~ ~ ~ ~ ~ ~				
g	Other ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	105	105		
12	Advertising and promotion ~~~~~~~	125.	125.	7.00	
13	Office expenses~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	10,231.	9,522.	709.	
14	Information technology ~~~~~~~~~				
15	Royalties	07 015	40 014	20 201	
16	Occupancy ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	87,215.	49,014.	38,201.	
17	Travel ~~~~~~~~~~	13,119.	13,119.		
18	Payments of travel or entertainment expenses			2:	
	for any federal, state, or local public officials	2 151	2 454		
19	Conferences, conventions, and meetings ~ ~	2,454.	2,454.		
20	Interest ~~~~~~~~~~				
21	Payments to affiliates ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	7,850.	7,850.		
22	Depreciation, depletion, and amortization ~ ~	14,007.	7,050.	14,007.	
23	Insurance	14,007.		14,007.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ~ ~				
а	PROFESSIONAL SERVICES	376,890.	376,890.		
b	RESTORATION AND PROTECT	196,302.	196,302.		
C	MONITORING AND RESEARCH	189,322.	189,322.		
d	SEP PROJECTS	47,306.	47,306.		
	All other expenses	42,467.	41,420.	1,047.	
25	Total functional expenses. Add lines 1 through 24e	1,755,735.	1,530,064.	210,564.	15,107
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here   † if following SOP 98-2 (ASC 958-720)	1			

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing ~~~~~~~~~~	~~~~~	~~~~~~	342,826.	1	246,033.
	2	Savings and temporary cash investments ~ ~ ~			717,619.	2	541,481.
	3	Pledges and grants receivable, net ~~~~~		73,837.	3	125,568.	
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, di					
	1	employees, and highest compensated employee					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined unde	er section	The state of the s		
		4958(f)(1)), persons described in section 4958(c)		110		Pathonia II	
		employers and sponsoring organizations of sect	0.000.000.000 (0.000)				
"		employees' beneficiary organizations (see instru-				6	
Assets	7	Notes and loans receivable, net ~ ~ ~ ~ ~ ~ ~		9,372.	7	6,865.	
Ass	8	Inventories for sale or use~~~~~~~~~~~~~			8		
	9	Prepaid expenses and deferred charges ~~~		9			
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D ~~~	10a	150,329.		100	
	b			58,352.	99,827.	10c	91,977.
	11	Investments - publicly traded securities ~ ~ ~ ~		. ~ ~ ~ ~ ~ ~		11	
	12	Investments - other securities. See Part IV, line 1			10,240,471.	12	11,147,330.
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		14			
	15	Other assets. See Part IV, line 11 ~~~~~~~				15	3
	16	Total assets. Add lines 1 through 15 (must equa			11,483,952.	16	12,159,254.
	17	Accounts payable and accrued expenses ~ ~ ~			100,933.	17	100,642.
	18	Grants payable ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	. ~ ~ ~ ~ ~ ~ [		18		
	19	Deferred revenue ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	. ~ ~ ~ ~ ~ ~ [		19		
	20	Tax-exempt bond liabilities ~~~~~~~~~~	. ~ ~ ~ ~ ~ ~ [		20		
es	21	Escrow or custodial account liability. Complete F			G .	21	
Liabilities	22	Payables to current and former officers, directors					
iab		highest compensated employees, and disqualified					
_		of Schedule L		//		22	
	23	Secured mortgages and notes payable to unrela	ted third part	ies ~~~~~ [		23	
	24	Unsecured notes and loans payable to unrelated	SECURITY FOR STREET	910 CO COCO		24	
	25	Other liabilities (including federal income tax, pay	ables to rela	ted third			
		parties, and other liabilities not included on lines	17-24). Com	olete Part X of			
		Schedule D ~~~~~~~~~~~~~~~~				25	
	26	Total liabilities. Add lines 17 through 25			100,933.	26	100,642.
		Organizations that follow SFAS 117, check he	re   †X	and complete		*	
es		lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		~~~~~~	1,799,273.	27	2,169,476.
3al	28	Temporarily restricted net assets ~~~~~~~	~~~~~	~~~~~~	2,138,052.	28	2,443,442.
pu	29	Permanently restricted net assets ~~~~~~		~~~~~	7,445,694.	29	7,445,694.
Fu		Organizations that do not follow SFAS 117, ch	eck here	† and			
o		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	~~~~~	~~~~~		30	
Ass	31	Paid in or capital surplus, or land, building, or equ		31			
et,	32	Retained earnings, endowment, accumulated inc		32			
Z	33	Total net assets or fund balances ~ ~ ~ ~ ~ ~ ~			11,383,019.	33	12,058,612.
	34	Total liabilities and net assets/fund balances			11,483,952.	34	12,159,254.

Form 990 (2011)

2

3

Part XII Financial Statements and Reporting

	Check if Schedule O contains a response to any question in this Part XII 3 3 3 3 3 5 5 5 5 5 5 5 6 5 6 6 6 6 6			Ι		
			Yes	No		
1	Accounting method used to prepare the Form 990: † Cash †X Accrual † Other	100				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		な智慧			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2a		X		
b	Were the organization's financial statements audited by an independent accountant?	2b	Χ			
С				.,		
review, or compilation of its financial statements and selection of an independent accountant?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			J. 12		
	separate basis, consolidated basis, or both:					
	† X Separate basis † Consolidated basis † Both consolidated and separate basis					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3a	Χ			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Χ			

Form 990 (2011)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. | See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

BAY FOUNDATION OF MORRO BAY

Employer identification number 7 7 - 0 2 1 5 8 4 7

Part I	Reason	for Public Char	ity Status (All organiz	zations mu	ıst comple	te this par	t.) See ins	tructions.			
The organ			because it is: (For lines								
1 🕇		18 com sec. 10 sec.	s, or association of chur					).			
2 †	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)	)			,			
3 🕇			ital service organization			170(b)(1)	(A)(iii).				
4 †	A medical res	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ection 170	(b)(1)(A)(ii	i). Enter	the hospital's	name,
	city, and stat	e:									8
5 †		ion operated for the (b)(1)(A)(iv). (Compl	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	t describ	ed in	
6 †	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 † X			eives a substantial part					or from the	general	nublic descri	had in
6 1		b)(1)(A)(vi). (Comple		or its supp	ort nom a	governin	sintal unit c	אווויווויוויוויוויוויוויוויוויוויוויוויו	generar	public descri	Dea III
8 †	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.		section 170(b)(1)(A)(vi).	(Complete	Part II \						
9 †	ran Ü		eives: (1) more than 33	in a second of the second		rom contr	ihutions m	nemhershi	n faas a	nd arnes rec	ainte from
• 1			nctions - subject to certa		(5), 20						
			axable income (less sec							9	
		509(a)(2). (Complete			,, nom bu	10111000001	aoquii ou b	y the orge	inization	arter darie de	, 1070.
10 †			perated exclusively to te	st for publ	ic safety 5	See sectio	n 509(a)(4	1)			
11 †			perated exclusively for the					8	v out the	nurnoses of	one or
			ations described in secti						•		
			organization and compl				_). 000000	) 000 m	a)(0). On	3011 1110 2011 1	ilat
	a† Type I	100000			e III - Fund		tegrated		d†	Type III - Ot	her
e†		A ARX 57	t the organization is not					r more dis	0.000		
5513.5			han one or more publicly							The second secon	
f			ten determination from						(-)(-)		-//-/-
			nis box ~~~~~~						~~~~	, - ~ ~ ~ ~ ~	~~ †
g			organization accepted ar								
J			irectly controls, either al							[·	Yes No
			upported organization?								
			n described in (i) above?								
			person described in (i) of								
h			about the supported or								
				•							
(i) Name	of supported	(ii) ⊟N	(iii) Type of	(iv) Is the c	organization	(v) Did you	u notify the	(vi) ls	thė	(vii) Amo	unt of
	nization	(/ —	organization (described on lines 1-9		sted in your			organizatio (i) organiz U.S	on in col. ed in the	suppo	
			above or IRC section	governing (	document?	(i) of you	support?	U.S	.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
	=										
	- 1	in the second se									

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 BAY FOUNDATION OF MORRO BAY 77-02158

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and					***************************************	
	membership fees received. (Do not		*				
	include any "unusual grants.") ~ ~	8851181.	810,507.	698,664.	932,651.	833,062.	12126065.
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 ~						
4	Total. Add lines 1 through 3 ~~~	8851181.	810,507.	698,664.	932,651.	833,062.	12126065.
5	and the second of the second o			Alaga katan Mara	o ja sodala pa	legis and seems	
	by each person (other than a	Latin a managery	Market en en en en en				
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		Feb. 10 (1971)			atom of the late.	
	amount shown on line 11,	Charles Artiga					
	column (f) ~~~~~~~~~~~					A Physical Laborator	
6	Public support. Subtract line 5 from line 4.	5-5-1 - 4-1/3b					12126065.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4 ~~~~~	8851181.	810,507.	698,664.	932,651.	833,062.	12126065.
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties					594	
	and income from similar sources ~	238,648.	411,891.	222,447.	383,110.	332,456.	1588552.
9	Net income from unrelated business						
J	activities, whether or not the						7
	business is regularly carried on ~						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.) ~ ~ ~ ~		73,762.	242,020.	17,085.	17,751.	350,618.
11	Total support. Add lines 7 through 10						14065235.
	Gross receipts from related activities,	etc (see instruction	nns) ~~~~~	~~~~~~	~~~~~	12	125,511.
	First five years. If the Form 990 is for	1.70					•
13	organization, check this box and stor						n-n- <b>1 +</b>
Sec	ction C. Computation of Publ						<del></del>
	Public support percentage for 2011 (			column (f))~ ~ ~ ~	~~~~~	14	86.21 %
	Public support percentage from 2010					15	89.60 %
	33 1/3% support test - 2011. If the					20-10 PM 100-10 A-10	70
IUa	stop here. The organization qualifies						
h	33 1/3% support test - 2010. If the						
U	and stop here. The organization qual						
170							
114	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					373	00 A¥00
1.	meets the "facts-and-circumstances"		•		11 <del>.5</del>		45 30
D	10% -facts-and-circumstances tes						
	more, and if the organization meets the				provinces and an experience of the provinces of the provi		· ·
10	organization meets the "facts-and-circ						
IQ	Private foundation. If the organization	л ою погслеска	oux on line 13. 16	a. 100. 1/a. 0f 1/0	o, check this box a		s 000 F7) 2011

# Schedule A (Form 990 or 990-FZ) 2011 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

Se	ction A. Public Support	relow, please com	piere Part II.)	all the second section of the second second						
Dealers to	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1		(4) 2007	10/2000	(0)2003	(4/2010	(6/2011	(1) Total			
	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									
3	Gross receipts from activities that									
	are not an unrelated trade or bus-						9			
	iness under section 513 ~~~~~									
4	Tax revenues levied for the organ-						792 L			
	ization's benefit and either paid to									
	or expended on its behalf ~~~~									
5	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge ~									
6	Total. Add lines 1 through 5 ~~~		3							
7 <i>a</i>	Amounts included on lines 1, 2, and									
	3 received from disqualified persons									
b	Amounts included on lines 2 and 3 received from other than disqualified persons that									
	exceed the greater of \$5,000 or 1% of the									
	amount on line 13 for the year ~ ~ ~ ~ ~ ~		***************************************							
C	Add lines 7a and 7b ~~~~~~			***************************************						
	Public support (subtred line 7c from line 6.)		47 17 199		Continue Residence					
	ction B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
	Amounts from line 6 ~ ~ ~ ~ ~ ~									
10a	Gross income from interest, dividends, payments received on									
	securities loans, rents, royalties					22				
	and income from similar sources ~									
b	Unrelated business taxable income				e e					
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975 ~~~~									
	Add lines 10a and 10b ~ ~ ~ ~ ~ ~ Net income from unrelated business									
1.0	activities not included in line 10b,									
	whether or not the business is									
12	regularly carried on ~~~~~~  Other income. Do not include gain									
12	or loss from the sale of capital									
12	assets (Explain in Part IV.)									
	Total support (Add lines 9, 10c, 11, and 12.)			-1 6 - 11 - 601 1	70	504/ \/0\				
14	First five years. If the Form 990 is for check this box and stop here									
Sec	tion C. Computation of Publi									
	Public support percentage for 2011 (I			rolumn (f))~ ~ ~ ~		15	%			
	Public support percentage from 2010					16	%			
	tion D. Computation of Inves					-1-24				
	Investment income percentage for 20			e 13. column (f))	~~~~~~	17	%			
	Investment income percentage from 2					18	%			
	33 1/3% support tests - 2011. If the				97	The second of th				
	more than 33 1/3%, check this box ar						223			
b	b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									
	line 18 is not more than 33 1/3%, che									
20	Private foundation. If the organization	n did not check a l	box on line 14. 19a	a. or 19b. check th	nis box and see ins	tructions -	<u>it</u>			

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

Internal Revenue Service

### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

BAY FOUNDATION OF MORRO BAY

77-0215847

Organizatio	on type	(check	one'	1:
O garnzan	,	Comount	0110	۰.

lara	of.
ers	OI.
	lers

Section:

Form 990 or 990-EZ

 $\uparrow^{\rm X}$  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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

### Special Rules

- † X For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- † For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

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 Part I, line 2 of its Form 990-PF, 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) (2011)

Name of organization

Employer identification number

BAY FOUNDATION OF MORRO BAY

77-0215847

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$24,987.	Person † X Payroll † Noncash † (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2.		\$\$	Person † X Payroll † Noncash † (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person † Payroll † Noncash † (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person † Payroll † Noncash † (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person † Payroll † Noncash † (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person † Payroll † Noncash † (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BAY FOUNDATION OF MORRO BAY

77-0215847

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

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | Attach to Form 990. | See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BAY FOUNDATION OF MORRO BAY

Employer identification number 77-0215847

Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.
	(a) Donor advised funds (b) Funds and other accounts
1	Total number at end of year ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
2	Aggregate contributions to (during year)
3	Aggregate grants from (during year) ~~~~~~
4	Aggregate value at end of year ~~~~~~~~
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds
	are the organization's property, subject to the organization's exclusive legal control?~~~~~~~~~ † Yes † No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring
D-	impermissible private benefit?
Par	
1	Purpose(s) of conservation easements held by the organization (check all that apply).
	† Preservation of land for public use (e.g., recreation or education) † Preservation of an historically important land area  † Preservation of patural habitat † Preservation of a certified historic structure
	1 Total and Talana Market
0	†X Preservation of open space
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last
	day of the tax year.  Held at the End of the Tax Year
2	Total number of conservation easements ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
a	Total acreage restricted by conservation easements 22 2 1,860.00
b	Number of conservation easements on a certified historic structure included in (a) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
c d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure
u	listed in the National Register ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax
3	year  0
4	Number of states where property subject to conservation easement is located  1_
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 the year   16
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year   \$ 2 0 .
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?+ Yes † No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for
	conservation easements.
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV,
	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 balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts
	relating to these items:
	(i) Revenues included in Form 990, Part VIII, line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	(ii) Assets included in Form 990, Part X ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
а	Revenues included in Form 990, Part VIII, line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
b	Assets included in Form 990, Part X ~~~~~~~~~~~~~~~~~   \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

SEE PART XIV FOR CONTINUATIONS

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	dule D (Form 990) 2011 BAY FOUNDATION OF MORRO BAY			ALCOHOLD TO SERVICE	0215847 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to			emen	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1,469,798.
2	Total expenses (Form 990, Part IX, column (A), line 25)				1,755,735.
3	Excess or (deficit) for the year. Subtract line 2 from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~	- ~ ~ ~ 3		-285,937.
4	Net unrealized gains (losses) on investments	. ~ ~ ~ ~ .	~~~ 4		961,530.
5	Donated services and use of facilities ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~~~~	- ~ ~ ~ 5		
6	Investment expenses ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~~~~	-~~ 6		
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~~~~	-~~ 9		961,530.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and				675,593.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With	n Revenue per l	Returr	
1	Total revenue, gains, and other support per audited financial statements ~~~~~	~~~~	. ~ ~ ~ ~ ~ ~ ~ ~	1	2,452,498.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2a	961,530		
b	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b	21,170		
С	Recoveries of prior year grants ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		. ~ ~ ~ ~ ~ ~ ~ ~	2e	982,700.
3	Subtract line 2e from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			3	1,469,798.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~~~	4a			
a	Other (Describe in Part XIV.)	4a 4b		- 1	
b	Add lines 4a and 4b			┥.	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c	1,469,798.
5 Dor				5	
	t XIII Reconciliation of Expenses per Audited Financial Stateme			T . T	1,776,905.
1	Total expenses and losses per audited financial statements ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~~~~	~~~~~~	1-1-	1,770,903.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	21 170		31
а	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2a	21,170.	1000000	
	Prior year adjustments	2b		-	
	Other losses	2c		As a second	
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			2e	21,170.
3	Subtract line 2e from line 1	~~~~	~~~~~~	3	1,755,735.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			12.5	
а	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~	~~~~~~	4c	0.
_5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		Idanoczado	5	1,755,735.
Par	t XIV Supplemental Information				
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	lines 1a a	and 4: Part IV. lines	1b and 2	2b: Part V. line 4: Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl				
	T II, LINE 9: THE CONSERVATION EASEMENT WA				
FOU	NDATION'S SHARE WAS RECORDED AS EXPENSE OF	CONS	ENT DECREE	L (LF	EGAL
SET	TLEMENT) FUNDS IN THE YEAR PAID.				
		7			
PAR	T V, LINE 4: CENTRAL COAST AMBIENT MONITOR	ING F	ROGRAM (CC	AMP)	AND
CEN	TRAL COAST LOW IMPACT DEVELOPMENT CENTER (	LID)			
PAR	T X, LINE 2: THE FOUNDATION DID NOT MAINTA	IN AN	Y TAX POSI	TION	NS THAT
	3				ule D (Form 990) 2011

132054 01-23-12

Sched	ule D (F	orm 990) 2	2011	BA	Y FOUND!	ATION	OF M	JRRO BAY		11-0215841	Page 5
Part	XIV	Supplem	ental I	nformation	on (continued	1)		JRKO BAY			
									10		
DID	NOT	MEET	THE	"MORE	LIKELY	THAN	NOT"	THRESHOLD.			
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Part VII Investments - Other Securities. 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					
U.S. FIXED INCOME - ENDOWMENT	2,559,980.	FMV					
INTERNATIONAL FIXED INCOME - ENDOWMENT	591,434.	FMV					
		,					
		——————————————————————————————————————					

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

Name of the organization

		FOUNDATION	ΟF	MORRO	BAY	
Part I General	Information o	n Grants and Assista	nce			

Part II Grants and Other Assistance to recipient that received more than				,		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Des non-cash
MORRO COAST AUDUBON SOCIETY 601 EMBARCADERO, STE 14 MORRO BAY, CA 93442	23-0716501	501 (C) (3)	27,249.	0.	,	
LAND CONSERVANCY OF SAN LUIS OBISPO COUNTY - P.O. BOX 12206 - SAN LUIS OBISPO, CA 93406	77-0039294	501 (C) (3)	100,000.	0.		11
CITY OF MORRO BAY 1275 EMBARCADERO MORRO BAY, CA 93442	95-2308629	115	10,255.	0.		
		æ		21		
				2		
4					8	

Part III Grants and Other Assistance to Individuals in the UPart III can be duplicated if additional space is needed	Jnited States. Com d.	plete if the organiz	ation answered "Yes	" to Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)
v a				
				g.
Part IV Supplemental Information. Complete this part to pro	vide the information	required in Part I.	line 2. and any other	additional information.
		7		
		· · · · · · · · · · · · · · · · · · ·		
				~~~
180				
132102 01-27-12		28		

BAY FOUNDATION OF MORRO BAY

Schedule J (Form 990) (2011)

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

(101111 990 01 990-12

Department of the Treasury Internal Revenue Service 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.

2011
Open to Public Inspection

Name of the organization  BAY FOUNDATION OF MORRO BAY	Employer identification number 77-0215847
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
WATERSHEDS OF MORRO BAY, ESTERO BAY, AND THE CENTRAL COAS	TOF
CALIFORNIA.	
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWE	D AND APPROVED BY
THE BOARD TREASURER IN ADDITION TO PROGRAM DIRECTOR, ASSI	STANT PROGRAM
DIRECTOR AND OFFICE MANAGER PRIOR TO SUBMISSION.	
	6
FORM 990, PART VI, SECTION B, LINE 12C: IN ADDITION TO RE	VIEWING ANNUALLY,
THE BOARD MEMBERS DISCLOSE CONFLICTS OF INTEREST DURING T	HE YEAR AS THEY
ARISE. THE BOARD ADDRESSES CONFLICTS OF INTEREST IMMEDIA	TELY UPON
DISCLOSURE.	
a a	
FORM 990, PART VI, SECTION B, LINE 15A: REVIEW OF SALARIE	S FOR COMPARABLE
POSITION AS PROGRAM DIRECTOR, REVIEW AND APPROVAL OF ANNU.	AL BUDGET BY
FOUNDATION BOARD AND EPA (MAJOR GRANTOR), DOCUMENTATION I	N BOARD MINUTES
AND ORGANIZATIONS FILES.	
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENT	S AND POLICIES
ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	961,530.