Page Provide section 501(c), 527, or 4971(a)(1) of the Internal Revenue Code (except private foundations) Description 2010(c), 527, or 4971(a)(1) of the Internal Revenue Code (except private foundations) Description 2010(c), 527, or 4971(a)(1) of the Internal Revenue Code (except private foundations) Description 2010(c), 527, or 4971(a)(1) of the Internal Revenue Code (except private foundations) Description 2010(c), 527, or 4971(a)(1) of the Internal Revenue Code (except private foundations) Description 2010(c), 527, or 4971(a)(1) of the Internal Revenue Code (except private foundation) Description 2010(c), 527, or 4971(c)(1) of the Internal Revenue Code (except private foundation) Description 2010(c), 527, or 4971(c)(1) of the Internal Revenue Code (except private foundation) Description 2010(c), 527, or 4971(c)(1) of the Internal Revenue Code (except private foundation) Description 2010(c), 527, or 4971(c)(1) of the Internal Revenue Code (except private foundation) Description 2010(c), 527, or 4971(c)(1) of the Internal Revenue Code (except private foundation) Description 2010(c), 527, or 4971(c)(1) of the Internal Revenue Code (except private foundation) Description 2010(c), 527, or 4971(c)(1) of the Internal Revenue Code (except private foundation) Description 2010(c), 527, or 4971(c), 527, or 52, 5170(c), 72, 527, 5170(c), 72, 527, 5170(c), 72, 527, 5170(c), 72, 527,				EXTENDED TO 5/15/15		_
Compared and the final set of enter Social Security numbers on this form as it may be made public. Thermation about Form 990 and its instructions is at ways is gov/gormed? Are the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014 Security is a set of organization Are the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014 Security is a set of organization Are the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014 Security is a set of organization Security is a security is a set of organization Security is a		0	ON	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
International services Information about Form 990 and Its instructions is at <i>upowite inconformation</i> Image: Ima	Form JJU					
A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014 B creat, t addees C Name of organization D Employer identification number Addees BAY FOUNDATION OF MORRO BAY 77-0215847 Diameter Formation and street (or P.O. box if mail is not delivered to street address) PhomYsulte E Telephone number Application Otion Business As 77-0215847 Number and street (or P.O. box if mail is not delivered to street address) PhomYsulte E Telephone number Application Form and street (or P.O. box if mail is not delivered to street address) Street A 3.816, 283. MORIO BAY, CA 93442 Formation and street address of principal office-GARY RUGGERONE Form of organization; LS Corporation Trace scenegates and static, Scientarion Yes LN No Yebraics WWW THEBAYFOUNDATION.ORG H() Group oscentroin number Yes LN No Yebraics WWW THEBAYFOUNDATION.ORG L Year of formation: 198 M State of legal domicile: CA Part II Summary 10 their worganization discontinued its oper entroping of the governing body (Part V, line 1b) 1 4 2 Check this box > if the organization discontinued its oper entroping of the governing body (Part V, line 1b) 1 8					-	
B CName of organization D Employer identification number BAY FOUNDATION OF MORRO BAY 77-0215847 Doing Business As Number on street of P0. box if mail is not delivered to street address) Roombulke E telephone number City or town, state or province, country, and ZIP or foreign postal code G costa resepts 3, 816, 283. MORRO BAY, CA 93442 F Name and address or principal officer/GARY RUGGERONE H(a) Is this a group return for subordinates? Vers (X No 1 Taxexempt status: Sinf(1)(3) 501(1) (1) <	_					Inspection
addess barget with with addess barget with addess barget with addess barget with addess barget with addess barget with addess barget with addess barget with addess barget barget barget with addess barget barg						cation number
BAT FOUNDATION OF MORKO BAY 77-0215847 BAT FOUNDATION OF MORKO BAY 77-0215847 Bar FOUNDATION OF MORKO BAY Formation Bar FOUNDATION OF MORKO BAY Formation Bar Foundation STE 11 Choor Business As Formation Bar Foundation STE 11 Choor of the Morket As Call STE 11 State of Legit As Call STE 11 Choor of the Morket As Call State of Legit As Call State As Call State As Call State As Call State As Call State As Call As Call State As Call As Call State As Call As		pplicabl	le:			
Change Business As Change Business As PT=021304 T Perform Construction Formed of the Construction Formed of the Construction Formed of the Construction Perform Construction Construction STE 11 E Telephone number Construction Construction STE 11 E Telephone number Construction Construction STE 11 E Telephone number Construction Construction Construction Construction Partial State AS Construction Construction Construction I Tax exempt status: X 601(c)(3) 601(c) (4 (insert no.) 4947(a)(1) or 527 J website: WWW. THEBAYFOUNDATION-ORG H(c) Group exemption number H(c) Group exemption number Restore for Noing members of the organization ission or most significant activities: TO PROVIDE LEBADERSHIP IN RESTORING, ENHANCING, AND PROTECTING THE MARINE RESOURCES AND 3 8 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 8 3 Number of individuals employed in calendary year 2013 (Part V, line 1a) 4 8 4 Number of individuals employed in cale		chang	e BAY	FOUNDATION OF MORRO BAY		
Image: Number and street (0.P.V. Dox If mails in Oel/Wread to Street address) indom/subic isolation in the intervence isolation in		_chang	e Doing B			
City or town, state or province, country, and ZIP or foreign postal code Grows receapts 6 3,816,283. MORRO BAY, CA 93442 H(a) is this a group return for subordinates? Yes XI No SAME AS C ABOVE H(b) we all subordinates? Yes XI No I Tax-exempt status: X501(c)(3) ≤ 501(c) () ≤ (insert no.) 4947(a)(1) or 527 H(c) Group exemption number Yes in the organization: X501(c)(3) ≤ 501(c) () ≤ (insert no.) 4947(a)(1) or 527 H(c) Group exemption number Yes in the organization: X501(c)(3) ≤ 501(c) () ≤ (insert no.) 4947(a)(1) or 527 H(c) Group exemption number Yes in the organization: X501(c)(3) ≤ 501(c) () ≤ (insert no.) 4947(a)(1) or 527 H(c) Group exemption number Yes in the organization: X501(c)(3) ≤ 501(c) () ≤ (insert no.) 10 bits ox b Yes of formation: 1989 M state of legal domicile: CA Part II Summary State organization is mission or most significant activities: TO PROVIDE LEADERSHIP IN RESTORING, ENHANCING, AND PROTECTING THE MARINE RESOURCES AND State organization: 3 Check this box b if the organization discontinued is operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part Vi, line 1a) 4 8 <td></td> <td>return</td> <td></td> <td></td> <td>Lite E Telephone number</td> <td></td>		return			Lite E Telephone number	
MOREO BAY, (CA 93442 H(a) Is this a group return for subordinates? Ves X No I Tax exempt status: XX 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or 527 H(b) <i>xee</i> instructions) H(b) <i>xee</i> instructions) H(b) <i>xee</i> instructions) It move instructions No th' No," attach a list. (see instructions) J website: MWW.THEBAYFOUNDATION.ORG H(b) <i>xee</i> instructions) No th' No," attach a list. (see instructions) Pert1 Summary Tax exempt status: Statch a list. (see instructions) No RESTORING, ENHANCING, AND PROTECTING THE MARINE RESOURCES AND RESOURCES AND 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of indipendent voting members of the governing body (Part VI, line 1a) 3 8 4 Number of indipendent voting members of the governing body (Part VI, line 1a) 3 6 200 7 a Total number of individuals employed in calendar year 2013 (Part V, line 2a) 6 200 6 200 7 a Total number of volumeers exempt from Part VIII, colurn (Q), lines 13 704, 397. 711, 818. 10 116, 116, 116, 116, 116, 116, 116, 116,		∟ated	ded			
pending F Name and address of principal officer.GARY RUGGERONE SAME AS C ABOVE for subordinates include? for subordinates include? Yes No I Taxexempt status: IS 010(3) 501(c) () (insert no.) 4947(a)(1) or 527 H(b) Are al subordinates include? Yes No J Website: WWW THEBAYPOUNDATION.ORG H(c) Group exemption number H(c) Group exemption number Krom of arganization: X Corporation Tust Association Other L year of tormation: 1989 M State of legal domicile: CA Part I Summary I Briefly describe the organization is discontinued its operations or disposed of more than 25% of its net assets. 3 8 3 Number of voting members of the governing body (Part V, line 1a) 3 8 4 8 5 5 200 6 2900 6 2900 7a 0	\vdash	Applic			-	
SAME AS C ABOVE H(b) Are all subcaluates included? Yes No I Tax-exempt status: XJ 501(c)(3) 501(c)(7) (insert no.) 4947(a)(1) or 527 H(b) Are all subcaluates included? Wets its: (see instructions) J Website: WWW. THEBAYFOUNDATION.ORG H(c) Group exemption number > K Form of organization; X] Corporation Trust Association Other > L Year of formation: 1989 M State of legal domicile: CA Part I Summary I Briefly describe the organization's mission or most significant activities: TO PROVIDE LEADERSHIP IN No RESTORING, ENHANCING, AND PROTECTING THE MARINE RESOURCES AND 2 Check this box > I the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 3 Number of independent voting members of the governing body (Part VI, line 1a) 5 200 5 200 6 Total number of individuals employed in calendar year 2013 (Part VI, line 2a) 6 6 2990 7a 0. 7b 0. 9 Nothereated business revenue from Part VIII, column (C), line 12 7a 0 7b 0. 7b 0. 7c 0. 7c 0. 7c 0. 7c	L					
I Tax exempt status: X 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527 H*No,* attach a list. (see instructions) J website: WWW. THEBAYFOUNDATION.ORG H(C) Group exemption number H(C) K Form of organization: X corporation Trust Association Other L Year of formation: 1989] M State of legal domicie: CA Part I Summary I Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 8 4 Number of individuals employed in calendar year 2013 (Part V, line 2a) 5 200 6 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 7a 0. 0. 7 Total number of volunteers (estimate if necessary) 7a 186, 732. 8, 819. 7 Total number of undividuals employed in calendar year 2013 (Part V, line 2a) 7b 0. 9 Program service revenue (Part VIII, column Form Form 990-T, line 34. 771. 712.942. 9 <			SAME	AS C ABOVE		
K Form of organization: IX Association Other L Year of formation: 1989 M State of legal domicile: CA Part I Summary I Briefly describe the organization's mission or most significant activities: TO PROVIDE LEADERSHIP IN RESTORING, ENHANCING, AND PROTECTING THE MARINE RESOURCES AND 2 Check this box I If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) Image: Strength and Strengt	IT	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or		
Part I Summary 1 Birlefly describe the organization's mission or most significant activities: TO PROVIDE LEADERSHIP IN RESTORING, ENHANCING, AND PROTECTING THE MARINE RESOURCES AND 2 Check this box Image: Strain and Strain Strain and Strain Strain and Strain Strain and Strain and Strain Strain and Strain and Strain and Strain and Strain and Strain Strain and Strain Strain Strain						
Image: Binding describe the organization's mission or most significant activities: TO PROVIDE LEADERSHIP IN RESTORING, ENHANCING, AND PROTECTING THE MARINE RESOURCES AND 2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of individuals employed in calendar year 2013 (Part VI, line 2a) 5 Total number of individuals employed in calendar year 2013 (Part VI, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total number of volunteers (estimate if necessary) 7a 7 a Total number of volunteers (estimate if necessary) 7b 0 Note unrelated business revenue from Form 990-T, line 34 9 Program service revenue (Part VIII, column (C), line 12 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 4, 8c, 9c, 10c, and 11e) 12 Total rundraising dese (Part IX, column (A), lines 13) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 25) 14 Bene	_	_	0	X Corporation Trust Association Other K	'ear of formation: 1989 N	State of legal domicile: CA
RESTORING, ENHANCING, AND PROTECTING THE MARINE RESOURCES AND 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 4 Number of voting members of the governing body (Part VI, line 1b) 4 8 5 Total number of volunteers (estimate if necessary) 6 2900 6 Total number of volunteers (estimate if necessary) 6 2900 7a Total number of volunteers (estimate if necessary) 6 2900 7a Total number of volunteers (estimate if necessary) 6 2900 7a Total number of volunteers (estimate if necessary) 6 2900 7a Total number of volunteers (estimate if necessary) 7a 0 7a Total number of volunteers (estimate if necessary) 7a 0 7a Total number of volunteers (estimate if necessary) 10 10 186 9 Prior sear Current Year 2 186 732 8, 819. 10 Investment income (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 13, 140	Pa					
b Net unrelated business taxable income from Form 990-T, line 34 7b 0. B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 186,732. 8,819. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 704,397. 711,818. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,140. 12,300. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 6,824. 0. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 119. 514,473. 539,814. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 514,473. 539,814. 0. <td>e</td> <td> 1</td> <td>Briefly describ</td> <td>the organization's mission or most significant activities: TO PROVI</td> <td>DE LEADERSHIP</td> <td></td>	e	1	Briefly describ	the organization's mission or most significant activities: TO PROVI	DE LEADERSHIP	
b Net unrelated business taxable income from Form 990-T, line 34 7b 0. B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 186,732. 8,819. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 704,397. 711,818. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,140. 12,300. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 6,824. 0. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 119. 514,473. 539,814. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 514,473. 539,814. 0. <td>Jan</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Jan					
b Net unrelated business taxable income from Form 990-T, line 34 7b 0. B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 186,732. 8,819. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 704,397. 711,818. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,140. 12,300. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 6,824. 0. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 119. 514,473. 539,814. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 514,473. 539,814. 0. <td>/eri</td> <td></td> <td></td> <td></td> <td></td>	/eri					
b Net unrelated business taxable income from Form 990-T, line 34 7b 0. B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 186,732. 8,819. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 704,397. 711,818. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,140. 12,300. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 6,824. 0. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 119. 514,473. 539,814. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 514,473. 539,814. 0. <td>ĝ</td> <td></td> <td></td> <td></td> <td></td> <td></td>	ĝ					
b Net unrelated business taxable income from Form 990-T, line 34 7b 0. B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 186,732. 8,819. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 704,397. 711,818. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,140. 12,300. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 6,824. 0. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 119. 514,473. 539,814. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 514,473. 539,814. 0. <td>Š</td> <td></td> <td></td> <td></td> <td>·····</td> <td></td>	Š				·····	
b Net unrelated business taxable income from Form 990-T, line 34 7b 0. B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 186,732. 8,819. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 704,397. 711,818. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,140. 12,300. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 6,824. 0. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 119. 514,473. 539,814. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 514,473. 539,814. 0. <td>tie</td> <td></td> <td></td> <td></td> <td></td> <td></td>	tie					
b Net unrelated business taxable income from Form 990-T, line 34 7b 0. B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 186,732. 8,819. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 704,397. 711,818. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,140. 12,300. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 6,824. 0. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 119. 514,473. 539,814. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 514,473. 539,814. 0. <td>ž</td> <td></td> <td></td> <td></td> <td></td> <td></td>	ž					
Prior Year Current Year 9 Program service revenue (Part VIII, line 1h) 2,191,389,772,942. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 186,732.8,819. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,140.12,300. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 6,824.0. 13 Grants and similar amounts paid (Part IX, column (A), lines 5.10) 514,473.539,814. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.0.0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 514,473.539,814. 16a Professional fundraising fees (Part IX, column (A), line 25) 25,170. 17 Other expenses (Part IX, column (A), line 25) 1,244,414.1,203,904. 19 Revenue less expenses. Subtract line 18 from line 12 1,851,244.301,975. 12 Total assets (Part X, line 26) 136,158.125,260. 13 Cataree Block 14,062,079.144,668,701.	¥					
8Contributions and grants (Part VIII, line 1h)2,191,389.772,942.9Program service revenue (Part VIII, column (A), lines 2g)186,732.8,819.10Investment income (Part VIII, column (A), lines 3, 4, and 7d)704,397.711,818.11Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)13,140.12,300.12Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)3,095,658.1,505,879.13Grants and similar amounts paid (Part IX, column (A), lines 1-3)6,824.0.14Benefits paid to or for members (Part IX, column (A), lines 5-10)514,473.539,814.15Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)514,473.539,814.16Professional fundraising fees (Part IX, column (A), line 25)25,170.1,244,414.1,203,904.17Other expenses (Part IX, column (A), line 12)1,851,244.301,975.18Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)1,244,414.1,203,904.19Revenue less expenses. Subtract line 18 from line 12136,158.125,260.12Total assets (Part X, line 26)136,158.125,260.20Total assets or fund balances. Subtract line 21 from line 2014,062,079.14,468,701.Part IISignature BlockUnder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is <td></td> <td></td> <td>Net unrelated</td> <td></td> <td></td> <td></td>			Net unrelated			
9 Program service revenue (Part VIII, line 2g) 186,732. 8,819. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 704,397. 711,818. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,140. 12,300. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,095,658. 1,505,879. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,824. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 514,473. 539,814. 16a Professional fundraising fees (Part IX, column (A), line 25) 25,170. 723,117. 664,090. 17 Other expenses (Part IX, column (A), line 25) 25,170. 1,244,414. 1,203,904. 19 Revenue less expenses. Subtract line 18 from line 12 1,851,244. 301,975. 19 Revenue less expenses. Subtract line 18 from line 12 136,158. 125,260. 12 Total liabilities (Part X, line 26) 136,158. 125,260. 12 Total liabilities (Part X,	•	8	Contributions	and grants (Part VIII line 1h)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13, 140. 12, 300. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3, 095, 658. 1, 505, 879. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6, 824. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 514, 473. 539, 814. 16a Professional fundraising expenses (Part IX, column (D), line 25) 25, 170. 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25, 170. 1, 244, 414. 1, 203, 904. 19 Revenue less expenses. Subtract line 18 from line 12 1, 851, 244. 301, 975. 20 Total assets (Part X, line 16) 14, 198, 237. 14, 593, 961. 21 Total liabilities (Part X, line 26) 136, 158. 125, 260. 22 Net assets or fund balances. Subtract line 21 from line 20 14, 062, 079. 14, 468, 701. <	nue					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13, 140. 12, 300. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3, 095, 658. 1, 505, 879. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6, 824. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 514, 473. 539, 814. 16a Professional fundraising expenses (Part IX, column (D), line 25) 25, 170. 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25, 170. 1, 244, 414. 1, 203, 904. 19 Revenue less expenses. Subtract line 18 from line 12 1, 851, 244. 301, 975. 20 Total assets (Part X, line 16) 14, 198, 237. 14, 593, 961. 21 Total liabilities (Part X, line 26) 136, 158. 125, 260. 22 Net assets or fund balances. Subtract line 21 from line 20 14, 062, 079. 14, 468, 701. <	eve		-			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,095,658. 1,505,879. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,824. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 514,473. 539,814. 16a Professional fundraising fees (Part IX, column (D), line 25) 25,170. 0. 0. 17 Other expenses (Part IX, column (A), line 11e. 0. 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25,170. 1,244,414. 1,203,904. 19 Revenue less expenses. Subtract line 18 from line 12 1,851,244. 301,975. 20 Total assets (Part X, line 16) 14,198,237. 14,593,961. 21 Total liabilities (Part X, line 26) 136,158. 125,260. 22 Net assets or fund balances. Subtract line 21 from line 20 14,062,079. 14,468,701. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief,	č					
13 Grants and similar amounts paid (Part IX, column (A), lines 1·3) 6,824. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 514,473. 539,814. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 25,170. 723,117. 664,090. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,244,414. 1,203,904. 19 Revenue less expenses. Subtract line 18 from line 12 1,851,244. 301,975. 20 Total assets (Part X, line 16) 136,158. 125,260. 21 Total liabilities (Part X, line 26) 136,158. 125,260. 22 Net assets or fund balances. Subtract line 21 from line 20 14,062,079. 14,468,701. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is					3,095,658.	
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.0000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 514,473.539,814. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.0000 b Total fundraising expenses (Part IX, column (D), line 25) 25,170. 17 Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e) 723,117.6664,090. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,244,414.1,203,904. 19 Revenue less expenses. Subtract line 18 from line 12 1,851,244.301,975. 20 Total assets (Part X, line 16) 14,198,237.14,593,961. 21 Total liabilities (Part X, line 26) 136,158.125,260. 22 Net assets or fund balances. Subtract line 21 from line 20 14,062,079.14,468,701. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is					6,824.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 514,473.539,814. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00.0. b Total fundraising expenses (Part IX, column (D), line 25) 25,170. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 723,117.6664,090. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,244,414.1,203,904. 19 Revenue less expenses. Subtract line 18 from line 12 1,851,244.301,975. 20 Total assets (Part X, line 16) 14,198,237.14,593,961. 21 Total liabilities (Part X, line 26) 136,158.125,260. 22 Net assets or fund balances. Subtract line 21 from line 20 14,062,079.14,468,701. Part II Signature Block					0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00. b Total fundraising expenses (Part IX, column (D), line 25) 25,170. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 723,117.0664,090. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,244,414.1,203,904. 19 Revenue less expenses. Subtract line 18 from line 12 1,851,244.301,975. 20 Total assets (Part X, line 16) 14,198,237.14,593,961. 21 Total liabilities (Part X, line 26) 136,158.1225,260. 22 Net assets or fund balances. Subtract line 21 from line 20 14,062,079.14,468,701. Part II Signature Block	ŝ				514,473.	539,814.
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Net assets or fund balances. Subtract line 21 from line 20 14 198 13 Signature Block	nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Net assets or fund balances. Subtract line 21 from line 20 14 198 13 Signature Block	xpe	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 25, 170.		
19 Revenue less expenses. Subtract line 18 from line 12 1,851,244. 301,975. 1 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 14,198,237. 14,593,961. 21 Total liabilities (Part X, line 26) 136,158. 125,260. 22 Net assets or fund balances. Subtract line 21 from line 20 14,062,079. 14,468,701. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	Ш				-	
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 14,198,237. 14,593,961. 21 Total liabilities (Part X, line 26) 136,158. 125,260. 22 Net assets or fund balances. Subtract line 21 from line 20 14,062,079. 14,468,701. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is		18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is		19	Revenue less	expenses. Subtract line 18 from line 12		301,975.
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	s or					
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	sset 3alaı	20				
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	et A nd E	21				-
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is		22			14,062,079.	14,408,701.
					tomonto and to the bast of	uknowladza and hallof it is
		-				y knowledge and beller, it is
	<u></u>	correc	, and complete	. שלימומנוטון טו או	arer rids arry kilowieuye.	

Sign Here	Signature of officer GARY RUGGERONE, PRESID Type or print name and title	ENT		Date				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	SHERRI Y. PARKINSON			^{if} 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	May the IRS discuss this return with the preparer shown above? (see instructions)							
332001 10-2	332001 10-29-13LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2013)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	BAY FOUNDATION OF MORRO BAY	77-0215	847	Page 2
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>		🔲
1	Briefly describe the organization's mission: TO PROVIDE LEADERSHIP IN RESTORING, ENHANCING, AND PROT	דרייד ארב יי	יטס	
	MARINE RESOURCES AND WATERSHEDS OF MORRO BAY, ESTERO BA			
	CENTRAL COAST OF CALIFORNIA.	<u>- / 11(0 1</u>		
2	Did the organization undertake any significant program services during the year which were not listed on	r	_	
	the prior Form 990 or 990-EZ?		Yes	X No
•	If "Yes," describe these new services on Schedule O.	Г		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	L	Yes	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by e	expenses	
	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.			
4a	(Code:) (Expenses \$ 963,402. including grants of \$) (Reven STUDIED, CONSERVED, AND ENHANCED MORRO BAY AND ITS ASSO			819.)
	AND WATERSHED ENVIRONMENTS THROUGH VARIOUS PROGRAMS.	CIATED W	ETLA.	ND5
	AND WATERSHED ENVIRONMENTS THROUGH VARIOUS FROGRAMS:			
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
	(/(-+ /(/
4c	(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 ► 963,402.			
33200	2		Form 9	90 (2013)
10-29-	-13			
040	2 507 756668 006941 2013.05080 BAY FOUNDATION OF MC	RRO BAY	0069	41 1

Form 990 (2013)	BAY	FOUNDATI
Part IV	Checklist of	of Require	d Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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		X
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		X
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		X
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	х	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	~	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		77	
	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		<u> </u>
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
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? 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,	10		<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

332003 10-29-13

11040507 756668 006941

			Yes
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i>	22	
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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		
	Schedule K. If "No", go to line 25a	24a	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	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		
	Schedule L, Part I	25b	
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 so,		
	complete Schedule L, Part II	26	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27	
28	of any of these persons? If "Yes," complete Schedule L, Part III	21	
20	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	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	
c	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	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		
	contributions? If "Yes," complete Schedule M	30	
31	Did the organization liquidate, terminate, or dissolve and cease operations?		
	If "Yes," complete Schedule N, Part I	31	
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	
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	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		
0 5-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	
		35a	
u	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350	
00	If "Yes," complete Schedule R, Part V, line 2	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		

Note. All Form 990 filers are required to complete Schedule O

BAY FOUNDATION OF MORRO BAY

77-0215847 Page 4

No

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х Х

Х

Х

Х

Х

Х Х

Х

х

Х

Form 990 (2013)

38

Form 990 (2013) Part IV Checklist of Required Schedules (continued)

Form	990 (2013) BAY FOUNDATION OF MORRO BAY 77-0215	847	P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13			
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 20			
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		
	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 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		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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		Х
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		Х
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 and section 509(a)(3) supporting organizations. Did the supporting			
	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:			
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.	40		
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			
	Enter the amount of reserves on hand	4.6		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L

Form 990	(2013)
-----------------	--------

77-0215847

332005 10-29-13

77-0215847 Page 6

VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" re	esponse
	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 or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5				
	If there are material differences in voting rights among members of the governing body, or if the governing					
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	,				
	Enter the number of voting members included in line 1a, above, who are independent 1b	2				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v		
-	officer, director, trustee, or key employee?	2		<u> </u>		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X		
4						
5						
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X		
7a		70		х		
h	more members of the governing body?	7a				
b		7b		х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
	The governing body?	8a	х			
b	Each committee with authority to act on behalf of the governing body?	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х		
Sec	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
10a	Da Did the organization have local chapters, branches, or affiliates?			Х		
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				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X			
	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		<u>.</u>			
	in Schedule O how this was done	12c	X			
13	Did the organization have a written whistleblower policy?	13	37	X		
14	Did the organization have a written document retention and destruction policy?	14	X			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v			
	The organization's CEO, Executive Director, or top management official	15a	X	v		
b	Other officers or key employees of the organization	15b		X		
16	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
102	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х		
	taxable entity during the year?	16a				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	104				
Sec	exempt status with respect to such arrangements?	16b	1	L		
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed CA					
••						

18	Section 6104 requires	an organization to make its Fo	orms 1023 (or 1024 if app	blicable), 990, and 990-T (Section 501(c)(3)s only) available	
	for public inspection.	Indicate how you made these	available. Check all that a	apply.	
	Own website	Another's website	X Upon request	Other (explain in Schedule O)	

			•		,	
19	Describe in Schedule O whether (and if so, how), the organization	ation m	ade its governing d	ocuments, conflic	ct of interest policy,	and financial
	statements available to the public during the tax year.					

	ie person who possesses the books and records of the organization: $lacksquare$
ADRIENNE HARRIS - (805)772-3834	

601 EMBARCADERO SUITE 11, MORRO BAY, CA 9344	2
--	---

	1	1	04	0	50)7	75	66	68	00	6941
--	---	---	----	---	----	----	----	----	----	----	------

332006 10-29-13

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hignest Compensated
	Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Comple	ete 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 a	Il 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.

		T	111120			прсі	1341			(F)
(A)	(B)			(C Pos	C) ition			(D)	(E)	(F)
Name and Title	Average		not c	heck	osition eck more than one s person is both an			Reportable	Reportable	Estimated
	hours per week		, unle cer ar					compensation from	compensation from related	amount of other
	(list any	ъ.						the	organizations	compensation
	hours for	direct				Ρ		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(organization
	organizations	trust	al tru		oyee	ompe				and related
	below	vidual	Institutional trustee	e	Key employee	lest ci loyee	ner			organizations
	(list any hours for related organizations below line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) JOEL NEEL	1.00									
PAST PRESIDENT		X		Х				0.	0.	0.
(2) SHAUNNA SULLIVAN	1.00									
VICE-PRESIDENT] X [Х				0.	0.	Ο.
(3) GARY RUGGERONE	1.00									
PRESIDENT		X		Х				0.	0.	Ο.
(4) MARK ROTHE	1.00									
TREASURER		x		х				0.	0.	0.
(5) BILL HENRY	1.00									
SECRETARY		x		x				0.	0.	0.
(6) BOB SEMONSEN	1.00									
DIRECTOR		x						0.	0.	0.
(7) RICK ALGERT	1.00							•••		
DIRECTOR		x						0.	0.	0.
(8) GREG SMITH	1.00							•••	•••	
DIRECTOR		x						0.	0.	0.
(9) CARLA WIXOM	1.00									
DIRECTOR		x						0.	0.	0.
(10) ANDRIENNE HARRIS	40.00									
EXECUTIVE DIRECTOR	10000			x				81,757.	0.	2,369.
								0177077		275050
		-								
					<u> </u>					
		-								
-										
		-								
332007 10-29-13										Form 990 (2013)

7

Form **990** (2013)

Form 99										77-0	215	847	Pa	age 8
Part V	II Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per	(do	not c	(C Pos heck	C) ition ^{more}) than	one	(D) Reportable	(E) Reportable			(F) timate	
		hours per week (list any hours for related organizations below line)						l s	com fr orga and	other pensa om the anizat d relate	tion e ion ed			
									81,757.				<u></u>	60
c To	ıb-total tal from continuation sheets to Part VI	I, Section A							0.		0.		2,3	0.
2 To	tal (add lines 1b and 1c) tal number of individuals (including but n								81,757. eceived more than \$100),000 of reportab	0. le		2,3	
<u> </u>	mpensation from the organization												Yes	0 No
	d the organization list any former officer, e 1a? If "Yes," complete Schedule J for s	,		,	,	•		,	highest compensated e			3		х
	r any individual listed on line 1a, is the su d related organizations greater than \$150	-		-						the organization		4		х
	d any person listed on line 1a receive or a ndered to the organization? <i>If</i> "Yes," com					-			-			5		Х
-	n B. Independent Contractors pmplete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npensa	ation f	rom	
the	e organization. Report compensation for (A)					vith	or w	rithir	(B)			(C		
	Name and business	address	N	ONI	3			_	Description of s	services	C	omper	nsatio	n
								_						
								_						
								_						
								_						
	tal number of independent contractors (i	•	iot li	mite	d to		-	stec	d above) who received n	nore than				
\$1 332008 10-29-13	00,000 of compensation from the organi	zation 🕨				(0					Form	990 (2	2013)

Form 990 (20			FOU.
Part VIII	Statemen	t of Rev	venue

77-0215847 Page 9

			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			<u></u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1	а	Federated campaigns	1a					
nan			Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events						
۲ ا			Related organizations						
اتان Difie			Government grants (contribut		756,502.				
ü			All other contributions, gifts, gran	· · · · · · · · · · · · · · · · · · ·	, -				
her i		•	similar amounts not included abo		16,440.				
ĘĮ		~	Noncash contributions included in lines						
<u>S</u> E						772,942.			
0.0			Total. Add lines 1a-1f		Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
۵	2	~	PROGRAM INCOME		900099	8,819.	8,819.		
Ś					500055	0,010.	0,015.		
Program Service Revenue		b							
ĒŠ		C							+
Ba		d							+
Pr		e 4							+
_			All other program service reve			8,819.			
_	3	y	Total. Add lines 2a-2f			0,010.			
	3		other similar amounts)	,	,	470,964.			470,964.
	4		Income from investment of ta						
					· · ·				
	5		Royalties						
	~	_	Our and a second a	(i) Real 12,300.	(ii) Personal				
			Gross rents	12,500	,				
			Less: rental expenses	12,300.					
			Rental income or (loss)			12,300.			12,300.
			Net rental income or (loss)			12,500.			12,500.
	'	а	Gross amount from sales of	(i) Securities 2,551,258.	(ii) Other				
		Ŀ-	assets other than inventory	2,331,230	,				
		D	Less: cost or other basis	2,310,404.					
		_	and sales expenses						
			Gain or (loss)	,		240,854.			240,854.
			Net gain or (loss)		····· •	240,034.			240,034.
anu	8	а	Gross income from fundraisin including \$						
ver			contributions reported on line						
Other Revel			Part IV, line 18	,					
her		h	Less: direct expenses						
δļ			Net income or (loss) from fund						
			Gross income from gaming ac	•	▶				
	3	4	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gam						
			Gross sales of inventory, less	-					
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sale						
		<u> </u>	Miscellaneous Revenu		Business Code				
	11	а							
		b							
		č							
			All other revenue						
			Total. Add lines 11a-11d						
	12	-	Total revenue. See instructions.			1,505,879.	8,819.	0	. 724,118.
33200 10-29-	9 -13					-			Form 990 (2013)

11040507 756668 006941

9

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		•		•
	organizations in the United States. See Part IV, line 21				
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				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	81,869.	2,456.	79,413.	
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	376,946.	310,866.	50,262.	15,818.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	42,302.	35,750.	4,081.	2,471. 1,283.
10	Payroll taxes	38,697.	26,427.	10,987.	1,283.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	19,010.		19,010.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	1 401	1 401		
12	Advertising and promotion	1,491.	1,491.	1 550	100
13	Office expenses	17,426.	15,688.	1,552.	186.
14	Information technology				
15	Royalties	07 010	E1 EE1	25 161	
16		87,018. 15,577.	51,554. 15,488.	35,464.	89.
17	Travel	13,377•	13,400.		09.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	3,183.	3,183.		
19 20	Conferences, conventions, and meetings	5,105.	5,105.		
20 21	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	2,761.	2,761.		
22	Insurance	14,366.	_,	14,366.	
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 0.)				
а	DDODDOTONAL ODDITODO	224,817.	224,817.		
a b	RESTORATION AND PROTECT	193,571.	193,571.		
с С	MONITORING AND RESEARCH	41,272.	41,272.		
d	EDUCATION & OUTREACH PR	28,463.	28,463.		
	All other expenses	15,135.	9,615.	197.	5,323.
25	Total functional expenses. Add lines 1 through 24e	1,203,904.	963,402.	215,332.	25,170.
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)				

332010 10-29-13

11040507 756668 006941

10 2013.05080 BAY FOUNDATION OF MORRO BAY 006941_1

Form **990** (2013)

11 2013.05080 BAY FOUNDATION OF MORRO BAY 006941_1

BAY	FOUNDATION	OF	MORRO	BAY
	TOOLDITTTOIL	01	1101(1(0	

77-0215847 Page 11

Par	tΧ	Balance Sheet				
		Check if Schedule O contains a response or note to	o any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		687,046.	1	733,164.
	2	Savings and temporary cash investments	637,566.	2	819,447.	
	3	Pledges and grants receivable, net	94,538.	3	140,507.	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and form				
		trustees, key employees, and highest compensated				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disgualified				
		section 4958(f)(1)), persons described in section 49	58(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	-			
ß		employees' beneficiary organizations (see instr). Co	-		6	
Assets	7	Notes and loans receivable, net		2,660.	7	1,335.
×	8	Inventories for sale or use			8	
	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 1	Da 150,329.			
	b	Less: accumulated depreciation1		84,394.	10c	81,635.
	11	Investments - publicly traded securities		12,471,277.	11	12,126,627.
	12	Investments - other securities. See Part IV, line 11		220,756.	12	691,246.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal lines 1)		14,198,237.	16	14,593,961.
	17	Accounts payable and accrued expenses		136,158.	17	125,260.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part			21	
ties	22	Loans and other payables to current and former off				
Liabilities		key employees, highest compensated employees, a				
Lia	00	Complete Part II of Schedule L			22 23	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated th			23 24	
	24 25	Other liabilities (including federal income tax, payab			24	
	25	parties, and other liabilities not included on lines 17				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		136,158.	26	125,260.
		Organizations that follow SFAS 117 (ASC 958), c	heck here ► X and			
ş		complete lines 27 through 29, and lines 33 and 3				
ů,	27	Unrestricted net assets		2,095,785.	27	2,209,449.
3ala	28			3,720,600.	28	4,013,558.
Б	29			8,245,694.	29	8,245,694.
n I		Organizations that do not follow SFAS 117 (ASC	958), check here 🕨 🛄			
ro L		and complete lines 30 through 34.				
sets	30	Capital stock or trust principal, or current funds \dots			30	
Ass	31	Paid-in or capital surplus, or land, building, or equip			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated incor			32	
-	33	Total net assets or fund balances		14,062,079.	33	14,468,701.
	34	Total liabilities and net assets/fund balances		14,198,237.	34	14,593,961.
						Form 990 (2013)

 Form 990 (2013)
 B.

 Part X
 Balance Sheet

BAY FOUNDATION OF MORRO BAY

77-0215<u>847 Page 12</u>

	1 990 (2013) BAY FOUNDATION OF MORRO BAY	77-	-0215	847	Pag	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		<u></u>			
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,50		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,20		
3	Revenue less expenses. Subtract line 2 from line 1	3			1,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14	,06		
5	Net unrealized gains (losses) on investments	5		10	4,6	<u>47.</u>
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	,46	8,7	01.
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					1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
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 reviewed	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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	З,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					l
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit				1
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (D.			
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 Au	ıdit			
	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		dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	Х	

Form **990** (2013)

12

SCHEDULE A	
------------	--

(Form	990	or	990-	EZ)
-------	-----	----	------	-----

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury

Internal Reve	Inspection Inspection											
Name of the organization Employer identification num							mber					
	BAY FOUNDATION OF MORRO BAY 77-0215847							!				
Part I	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
The organ	nization is not a	a private foundation	because it is: (For lines 1	1 through ⁻	11, check	only one b	ox.)					
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
_	city, and state:											
5 📖	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		te, or local governm	ent or governmental uni	t described	d in sectio	on 170(b)(⁻	1)(A)(v).					
7 X	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public des	cribed	in
		b)(1)(A)(vi). (Comple	,									
8			ection 170(b)(1)(A)(vi).									
9 📖			eives: (1) more than 33 1									
			nctions - subject to certa									
			axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization	after June	30, 197	75.
		509(a)(2). (Complete										
	-		perated exclusively to te	-	-			-				
11 📖			perated exclusively for th									or
			ations described in section				2). See sec	ction 509(a	a)(3). Ch	leck the box	< that	
			organization and comple		-					n functions	lluinto	arotad
e 🗌		,	$r_{\rm pe} {\sf II} \qquad {\sf c} {\sf L} {\sf T}_{\rm M}$	ype III - Fui	-	-		• •		n-functiona		-
e 📖			han one or more publicly									
f			ten determination from t							300101100	J(d)(Z).	
•		rganization, check th			at it is a Ty	pe 1, 19pe	n, or type	5 111				
g		•	organization accepted ar	ny aift or co	ontributior	n from anv	of the foll	owina pers	sons?			. —
5			irectly controls, either al							Ι.	Yes	No
			upported organization?			•					_	
	-		n described in (i) above?									
			person described in (i) o									
h			about the supported or									
				-		-		-		_		
(i) Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	u notify the	(vi) Is	the	(vii) Amoun	it of mo	netary
organization (described on lines 1-9 in col. (i) listed in your organization in col. (i) organization in col. (i) organization in col. (i) organization in col.												
(and instructions))												
			,,	Yes	No	Yes	No	Yes	No			

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Form 990 or 990-EZ.

<u>Total</u>

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990 EZ) 2013 BAY FOUNDATION OF MORRO BAY

77-0215847 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	698,664.	932,651.	833,062.	2191389.	772,942.	5428708.
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 \dots						
4	Total. Add lines 1 through 3	698,664.	932,651.	833,062.	2191389.	772,942.	5428708.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						5428708.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d)2012 2191389.	(e) 2013	(f) Total
7	Amounts from line 4	698,664.	932,651.	833,062.	2191389.	772,942.	5428708.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	222,447.	383,110.	332,456.	392,724.	483,264.	1814001.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	242,020.	17,085.	17,751.			276,856.
11	Total support. Add lines 7 through 10						7519565.
	Gross receipts from related activities,		/			12	321,849.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor ction C. Computation of Publ	<u>here</u>	rooptogo				
						44	72.19 %
	Public support percentage for 2013 (I					14	70 01
	Public support percentage from 2012					15	, -
16a	33 1/3% support test - 2013. If the c						
h	stop here. The organization qualifies						····· •
D	33 1/3% support test - 2012. If the c						
170	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				-	-	
۲.	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes	-		• • • •			
U	more, and if the organization meets the						
	organization meets the "facts-and-circ						,
18	Private foundation. If the organization						s S
				a, 100, 17a, 01 17k		dule A (Form 990	

11040507 756668 006941

Schedule A (Form 990 or 990-EZ) 2013 BAY FOUNDATION OF MORRO BAY 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4							
4	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						
	Total. Add lines 1 through 5	ļ					l
b	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						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	(1) 2000	(0) = 0 + 0	(0) = 0 + +	(-,	(0) _0.0	(1) 1010.
	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 12	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 IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	-			•		
Ser	check this box and stop here	lic Support Pe	rcentage				
	Public support percentage for 2013 (column (f))		15	%
	Public support percentage from 2012					16	<u>%</u>
	ction D. Computation of Invest						
	Investment income percentage for 20		-			17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2012. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			
33202	23 09-25-13			15	Sch	edule A (Form 99	0 or 990-EZ) 2013

11040507 756668 006941

	(Form 990 or 990-EZ) 2013 BAY				77-0215847 _P
Part IV	Supplemental Information	- Provide the explanation	ons required by F	Part II, line 10;	Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any ad	ditional information. (Se	e instructions).		

332024 09-25-13		16	Schedule A (Form 990 or 990-EZ)
40507 756668 006941	2013.050	80 BAY FOUNDATI	ON OF MORRO BAY 006941

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

2013

Employer identification number

Name	of the	organization	۱

Schedule B

(Form 990, 990-EZ.

Department of the Treasury

, ernal Revenue Service

or 990-PF)

77-0215847
//-021584/

Organ	ization	type	(check	one):
or guin	Lation	.ypc	100110	0110).

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

BAY FOUNDATION OF MORRO BAY

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., purpose, 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 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) (2013)

Employer identification number

77-0215847

BAY FOUNDATION OF MORRO BAY

 Part I
 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (a)
 (b)
 (c)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 1</u>		\$ <u>129,600.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$50,102.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$535,142.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$41,658.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
323452 10-2		\$ Schedule B (Form)	Person Payroll Payroll Occupient Payroll Payroll Part II for noncash contributions.)

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.

Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_	
	(b) Description of noncash property given (b) Description of noncash property given (c)	Log FWV (or estimate) (see instructions)

11040507 756668 006941

art III E	$\sum_{x \in lusively}$ religious, charitable, etc., ind year. Complete columns (a) through (e) and he total of <i>exclusively</i> religious, charitable, e	ividual contributions to section 501(the following line entry. For organizati tc., contributions of \$1,000 or less fo	c)(7), (8), or (10) organizations that total more than \$1,00 ions completing Part III, enter or the year. (Enter this information once.) \$
a) No. from Part I	Jse duplicate copies of Part III if addition (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ =			
		(e) Transfer of gi	ft
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No.			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- =			
		ft	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- =			
		e) Transfer of gi	ft
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- =			
		e) Transfer of gi	l líft
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D	
------------	--

(Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

BAY FOUNDATION OF MORRO BAY

Employer identification number 77-0215847

OMB No. 1545-0047

Open to Public

Inspection

3

Pa	t I Organizations Maintaining Donor Advised F		or Accou	unts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Fur	nds 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 writir		ed funds	
	are the organization's property, subject to the organization's excl	-		Yes No
6	Did the organization inform all grantees, donors, and donor advis			
	for charitable purposes and not for the benefit of the donor or do			
	impermissible private benefit?			
Pa				
1	Purpose(s) of conservation easements held by the organization (
	Preservation of land for public use (e.g., recreation or educ		torically imp	ortant land area
	X Protection of natural habitat	Preservation of a certi		
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form	of a conserv	ation easement on the last
-	day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	1
b				1,860.00
č	Number of conservation easements on a certified historic structu			0
ь Р	Number of conservation easements included in (c) acquired after			
ŭ	listed in the National Register	•		0
3	Number of conservation easements modified, transferred, release			-
Ŭ	year > 0		organization	
4	Number of states where property subject to conservation easem	ent is located 1		
5	Does the organization have a written policy regarding the periodic			
Ŭ	violations, and enforcement of the conservation easements it hol			X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and			10
7	Amount of expenses incurred in monitoring, inspecting, and enfo			
8	Does each conservation easement reported on line 2(d) above sa			•
Ū				Yes No
9	In Part XIII, describe how the organization reports conservation e			
-	include, if applicable, the text of the footnote to the organization's			
	conservation easements.		ine erganiza	der e decedarian gree
Pa	t III Organizations Maintaining Collections of Ar	t, Historical Treasures, or O	ther Simil	lar Assets.
	Complete if the organization answered "Yes" to Form 990	• •		
	If the organization elected, as permitted under SFAS 116 (ASC 9		ent and bal	ance sheet works of art.
	historical treasures, or other similar assets held for public exhibiti			
	the text of the footnote to its financial statements that describes			
b	If the organization elected, as permitted under SFAS 116 (ASC 9		and balance	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educa			
	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 treasur			+ le
-	the following amounts required to be reported under SFAS 116 (A		J, PIONC	
а	Revenues included in Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$\$
2				·
LHA	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.		Schedule D (Form 990) 2013
33205 09-25-				

11040507 756668 006941

	21
00	D 3 37

Sche	dule D (Form 990) 2013 BAY FOU	NDATION OF	MORRO BAY		-	77-02	1584	7 Page	2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Oth	er Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant ι	use of its	collectior	n items	
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	U 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 purpo	se in Par	t XIII.		
5	During the year, did the organization solicit o	or receive donations o	of art, historical trea	sures, or other simila	ar assets		-		
	to be sold to raise funds rather than to be ma						Yes	N	o
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" to	o Form 990,	Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributior	is or other assets no	t included				
	on Form 990, Part X?						Yes		o
b	If "Yes," explain the arrangement in Part XIII								
		·	C C				Amount		
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F	orm 990, Part X, line	21?		····		Yes	N	0
	If "Yes," explain the arrangement in Part XIII.								
Par									_
		(a) Current year	(b) Prior year		(d) Three y	ears back	(e) Four	years bac	k
1a	Beginning of year balance	10,735,286.	9,655,493.			85,776.		013,63	_
h	Contributions		800,000.			72,547.		242,000	
5	Net investment earnings, gains, and losses	699,559.	805,123.			53,731.		836,393	
с А	Grants or scholarships	,		_,		,		,	
	Other expenditures for facilities								-
e	-	632,595.	525,330.	766,226.	8	53,521.		206,250	0.
	and programs		020,000					200,200	
י מ	Administrative expenses	10,802,250.	10,735,286.	9,655,493.	9.0	51,071.	9	885,770	6
y n	End of year balance				5,0			,,,,,	<u> </u>
2	Provide the estimated percentage of the curr	17.18		a)) neio as.					
a	Board designated or quasi-endowment ► Permanent endowment ► 82.82		_%						
		•00 %							
С	Temporarily restricted endowment								
	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								
за	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organiz	ation	Г	<u> </u>	
	by:							Yes No X	
	(i) unrelated organizations						3a(i)		
							3a(ii)	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		• •	Accumulate	d	(d) Bool	k value	
		basis (investm		(other) de	epreciation				
	Land		563.				78	3,563	•
	Buildings								
С	Leasehold improvements								
d	Equipment	71,	/66.		68,69	94.		3,072	•
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, column (B), line 1	10(c).)				1,635	
					9	Schedule	D (Form	n 990) 20 ⁻	13

332052 09-25-13

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(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 000 Port IV	ling 11g Sog Form 000 Part V ling 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(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. I	line 11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)(0)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		•
Part X Other Liabilities.	/		
Complete if the organization answered "Yes"	to Form 990, Part IV, I	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)			
<u>(4)</u>			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) 🕨		
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	⁻ FIN 48 (ASC 740). Ch		
		9	Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013	BAY	FOUNDATION	OF	MORRO	BAY			77-	0215847	Page 4
Pa	t XI Reconciliation of	Reve	nue per Audited	Fina	ncial Stat	ements Wi	ith Reve				
	Complete if the organiz	zation ar	nswered "Yes" to Fo	m 990,	Part IV, line	12a.					
1	Total revenue, gains, and othe	er suppo	ort per audited financ	ial state	ements				1	1,649	,149.
2	Amounts included on line 1 b	ut not or	n Form 990, Part VIII,	line 12	:						
а	Net unrealized gains on inves	tments				2a		4,647.			
b	Donated services and use of						3	8,623.			
с	Recoveries of prior year grant										
d	Other (Describe in Part XIII.)										
е	Add lines 2a through 2d								2e		,270.
3	Subtract line 2e from line 1								3	1,505	,879.
4	Amounts included on Form 99										
а	Investment expenses not incl	uded on	Form 990, Part VIII,	line 7b		4a					
b	Other (Describe in Part XIII.)					4b					
С	Add lines 4a and 4b								4c		0.
5	Total revenue. Add lines 3 and								5	1,505	<u>,879.</u>
Pa	rt XII Reconciliation of	f Exper	nses per Audite	d Fina	ncial Sta	tements W	/ith Expe	enses per	Retu	rn.	
Pa	rt XII Reconciliation of Complete if the organiz	-	-				/ith Expe	enses per	Retu		
Pa 1		zation ar	nswered "Yes" to Fo	m 990,	Part IV, line	12a.			Retu	rn.	,527 .
	Complete if the organiz	zation ar er audite	nswered "Yes" to For d financial statement	rm 990, :s	Part IV, line	12a.					,527.
1	Complete if the organiz Total expenses and losses pe	zation ar er auditee ut not or	nswered "Yes" to For d financial statement n Form 990, Part IX, I	rm 990, :s ine 25:	Part IV, line	12a.					<u>,527.</u>
1 2	Complete if the organiz Total expenses and losses pe Amounts included on line 1 be	zation ar er audited ut not or facilities	nswered "Yes" to For d financial statement n Form 990, Part IX, I	rm 990, s ine 25:	Part IV, line	12a. 2a					<u>,527.</u>
1 2 a	Complete if the organiz Total expenses and losses per Amounts included on line 1 be Donated services and use of	zation ar er audited ut not or facilities	nswered "Yes" to For d financial statement n Form 990, Part IX, I	rm 990, s ine 25:	Part IV, line	12a. 2a 2b					<u>,527.</u>
1 2 a	Complete if the organiz Total expenses and losses per Amounts included on line 1 bi Donated services and use of the Prior year adjustments	zation ar er auditer ut not or facilities	nswered "Yes" to For d financial statement n Form 990, Part IX, I	rm 990, s ine 25:	Part IV, line	12a. 2a 2b 2c				1,242	
1 2 a	Complete if the organiz Total expenses and losses per Amounts included on line 1 bu Donated services and use of Prior year adjustments Other losses	zation ar er auditer ut not or facilities	nswered "Yes" to For d financial statement n Form 990, Part IX, I	rm 990, s ine 25:	Part IV, line	12a. 2a 2b 2c 2d	3	8,623.		1,242	,623.
1 2 b c d	Complete if the organiz Total expenses and losses per Amounts included on line 1 bi Donated services and use of 1 Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	zation ar er auditer ut not or facilities	nswered "Yes" to For d financial statement n Form 990, Part IX, I	m 990, s ine 25:	Part IV, line	12a. 2a 2b 2c 2d	3	8,623.	1	1,242	,623.
1 2 b c d e	Complete if the organiz Total expenses and losses per Amounts included on line 1 bi Donated services and use of 1 Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	zation ar er audited ut not or facilities	nswered "Yes" to For d financial statement n Form 990, Part IX, I	m 990, s ine 25:	Part IV, line	12a. 2a 2b 2c 2d	3	8,623.	1 2e	1,242	,623.
1 2 b c d e 3	Complete if the organiz Total expenses and losses per Amounts included on line 1 bi Donated services and use of 1 Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	zation ar er audited ut not or facilities 90, Part	nswered "Yes" to For d financial statement n Form 990, Part IX, I N, line 25, but not or	rm 990, :s ine 25: 1 line 1:	Part IV, line	12a. 2a 2b 2c 2d	3	8,623.	1 2e	1,242	,623.
1 2 b c d 3 4	Complete if the organiz Total expenses and losses per Amounts included on line 1 bi Donated services and use of 1 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 99	zation ar er audite ut not or facilities 90, Part uded on	nswered "Yes" to For d financial statement n Form 990, Part IX, I IX, line 25, but not or Form 990, Part VIII,	rm 990, s ine 25: n line 1: line 7b	Part IV, line	12a. 2a 2b 2c 2d 2d	3	8,623.	1 2e	1,242	,623.
1 2 b c d 3 4	Complete if the organiz Total expenses and losses per Amounts included on line 1 be Donated services and use of 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 99 Investment expenses not incl Other (Describe in Part XIII.) Add lines 4a and 4b	zation ar er audite ut not or facilities 90, Part luded on	nswered "Yes" to For d financial statement n Form 990, Part IX, I IX, line 25, but not or Form 990, Part VIII,	rm 990, is ine 25: n line 1: line 7b	Part IV, line	12a. 2a 2b 2c 2d 2d	3	8,623.	1 2e	1,242 38 1,203	<u>,623.</u> ,904.
1 2 b c d e 3 4 a b c 5	Complete if the organiz Total expenses and losses per Amounts included on line 1 be Donated services and use of 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 99 Investment expenses not incl Other (Describe in Part XIII.)	zation ar er audite ut not or facilities 90, Part luded on	nswered "Yes" to For d financial statement n Form 990, Part IX, I IX, line 25, but not or Form 990, Part VIII,	rm 990, is ine 25: n line 1: line 7b	Part IV, line	12a. 2a 2b 2c 2d 2d	3	8,623.	1 2e 3	1,242	<u>,623.</u> ,904.

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:

EXPLANATION: 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:

EXPLANATION: CENTRAL COAST AMBIENT MONITORING PROGRAM (CCAMP) AND CENTRAL

COAST LOW IMPACT DEVELOPMENT CENTER (LID)

PART X, LINE 2:

EXPLANATION: THE FOUNDATION DID NOT MAINTAIN ANY TAX POSITIONS THAT DID

		ME	ET THE	"MORE	LIKELY	THAN	NOT"	THRESH	OLD.					
	332054 09-25-13										Sch	nedule D) (Form 990)	2013
								24						
11	0405	07	756668	00694	1	201	3.0508	BO BAY	FOUNDATION	OF	MORRO	BAY	006941	_1

		(Form	201	3
	3/11	-		

	Cabadula D (Faura 000) (
2055 -25-13	Schedule D (Form 990) 20
40507 756668 006941	2013.05080 BAY FOUNDATION OF MORRO BAY 006941_

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

BAY FOUNDATION OF MORRO BAY

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number 77-0215847

OMB No. 1545-0047

Open to Public

Inspection

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:

EXPLANATION: THE 990 IS REVIEWED AND APPROVED BY THE BOARD TREASURER IN

ADDITION TO PROGRAM DIRECTOR, ASSISTANT PROGRAM DIRECTOR AND OFFICE MANAGER

PRIOR TO SUBMISSION.

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

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: GOVERNING DOCUMENTS AND POLICIES ARE MADE AVAILABLE TO THE

PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13 26

11040507 756668 006941