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DLN: 93493135025212

# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public Inspection

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

A Fo	r the 2	010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-20	11		
<b>B</b> Che	eck ıf ap	plicable C Name of organization CHESAPEAKE BAY FOUNDATION INC		D Employer	identification number
☐ Add	ress cha			52-6065	5757
☐ Nai	me chan	ge		E Telephon	e number
┌ Inıt	ıal returi	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(410)26	58-8816
┌ Ter	mınated	6 HERNDON AVENUÈ		(110)10	
┌ Am	ended re	City or town, state or country, and ZIP + 4		<b>G</b> Gross rece	ipts \$ 37,050,251
Г <sub>Арг</sub>	olication	ANNAPOLIS, MD 214034503 pending			
		F Name and address of principal officer	H(a)		filiates? Yes No
		William C Baker	n(a) is this a	group return for an	illates / Yes / No
		6 HERNDON AVENUE ANNAPOLIS,MD 214034503	H(b) Are all	affiliates include	d?
		ANNAI 0213,118 21103 1303			st (see instructions)
I Ta	x-exem <sub>l</sub>	ot status	H(c) Group	exemption	number ►
	ohsito	:► WWW CBF ORG	1		
			<u> </u>		
<b>K</b> Forr	n of org	anization Corporation Trust Association Other	L Year of for	mation 1966	<b>M</b> State of legal domicile MD
Pa	rt I	Summary			
		riefly describe the organization's mission or most significant activities			
	1	he Chesapeake Bay Foundation's (CBF) mission, simply stated, is to Save th	e Bay See Sch	edule O	
<u>မို</u>	_				
₹	_				
틃	-				
ş	<b>2</b> C	heck this box 🔭 if the organization discontinued its operations or disposed	of more than 2!	5% of its net	assets
တ 	3 N	umber of voting members of the governing body (Part VI, line 1a) $$ . $$ .	•	3	37
<del>ه</del> س	4 N	umber of independent voting members of the governing body (Part VI, line 1 kg $^{\circ}$	)	4	36
Ŧ,	<b>5</b> T	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	238
Activities & Governance	6 ⊺	otal number of volunteers (estimate if necessary)		6	14,142
đ	7a ⊤	otal unrelated business revenue from Part VIII, column (C), line 12		7a	167,733
	<b>b</b> N	et unrelated business taxable income from Form 990-T, line 34		7b	81,402
			Prior	Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		27,715,053	21,991,668
₽	9	Program service revenue (Part VIII, line 2g)		1,319,368	1,295,944
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-620,816	434,526
Ě	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		310,116	231,781
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), li			
		12)		28,723,721	23,953,919
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )		9,580,833	4,160,340
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
82	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$ )		12,396,876	12,797,648
Ě	16a	Professional fundraising fees (Part IX, column (A), line 11e)		138,596	134,648
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25) \$\infty 3,024,490\$		,	,
Э	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	_	9,510,025	10,137,937
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		31,626,330	
	19	Revenue less expenses Subtract line 18 from line 12		-2,902,609	-3,276,654
* 07		Account 1885 expenses substant me 18 months 12 months 18	Beginning	of Current	
ង់គ្				ear	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		82,902,663	80,380,033
정말	21	Total liabilities (Part X, line 26)		17,235,718	11,671,377
<u> 22</u>	22	Net assets or fund balances Subtract line 21 from line 20		65,666,945	68,708,656
Pai	rt II	Signature Block			
Under know	r penalt	Signature Block ies of perjury, I declare that I have examined this return, including accompanying nd belief, it is true, correct, and complete. Declaration of preparer (other than office			
		****** Supporture of officer		12-05-14	
Sign		Signature of officer	Da	le	
Here	e	WILLIAM C BAKER President Type or print page and title			
		Type or print name and title	<u> </u>		
		preparer's name Michael a Freedman   Michael a Freedman		Check if self-	PTIN
Paid	L'	CPA CPA CPA FIRM'S name ▶ GELMAN ROSENBERG & FREEDMAN		pioyeu #	
Prepa	arer 📙				Firm's EIN
Use (	Only   <sup>f</sup>	irm's address ▶ 4550 MONTGOMERY AVE SUITE 650N			Phone no (301) 951-
		BETHESDA, MD 208142930			9090
May	the IRS	$5$ discuss this return with the preparer shown above? (see instructions) $\cdot$ .			▼ Yes

Par		it of Program Servi nedule O contains a resp				
1	Briefly describe th	e organization's mission				
The	Chesapeake Bay Fou	ındatıon's (CBF) mıssıoı	n, simply state	d, is to Save the Bay	See Schedule O for Continuation	on (page 51)
_						
2	Did the organizatio the prior Form 990		ant program s	= -	which were not listed on	- Yes
	If "Yes," describe t	hese new services on So	chedule O			
3		n cease conducting, or r			nducts, any program	Yes ✓ No
	If "Yes," describe t	hese changes on Sched	ule O			
4	Section 501(c)(3)		ions and secti	on 4947(a)(1) trusts a	largest program services by e re required to report the amou service reported	
4a	(Code	) (Expenses \$	6,249,785	including grants of \$	583,086 ) (Revenue \$	980,780 )
	Virginia, Maryland, Pe	nnsylvania, and the District of ership courses, and taught lea	f Columbia, traine	ed 400 teachers through pro	h field-based, hands-on education pro fessional development immersion pro s who were interested in taking action	grams, engaged 32 principals
	(Code	) (Expenses \$	13,456,745	ıncludıng grants of \$	3,577,254 ) (Revenue \$	315,164 )
					enting the 2010 federal/state plan to see Schedule O for Continuation (page	
4c	(Code	) (Expenses \$	2,580,629	ıncludıng grants of \$	) (Revenue \$	)
		explained the 2010 federal/sta and other collateral materials			cks in the press, in digital media, and	through the development and
	Other program se	rvices (Describe in Sch	مربياه ۲۰۰			
Tu	(Expenses \$		uding grants o	f\$	) (Revenue \$	)
4e	Total program ser	vice expenses <b>⊁</b> \$	22,287,15	59		

art IV	Checklis	st of	Required	Schedules
	CIICCKII			

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
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	Yes	
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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 Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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		
25a	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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	_	No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2010)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 190			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
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		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country VI, CJ			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_		<u> </u>		<u> </u>
5a 	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year   7d   1			
_	Did the organization receive any funds directly or indirectly to nay promiums on a personal honefit			
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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	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			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b	-		
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
-				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
1.4-	Did the organization receive any nayments for indeer tanning corvices during the tay year?	14-		NI ~
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	2			

Form 990 (2010) Page **6** Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI . . . . . . . . . . . . . .

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	<b>ection B. Policies</b> (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	166		
Se	ection C. Disclosure	16b		
<u> </u>	List the States with which a copy of this Form 990 is required to be filed AL , AK , AZ , AR , CA , CO , CT , FL , G	 Д . НТ	.IL.K	
	LA, ME, MD, MA, MI, MN, MS, MO, NC, ND, OH, OK, OR, PA, RI, SC, T	NH,N	IJ,NM	NY,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 FAY R NANCE 6 HERNDON AVENUE

# <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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 organ	nization nor any r	<u>elated o</u>	rgan	zatio	on c	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours		tion (		′)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) Average hours per		that a			all		Rep comp	( <b>D)</b> ortable ensation om the	<b>(E)</b> Reportable compensatio from related		(F) Estima amount o compens	ated fother
		week (describe	   2 =	   <u>=</u>		_	egne Hgh		organi	zation (W- 99-MISC)	organizations (W- 2/1099-	,	from t	the
		hours	윷물	) ä		중 ②	ခြင့်		2,103	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MISC)		relat	ed
		for related	Individual trustee or director	10113	Office	employee	° S	Former					organıza	itions
		organizations	ੈ <u>ਛ</u> ੋ	=	₾	)  O	5	₫						
		Schedule O)	ř	Institutional Trustee		Œ.	Highest compensated employee							
See A	Additional Data Table	0)												
								_						
1b	Sub-Total				٠.	•	<del>.</del> .	•						
С	Total from continuation sheets	to Part VII, Sec	tion A				Þ							
d	Total (add lines 1b and 1c) .							۰		1,311,261		0	1	209,925
2	Total number of individuals (incl \$100,000 in reportable compen					ted	above	) who	receive	ed more tha	n			
													Yes	No
3	Did the organization list any <b>for</b>					ey e	employ	ee, o	r highes	st compens	ated employee			
	on line 1a? If "Yes," complete Sci					•	•	•				3		No
4	For any individual listed on line organization and related organiz											_		1111
5	Did any person listed on line 1a	receive or accr		· nerci	• •tion	fro	m anv	· unrol	· ·	anization o	r individual for	4	Yes	
,	services rendered to the organiz										•	5		No
	action B. Indonesiant Com	tractors												
1	ection B. Independent Con  Complete this table for your five		nsated	ınden	ende	ent d	contra	ctors	that re	ceived more	than			
_	\$100,000 of compensation from			чер			2011614		· criacio					
		(A)									(B)	T	(C	)

(A)	(B)	(C)
Name and business address	Description of services	Compensation
The Production Advantage Inc 13873 Park Center Rd Oak Hill, VA 20171	Mass Production Printing	890,291
Citizens Campaign Inc 23885 Denton St Suite B Clinton Township, MI 48036	Public Outreach And Advocacy	536,187
Chase Construction 411 Stark Road Tunkhannock, PA 18657	Agricultural Best Mgmt Practices	300,508
Whitmore Print & Imaging Inc 1982 Moreland Parkway Annapolis, MD 21401	Mass Production Printing	290,906
Carol Enters List Co Inc PO Box 2409 Fairfax, VA 22031	List Management & Brokerage	277,538
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►18	who received more than	

Palit	V4 1 1 1	2010)					Ρ.	age <b>9</b>
	<b>V111</b> 1	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	
						revenue		tax under section 512,
								513, o 514
and other similar amounts	1a	Federated campaigns	<b>1a</b>	459,718				
20	b	Membership dues	. 1b					
; <del>E</del>	С	Fundraising events	1c	344,522				
ਭੂ	d	Related organizations	. 1d					
등	e	Government grants (contributions)	<b>1e</b>	5,952,497				
<u> </u>	f	All other contributions, gifts, grants similar amounts not included above	s, and <b>1f</b> e	15,234,931				
5		Noncash contributions included in		1,007,550				
a E	h	Total. Add lines 1a-1f			21,991,668			
<u>a</u>				Business Code				
Program Serwoe Revenue	2a	Tuition and Education		900099	980,780	980,780		
원 (1		Farm Income		900099	178,378			
ž F	_	Contract Income		900099	116,920			
38		Workshop Income Tour Income		900099	4,930 1,220	4,930 1,220		
[B		All other program service re	venue			13,716		
္ရွိ	a	Total. Add lines 2a-2f .			13,716 1,295,944			
		Investment income (includii			1,293,944			
		and other similar amounts)		-	439,323		433	438,8
	4	Income from investment of tax-ex	rempt bond proceeds					
	5	Royalties	<u> <del>.</del> </u>		38,126			38,1
	_		(i) Real	(II) Personal				
		Gross Rents Less rental	277,450					
	_	expenses	277.450					
		Rental income or (loss)	277,450					
	d	Net rental income or (loss)			277,450		167,300	110,1
	7a	Gross amount	(ı) Securities 12,886,235	(II) O ther 35,070				
	, <del>.</del>	from sales of assets other than inventory		·				
	_	Less cost or other basis and sales expenses	12,836,468	89,634				
		Gain or (loss)	49,767	-54,564				
	d	Net gain or (loss)			-4,797			-4,7
		Gross income from fundraisi (not including \$344,522 of contributions reported on						
		See Part IV, line 18	•					
	h	Loss direct expenses	a L	86,435				
		Less direct expenses .  Net income or (loss) from fu	b	86,435 170,230	-83,795			-83,7
	С	Net income or (loss) from fu	b		-83,795			-83,7
	c 9a	Net income or (loss) from fu Gross income from gaming a	<b>b</b> ndraising events 🏲		-83,795			-83,7
	c 9a b	Net income or (loss) from fu Gross income from gaming a	bndraising events Factivities See Part IV, line 19 . a	170,230	-83,795			-83,7
	c 9a b c	Net income or (loss) from further Gross income from gaming at Less direct expenses.  Net income or (loss) from games of the company of the co	b  Indraising events	170,230	-83,795			-83,7
	c 9a b c	Net income or (loss) from fu Gross income from gaming a Less direct expenses . Net income or (loss) from ga	b  Indraising events	170,230	-83,795			-83,7
	c 9a b c	Net income or (loss) from further Gross income from gaming at Less direct expenses.  Net income or (loss) from games of the company of the co	b  Indraising events •  Incriticities See Part IV, line 19 . a  Incriticities •  Instructions and a control of the control of t	170,230	-83,795			-83,7
	ga b c 10a	Net income or (loss) from further description for the following states of the	bndraising events	170,230	-83,795			-83,7
	c 9a b c 10a	Net income or (loss) from further Gross income from gaming at Less direct expenses.  Net income or (loss) from gaming at Gross sales of inventory, less returns and allowances.  Less cost of goods sold.  Net income or (loss) from same miscellaneous Revenue.	bndraising events	170,230	-83,795			-83,7
	c 9a b c 10a b c	Net income or (loss) from further description of the content of th	bndraising events	170,230	-83,795			-83,7
	c 9a b c 10a	Net income or (loss) from further description of the content of th	bndraising events	170,230	-83,795			-83,7
	b c 111a b c c	Net income or (loss) from further description of the content of th	bndraising events	170,230	-83,795			-83,7
	c 9a b c 10a b c c 11a b c c d	Net income or (loss) from further Gross income from gaming at Less direct expenses.  Net income or (loss) from gaming at Gross sales of inventory, less returns and allowances.  Less cost of goods sold.  Net income or (loss) from same miscellaneous Revenue.	bndraising events	170,230	-83,795			-83,7
	c 9a b c 10a b c c 11a b c c d	Net income or (loss) from further description of the content of th	bndraising events	170,230	-83,795			-83,7
	b c 111a b c d e e	Net income or (loss) from further Gross income from gaming at Less direct expenses.  Net income or (loss) from gaming at Gross sales of inventory, less returns and allowances.  Less cost of goods sold.  Net income or (loss) from same miscellaneous Revenue.		170,230	-83,795		167,733	

# Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations mus			(D)	
	ll other organizations must complete column (A) but are not required to c	omplete columr	(B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,159,665	4,159,665		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	675	675		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,417,049	597,943	620,759	198,347
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	8,004,030	6,224,197	830,151	949,682
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	309,508	238,234	32,969	38,305
9	Other employee benefits	2,368,856	1,727,325	340,843	300,688
10	Payroll taxes	698,205	513,531	102,054	82,620
а	Fees for services (non-employees) Management				
b	Legal	110,736	77,257	18,341	15,138
c	Accounting	129,244		129,244	
d	Lobbying	126,996	126,996		
е	Professional fundraising services See Part IV, line 17	134,648			134,648
f	Investment management fees	142,315		142,315	
g	Other	2,535,258	2,290,150	149,236	95,872
12	Advertising and promotion	63,405	47,473		15,932
13	Office expenses	3,185,313	2,341,345	112,101	731,867
14	Information technology	374,877	273,004	68,257	33,616
15	Royalties	303,873	205,179		98,694
16	Occupancy	355,199	337,357	11,861	5,981
17	Travel	388,193	347,594	26,061	14,538
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	262,671	178,999	60,964	22,708
20	Interest	452,473	287,874	106,190	58,409
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	847,423	753,003	53,253	41,167
23	Insurance	308,912	255,108	31,770	22,034
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Allocation of G&A	0	887,129	-1,017,205	130,076
b	Repairs & Maintenance	293,669	263,801	27,906	1,962
c	Other Expenses	177,704	119,735	42,365	15,604
d	Outside services	66,297	33,585	16,110	16,602
e	Federal taxes	13,379		13,379	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	27,230,573	22,287,159	1,918,924	3,024,490
26	<b>Joint costs.</b> Check here ► 🔽 if following SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation	2,665,993	1,755,869	0	910,124

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			11,236	1	8,162
	2	Savings and temporary cash investments			9,037,027	2	10,342,204
	3	Pledges and grants receivable, net			7,482,323	3	6,718,373
	4	Accounts receivable, net			6,270,573	4	1,520,910
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key e	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ , and contributing ersponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	rs, and				
ets		Schedule L				6	
Assets	7	Notes and loans receivable, net			103,000	7	103,000
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			428,668	9	401,161
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	33,023,565			
	b	Less accumulated depreciation	10b	12,803,230	20,607,130	10c	20,220,335
	11	Investments—publicly traded securities			21,281,269	11	20,746,644
	12	Investments—other securities See Part IV, line 11			17,608,266	12	20,251,493
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			73,171	15	67,751
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			82,902,663	16	80,380,033
	17	Accounts payable and accrued expenses .	7,187,758	17	2,090,908		
	18	Grants payable				18	
	19	Deferred revenue			116,027	19	157,838
	20	Tax-exempt bond liabilities			7,420,000	20	7,030,000
Se	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties			648,143	23	609,051
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			1,863,790	25	1,783,580
	26	Total liabilities. Add lines 17 through 25			17,235,718	26	11,671,377
S		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete lir	nes 27			
Balances		through 29, and lines 33 and 34.					ı
lar	27	Unrestricted net assets			18,827,993		20,515,896
Ba	28	Temporarily restricted net assets			8,166,272	$\vdash$	9,109,509
Fund	29	Permanently restricted net assets			38,672,680	29	39,083,251
Fu		Organizations that do not follow SFAS 117, check here ► an	d comp	olete			
ō		lines 30 through 34.				_	l
3£	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds		25 222 5 :-	32	00.700.07
Net	33	Total net assets or fund balances			65,666,945		68,708,656
I	34	Total liabilities and net assets/fund balances			82,902,663	34	80,380,033

- (-)	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		230	953,919
2	Total expenses (must equal Part IX, column (A), line 25)	2			230,573
3	Revenue less expenses Subtract line 2 from line 1	3		-3,2	276,654
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		65,6	566,945
5	Other changes in net assets or fund balances (explain in Schedule O)	5		6,3	318,365
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		68,7	708,656
Par	TEXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
		r		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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DLN: 93493135025212

### 1: 93493135025212

OMB No 1545-0047

0040

2010

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section

**Public Charity Status and Public Support** 

4947(a)(1) nonexempt charitable trust.

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

Inspection

Name of the organization CHESAPEAKE BAY FOUNDATION INC

Employer identification number

52-6065757

	rgani			te foundation becaus		•				istructions	
1				on of churches, or as			-				
2	_			in <b>section 170(b)(1</b>					7(-/(/(-/-		
3	Ē			perative hospital se				n 170(b)(1)	(A)(iii).		
4	Γ	A medi	cal researcl	n organization operat ty, and state						<b>1)(A)(iii).</b> Er	nter the
5	Γ			erated for the benefit		or universit	y owned or o	perated by a	government	al unit descr	ıbed ın
	_			A)(iv). (Complete P							
6	<u> </u>			local government or	_						
7	<u>  -                                   </u>	describ	oed in	at normally receives (A)(vi) (Complete P		al part of its	support from	a governme	ntal unit or fr	om the gene	ral public
8	$\vdash$			described in <b>section</b>		<b>A)(vi)</b> (Com	nnlete Part II	)			
9	,			at normally receives					outions, mem	bership fees	. and gross
_	,	_		ities related to its ex							_
		•		oss investment inco	•	-			, ,		
			-	ganızatıon after June				-		•	
10	$\Gamma$										
11	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III - Functionally integrated d Type III - Other										
e	Γ	other t	_	ox, I certify that the on managers and oth	_					•	•
f		If the c	rganızatıon thıs box	received a written de						II supportin	g organization,
g				2006, has the organi	zation accep	oted any gift	or contribution	on from any	of the		
			ng persons? erson who di	rectly or indirectly c	ontrols eithe	eralone orto	naether with r	nersons des	cribed in (ii)		Yes No
				governing body of th						11g(	
				er of a person descri		_				11g(i	
				led entity of a perso			bove?			11g(i	
h		Provide	e the followi	ng information about	the supporte	ed organizati	on(s)				
S	(i) Name suppo ganiz	e of rted	(ii) EIN	(iii)  Type of  organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is th organizat col (i) org in the U	e Ion In anized	(vii) A mount of support
				inst ructions))	Yes	No	Yes	No	Yes	No	1

Total

# 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.)

S	ection A. Public Support	o erganization	rane to quamy		20.0 г., р.			<u> </u>
	endar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	26,057,55	17,300,141	18,249,743	27,715,053	21	,991,668	111,314,158
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	26,057,55	17,300,141	18,249,743	27,715,053	21	,991,668	111,314,158
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)							4,709,737
6	Public Support. Subtract line 5							
	from line 4							106,604,421
	ection B. Total Support							
Cal	endar year (or fiscal year	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 20	10	(f) Total
7	beginning in) ► A mounts from line 4	26,057,553	17,300,141	18,249,743	27,715,053	21	,991,668	111,314,158
8	Gross income from interest,	20,00.,000	11,000,111	20,215,110	2171207000		,,,,,,,,,	111,011,100
Ū	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,229,071	2,558,678	960,505	646,593		587,166	5,982,013
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)	33,071	12,161					45,232
11	<b>Total support</b> (Add lines 7 through 10)							117,341,403
12	Gross receipts from related activit		•			12		6,870,450
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	tion's first, second	l, thırd, fourth, or f	ifth tax year as a	501(c)(3	3) organız	ation, ▶□
S	ection C. Computation of Pu			<del>-</del>				
14	Public Support Percentage for 201	.0 (line 6 column	(f) divided by line	11 column (f))		14		90 850 %
15	Public Support Percentage for 200	9 Schedule A, P	art II, line 14			15		89 390 %
	33 1/3% support test—2010. If the and stop here. The organization que 33 1/3% support test—2009. If the	ialifies as a publi e organization di	cly supported orga d not check the bo	inization x on line 13 or 16				<b>►</b>  ✓ check this_
	box and <b>stop here.</b> The organization 10%-facts-and-circumstances test is 10% or more, and if the organization me organization me organization	t— <b>2010.</b> If the ore ation meets the " ets the "facts an	ganization did not facts and circums id circumstances"	check a box on lir tances" test, che test The organiz	ck this box and <b>s</b> ation qualifies as	t <b>op here.</b> a publicl	Explain y suppor	ed ▶⊏
b	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organize supported organization	ınızatıon meets tl	he "facts and circi	ımstances" test,	check this box ar	nd <b>stop h</b> e	ere.	<b>▶</b>  ¯
18	Private Foundation If the organiza instructions	tion did not chec	k a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and	see	<b>₽</b>   ▶□

organization

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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization'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 7a Amounts included on lines 1, 2, and 3 received from disqualified 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) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**▶**□

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

**EIN:** 52-6065757

Name: CHESAPEAKE BAY FOUNDATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	dent C	onti	act	tors	<u> </u>				
(A) Name and Title	(B) Average hours	Posi t	tion ( that a	(che	/)	_		<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Simon Sidamon-Eristoff Chairman	1 00	х		х				0	0	0
D Keith Campbell	1 00	Х		х				0	0	0
Chairman (until 1/31/2011) James E Rogers	1 00	×		X				0	0	0
Vice Chairman Susan S Phillips										
Secretary	1 00	Х		Х				0	0	0
Alan L Wurtzel Treasurer	1 00	Х		х				0	0	0
Alan R Griffith Trustee	1 00	Х						0	0	0
Alexis G Sant	1 00	х						0	0	0
Trustee Amanda Deaver										
Trustee	1 00	Х						0	0	0
Ann Fritz Hackett Trustee	1 00	Х						0	0	0
Anne B Shumadine Trustee	1 00	Х						0	0	0
Anthony A Williams Trustee	1 00	Х						0	0	0
Arnold I Richman Trustee	1 00	Х						0	0	0
Byron F Marchant Trustee	1 00	Х						0	0	0
Carolyn Groobey Trustee	1 00	Х						0	0	0
Charles W Moorman IV Trustee	1 00	×						0	0	0
Donald F Boesch PhD Trustee	1 00	Х						0	0	0
Eugene Taylor Sutton Trustee	1 00	×						0	0	0
G Waddy Garrett Trustee	1 00	Х						0	0	0
H Turney McKnight Trustee	1 00	Х						0	0	0
Jane P Batten Trustee	1 00	х						0	0	0
Jennıfer Stanley Trustee	1 00	Х						0	0	0
John T Casteen III Trustee	1 00	Х						0	0	0
Marie W Ridder Trustee	1 00	Х						0	0	0
Matthew J Klein Trustee	1 00	Х						0	0	0
Michael J Hanley Trustee (until 1/31/2011)	1 00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, ar	(B)				<u> </u>			(D)	(5)	(5)
<b>(A)</b> Name and Title	A verage hours per	Posi t	tion ( that a	che	′)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Peter L Woicke Trustee	1 00	×						0	0	0
Rıchard L Franyo Trustee	1 00	Х						0	0	0
Robert A Kinsley Trustee	1 00	х						0	0	0
S Decker Anstrom Trustee	1 00	Х						0	0	0
Susan P Wilmerding Trustee	1 00	Х						0	0	0
Truman T Semans Trustee	1 00	Х						0	0	0
W Russell G Byers Jr Trustee	1 00	Х						0	0	0
W Tayloe Murphy Jr Trustee	1 00	Х						0	0	0
Adrian M Fenty Ex-officio Trustee	1 00	Х						0	0	0
Edward G Rendell Ex-officio Trustee	1 00	Х						0	0	0
Joanne S Berkley Ex-officio Trustee	1 00	Х						0	0	0
Martın J O'Malley Ex-officio Trustee	1 00	Х						0	0	0
Robert F McDonnell Ex-officio Trustee	1 00	Х						0	0	0
William C Baker President	40 00	Х		×				172,844	0	32,187
Mary Tod Winchester Asst Secretary	40 00			х				115,109	0	26,331
Fay R Nance Assistant Treasurer	40 00			x				141,934	0	12,499
Charles D Foster Assistant Treasurer	40 00			х				93,180	0	25,591
Edward Allenby Vice Pres - Development	40 00				х			176,860	0	18,733
Deborah L Boyd Dır Human Resources	40 00					Х		102,780	0	4,735
Donald Baugh Vice Pres - Education	40 00					Х		115,190	0	29,881
Elizabeth Buckman Vice Pres - Communications	40 00					Х		118,986	0	19,547
Jon A Mueller Vice Pres - Litigation	40 00					Х		139,238	0	12,330
Roy A Hoagland Vice Pres - Env Protection	40 00					х		135,140	0	28,091

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DLN: 93493135025212

## OMB No 1545-0047

**SCHEDULE C** 

(Form 990 or 990-EZ)

Department of the Treasury

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

Internal Revenue Service If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number CHESAPEAKE BAY FOUNDATION INC 52-6065757 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes Yes Was a correction made? If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the

(e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Fo	rm 5768 (	(election
<b>A</b>	Check If the filing organization belongs to a				
<u> </u>	Check I if the filing organization checked bo  Limits on Lobbying E  (The term "expenditures" means an		O rga	) Filing nization's otals	<b>(b)</b> Affiliated Group Totals
<b>1</b> a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		108,954	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		209,111	
c	Total lobbying expenditures (add lines 1a and 1	b)		318,065	
d	Other exempt purpose expenditures			26,912,508	
е	Total exempt purpose expenditures (add lines 1	c and 1d)		27,230,573	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both		1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
 g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er - 0 -		0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		0	

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expendi	itures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	(e) Total
<u>2a</u>	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	641,067	282,314	565,479	318,065	1,806,925
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	176,104	56,257	220,533	108,954	561,848

che	edule C (Form 990 or 990-EZ) 2010				Pί	age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT fi	led F	orm	5768	3
		(;	a)		(b)	
		Yes	No	, F	Amoun	it
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?			-		
	Mailings to members, legislators, or the public?		$\vdash$	+-		
			$\vdash$	+-		
e	Publications, or published or broadcast statements?			+-		
f	Grants to other organizations for lobbying purposes?		<del></del>	₩		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		<u> </u>	₩		
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities? If "Yes," describe in Part IV		<del> </del>	$\vdash$		
j	Total lines 1c through 1i			+-		
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		I			
	If "Yes," enter the amount of any tax incurred under section 4912			┨		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		I			
	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01/6	1(5)			
	501(c)(6).	J)10-	<u>,,,,</u>			
			_	_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		- L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
<sup>2</sup> aı	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11

Identifier | Return Reference | Explanation

Part IV Supplemental Information

Also, complete this part for any additional information

5 Taxable amount of lobbying and political expenditures (see instructions)

5

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DLN: 93493135025212

OMB No 1545-0047

Department of the Treasury Internal Revenue Se

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

	r Attach to 10	onii 990. F See separate ilistractions.		ziispeetieii
	Employer identification numbers SSPARMS BY FOUNDATION BYC.    TEXT Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete organization answered "Yes" to Form 990, Part IV, Inne 6.    Total number at end of year	tion number		
Dart T	Employer identification September by Foundation in September by Foundation in September by Foundation in September by Foundation answered "Yes" to Form 990, Part IV, line 6.  Total number at end of year Aggregate contributions to (during year) Aggregate agriants from (during year) Aggregate value at end of year Aggregate value at end of ye	Complete if th		
Paill			illus of Accounts.	Complete ii tii
			(b) Funds and of	ther accounts
1 Total	number at end of year			
2 Aggre	egate contributions to (during year)			
<b>3</b> Aggre	egate grants from (during year)			
4 Aggre	egate value at end of year			
			or advised	┌ Yes ┌ No
used confe	only for charitable purposes and not for the benering impermissible private benefit	efit of the donor or donor advisor, or for an	y other purpose	<u> </u>
Part II	Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form 990, Part IV	, lıne 7.
F F F F F F F F F F F F F F F F F F F	Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space plete lines 2a-2d if the organization held a quali	on or pleasure)	ertified historic struct	=
			Held at the	End of the Year
<b>a</b> Total	number of conservation easements		2a	3
<b>b</b> Total	acreage restricted by conservation easements		2b	5,283 0
<b>c</b> Numb	ber of conservation easements on a certified his	toric structure included in (a)	2c	
<b>d</b> Numb	ber of conservation easements included in (c) ac	equired after 8/17/06	2d	
		rred, released, extinguished, or terminate	d by the organization o	luring
4 Numb	ber of states where property subject to conserva	ition easement is located 🛌 👤 2		
			lling of violations, and	✓ Yes
				1,010
170(	h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?			, ,
balar	nce sheet, and include, if applicable, the text of t	he footnote to the organization's financial		
Part III	Organizations Maintaining Collectio Complete if the organization answered "	ns of Art, Historical Treasures, ( Yes" to Form 990, Part IV, line 8.	or Other Similar A	\ssets.
art, h	istorical treasures, or other similar assets held	for public exhibition, education or researc	h in furtherance of pub	
hısto	rıcal treasures, or other sımılar assets held for p	public exhibition, education, or research ir		
(i) <sub>R</sub>	evenues included in Form 990, Part VIII, line 1		<b>►</b> \$	
2 If the	organization received or held works of art, histo			
	nues included in Form 990, Part VIII, line 1	<u>-</u>	<b>►</b> \$	

**b** Assets included in Form 990, Part X

Par	TIPE Organizations Maintaining Collection	ctions of Art, Hi	stor	<u>cai ireas</u>	ures, or Otne	r Similar Ass	sets (co	<u>intinued)</u>
3	Using the organization's accession and other relatems (check all that apply)	cords, check any of	the fo	lowing that a	are a significant i	ise of its collecti	on	
а	Public exhibition	d	Γ	Loan or ex	change programs	;		
b	Scholarly research	e	$\sqcap$	Other				
С	Preservation for future generations							
4	Provide a description of the organization's collect	ctions and explain ho	ow the	y further the	organization's e	xempt purpose ır	ı	
5	During the year, did the organization solicit or re						,	<b>-</b>
Pai	t IV Escrow and Custodial Arrangem Part IV, line 9, or reported an amou	ents. Complete	f the	organizatio		<u> </u>	<b>Yes</b> 90,	No
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	•			or other assets		- Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the follo	wing t	able	_	Δm	ount	
С	Beginning balance				1c		- Curre	
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form	990, Part X. line 21	?			г	Yes	□ No
ь	If "Yes," explain the arrangement in Part XIV	, , , , , , , , , , , , , , , , , , ,				•		,
	rt V Endowment Funds. Complete if the	ne organization an	swer	ed "Yes" to	Form 990, Pa	rt IV, line 10.		
		(a)Current Year	( <b>b)</b> Prioi			Three Years Back	<b>(e)</b> Four Y	ears Back
1a	Beginning of year balance	39,902,327	3	9,486,412	42,593,814			
b	Contributions	88,324		376,609	358,266			
С	Investment earnings or losses	6,557,970		701,687	-1,925,967			
d	Grants or scholarships	2 000 054		662 204	4 520 704			
е	Other expenditures for facilities and programs	-2,089,854		662,381	-1,539,701			
f	Administrative expenses							
g	End of year balance	48,638,475	3	9,902,327	39,486,412			
2	Provide the estimated percentage of the year en							
а	Board designated or quasi-endowment 🕨 19	890 %						
b	Permanent endowment 🕨 69 370 %							
c	Term endowment ► 10 740 %							
3a	Are there endowment funds not in the possession	n of the organization	n that	are held and	administered for	the		
	organization by (i) unrelated organizations					3a(i	Yes Yes	No
	(ii) related organizations		٠			3a(i		No
b	If "Yes" to 3a(II), are the related organizations I					3b		İ
4	Describe in Part XIV the intended uses of the or	ganızatıon's endown	nent f	unds			•	
Pai	t VI Investments—Land, Buildings, a	nd Equipment.	See I	orm 990, I	Part X, line 10.		,	
	Description of investment			) Cost or other is (investment)		(c) Accumulated depreciation	( <b>d)</b> Bo	ok value
1a	Land				10,315,411		1	0,315,411
b	Buildings				15,205,015	7,503,863		7,701,152
c	Leasehold improvements							
d	Equipment							
	Other				7,503,139	5,299,367		2,203,772
Tota	I. Add lines 1a-1e (Column (d) should equal Form	990, Part X, column (l	B), line	e 10(c).) .		▶	2	0,220,335

Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or category	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(including name of security)		Cost of elid-of-year market value
(1)Financial derivatives		
(2) Closely-held equity interests		
(3)Other (A) Partnerships/Alternative Investments	17,327,143	F
(B) Beneficial Interest in Perpetual Trust	2,924,350	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	20,251,493	
Part VIII Investments—Program Related. Se		
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, II		
(a) Descri		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line.	15.)	
Part X Other Liabilities. See Form 990, Part 3		•
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	. ,	
Split Interest Agreement	878,468	
	905,112	
Interest Rate Swap Obligation	905,112	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	1,783,580	
	· · · · · · · · · · · · · · · · · · ·	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,953,919
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,230,573
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,276,654
4	Net unrealized gains (losses) on investments	4	6,244,469
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	73,896
9	Total adjustments (net) Add lines 4 - 8	9	6,318,365
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,041,711
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	32,102,610
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	8,297,755
3	Subtract line <b>2e</b> from line <b>1</b>	3	23,804,855
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 142,315		
Ь	Other (Describe in Part XIV)	_	
с _	Add lines <b>4a</b> and <b>4b</b>	4c	149,064
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	23,953,919
1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial	per	29,060,899
•	statements	1	25,000,055
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	1,972,641
3	Subtract line <b>2e</b> from line <b>1</b>	3	27,088,258
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 142,315		
Ь	Other (Describe in Part XIV)		
_ C	Add lines 4a and 4b	4c	142,315
5 Par	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	27,230,573

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

additional information		
Identifier	Return Reference	Explanation
Description of How Organization Reports Conservation Easements	Part II, Line 9	A monetary value has not been placed on conservation easements, therefore, they are not included in financial statements
Description of Intended Use of Endowment Funds	Part V, Line 4	Endowment funds are used for donor restricted projects as well as to fund unrestricted activities. Donor restricted endowments are used for education in general, field education, farm operations, support and maintenance of facilities and boats, and restoration projects. It is the policy of the Foundation to spend 5% of a twelve quarter trailing average of the sum of accumulated investments.
Description of Uncertain Tax Positions Under FIN 48	Part X	In June 2006, the Financial Accounting Standards Board (FASB) released FASB ASC 740-10, Income Taxes, that provides guidance for reporting uncertainty in income taxes. For the years ended June 30, 2011 and 2010, the Foundation has documented its consideration of FASB ASC 740-10 and determined that no material uncertain tax positions qualify for either recognition or disclosure in the financial statements. The Federal Form 990, Return of Organization Exempt from Income Tax, is subject to examination by the Internal Revenue Service, generally for three years after it is filed.
Part XI, Line 8 - Other Adjustments		Partnership revenue not included in the financial -6,749 statements but included in revenue for unrelated business tax calculation Unrealized gain on interest rate swap 80,645
Part XII, Line 2d - Other Adjustments		Special Event Expenses 170,230 Unrealized gain on interest rate swap 80,645
Part XII, Line 4b - Other Adjustments		Partnership revenue not included in the financial 6,749 statements but included in revenue for unrelated business tax calculation
Part XIII, Line 2d - Other Adjustments		Special Event Expenses 170,230

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DLN: 93493135025212

OMB No 1545-0047

2010

**SCHEDULE F** (Form 990)

Department of the Treasury

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

> Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection** 

Internal Revenue Service Name of the organization CHESAPEAKE BAY FOUNDATION INC

**Employer identification number** 

5 i i E 5 i	TI LAKE DAT TO UNDATION IN				52-6065757	
Par	General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the o	organization m	naıntaın record	s to substantiate the a	amount of the grants o	or
i	assistance, the grantees' elig	gibility for the	grants or assis	stance, and the selecti	on criteria used to awa	ırd
1	the grants or assistance?					┌ Yes ┌ No
	<b>For grantmakers.</b> Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the use	of grant funds outside th	ne
3 /	Activites per Region (Use Part '	V ıf addıtıonal s	pace is needed )	)		
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
(	Central America and the	0	0	Investments		4,222,873
-	Carıbbean					
-						
_						
_						
-						
_						
_						
_						
_						
-						
•						
-						
•						
-						
3a <sup>(</sup>	Sub-total	0	0			4,222,873
Ь.	Total from continuation sheets to Part I	0				.,,_

c Totals (add lines 3a and 3b)

Part	Part IV, l	ine 15, for any					plete if the organiza received more thai		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
			1				
			i				
			1				
			 I		,		
					,		
,			·		,		
,			 I		1		
-			 I		,		
			ı		,		

# Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	ত	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	굣	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	্	Νo

Schedule F (Form 990) 2010

### **Additional Data**

Software ID: Software Version:

**EIN:** 52-6065757

Name: CHESAPEAKE BAY FOUNDATION INC

Schedule F (Form 990) 2010

Page **5** 

### Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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DLN: 93493135025212

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization CHESAPEAKE BAY FOUNDATION INC **Employer identification number** 

THE ONE ENTRE BATTOON BATT.					52-6065757		
Part I Fundraising Ac	<b>tivities.</b> Complete	e if the o	organiza	tion answered "Yes" t	o Form 990, Part IV,	line 17.	
1 Indicate whether the organ	nization raised funds	through a	any of the	following activities Che	ck all that apply		
a Mail solicitations		_		Solicitation of non			
<b>b</b> Internet and e-mail so	olicitations		f	Solicitation of gov	•		
c Phone solicitations			q	Special fundraising	<del>-</del>		
d  In-person solicitation	c		9	, opecial fanaraism	geventes		
a person soncitation	5						
2a Did the organization have or key employees listed in						✓ Yes ✓ N	
<b>b</b> If "Yes," list the ten higher to be compensated at leas							
(i) Name and address of	(ii) Activity	(iii)	Did	(iv) Gross receipts	(v) A mount paid to	(vi) A mount paid to	
individual	(,		ser have	from activity	(or retained by)	(or retained by)	
or entity (fundraiser)			ody or		fundraiser listed in	organization	
			rol of		col (i)		
			utions?				
	Direct Mail Member	Yes	No				
	Acq Consulting						
Communications	,		N	F27.004	16.000	E11.004	
524 Seaward Drive			No	527,884	16,000	511,884	
Severna Park, MD 21146	Online Consulting						
Charity Dynamics Inc	Online Consulting						
3420 Executive Center Dr				407.044	46.000	404.444	
ıvıngst			No	497,944	16,800	481,144	
Austin, TX 78731	Public Outreach						
Citizens Campaign Inc	Public Outreach						
23885 Denton St Suite B		Yes		488,411	82,686	405,725	
				·	·	·	
Clinton Township, MI 48036							
Thoma Crawn Inc	Telemarketing						
Share Group Inc 1717 K Street NW 900	Services		No	98,890	19,162	79,728	
1717 K Street WW 300			"	30,030	15,102	75,720	
Vashington, DC 20036							
			<b>.</b>	1,613,129	134,648	1,478,481	
3 List all states in which the licensing	organization is regis	tered or l	licensed t	o solicit funds or has be	en notified it is exempt	from registration or	
AL, AK, AZ, AR, CA, CO, CT, D SC, TN, UT, VA, WA, WV, WI							

			(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col (a) through
			BandInSand (event type)	(event type)	(total number)	col <b>(c)</b> )
₽	1	Gross receipts	157,597			430,957
Revenue	2	Less Charitable contributions	112,322			344,522
	3	Gross income (line 1 minus line 2)	45,275	41,160		86,435
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	15,357	23,951		39,308
	7	Food and beverages	22,234	26,500		48,734
<u>D</u> Lea	8	Entertainment	2,700	600		3,300
ឨ	9	Other direct expenses .	43,428	35,460		78,888
	10	Direct expense summary Add lir	ies 4 through 9 in column	(d)		170,230
	11	Net income summary Combine li	nes 3 and 10 ın column (d	d)		-83,795
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		'Yes" to Form 990, Pa	rt IV, line 19, or rep	
<u>Ф</u>			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
Reveil				bingo/progressive bingo		(Add col <b>(a)</b> through col <b>(c)</b> )
Revenue	1	Gross revenue		bingo/progressive bingo		
		Gross revenue		bingo/progressive bingo		
	2			bingo/progressive bingo		
Expenses	2	Cash prizes		bingo/progressive bingo		
	2 3 4	Cash prizes		bingo/progressive bingo		(Add col (a) through col (c))
Expenses	2 3 4 5	Cash prizes  Non-cash prizes  Rent/facility costs			Г Yes	
Expenses	2 3 4 5	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses	Г Yes	Г Yes%_ Г No	ΓNο	
Expenses	2 3 4 5	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	☐ Yes% ☐ No s 2 through 5 in column (d	Г Yes		
Expenses	2 3 4 5 6 7 8	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Comerthe state(s) in which the organization	Yes%_ No s 2 through 5 in column (abine lines 1 and 7 in column to the column column)		Г No	col (c))
Direct Expenses	2 3 4 5 6 7 8 Entering the state of the stat	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Com	Yes%_ No s 2 through 5 in column (and the lines 1 and 7 in column ation operates gaming activities in each	<pre></pre>	□ No ▶ ▶	col (c))

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable (	gaming?		. Г <sub>Yes</sub> Г <sub>No</sub>
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	<del>-</del>	· ·		. $\Gamma_{Yes}$ $\Gamma_{No}$
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	<b>&gt;</b> \$		
	Description of services provided	<b></b>		
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to proceed instructions.)	provide additional information for	responses to question on Schedule G (	see 
	Identifier	ReturnReference	Explanation	

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

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

OMB No 1545-0047

DLN: 93493135025212

**Inspection** 

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization CHESAPEAKE BAY FOUNDATION INC Employer identification number

52-6065757

Part II Grants and Other As Form 990, Part IV, line duplicated if additiona	ssistance to Gove 21 for any recip	vernments and O	rganizations in the nore than \$5,000. Ch	United States. Con eck this box if no one	recipient receive	d more than \$5,000.	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	,	Schedule I, Part I, Line 2 Grant agreements require detailed project reports that are reviewed by departmental Financial Managers before payments are made Program Managers will also review and approve the Grantee's Project Performance according to the details of the grant

Software ID:

**Software Version:** 

**EIN:** 52-6065757

Name: CHESAPEAKE BAY FOUNDATION INC

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Red Barn Inc1383 Arcadia Rd STE 001 Lancaster,PA 17601	41-2024936		1,149,866				Implement Agricultural Best Management Practices
Team Ag Inc120 Lake St Ephrata,PA 17522	23-3102803		1,846,255				Implement Agricultural Best Management Practices

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dann Marine Towing LC299 Boatyard Rd Chesapeake City, MD 21915	52-1900224		583,086				Clean Diesel Marine Engines
Langenfelder Marine Inc400 Pier Avenue Stevensville, MD 21666	33-1013145		142,018				Oyster Reef Project

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Susquehanna County Conservation District31 Public Ave Montrose,PA 18801	24-6019940	Government	220,314				I mplement A gricultural Best Management Practices
World Resources Institute Inc10 G ST NE STE 800 Washington, DC 20002	52-1257057	501(c)(3)	19,350				Nitrogen Footprint Project

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Eastern Shore Resource Conservation and Development Council33446 Research Drive Painter, VA 23420	54-1422494	501(c)(3)	73,349				Onancock Watershed Restoration Project
Center for Watershed Protection Inc8390 Main Street 2nd Floor Ellicott City, MD 21043	54-1644387	501(c)(3)	12,356				Onancock Watershed Restoration Project

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Elizabeth River Project475 Water Street Suite 103A Portsmouth, VA 23704	54-1663058	501(c)(3)	42,136				Lafayette River Project
Virginia Zoologist Society 350 Granby Street Norfolk, VA 23504	51-0253147	501(c)(3)	24,298				Lafayette River Project

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Whitescarver Natural Resources Mgmt120 Trimbles Mill Road Swoope, VA 24479	27-5233176		13,282				Implement Agricultural Best Management Practices
Comprehensive Land Services1911 Barren Road Oxford,PA 19363	23-2963038		18,355				Implement Agricultural Best Management Practices

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lancaster County Conservation District1383 Arcadia Rd Room 200 Lancaster, PA 17601	23-1666539	Government	15,000				I mplement A gricultural Best Management Practices

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DLN: 93493135025212

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

section 53 4958-6(c)?

Name of the organization

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

CHESAPEAKE BAY FOUNDATION INC 52-6065757 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g, maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain 1b Νo Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Nο 4h Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo **4**c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

payments not described in lines 5 and 6? If "Yes," describe in Part III

7

8

Νo

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) William C Baker	(I) (II)	172,844 0	0	0	7,312 0	24,875 0	205,031 0	0
(2) Fay R Nance	(I) (II)	141,934 0	0 0	0	5,903 0	6,596 0	154,433 0	0
(3) Edward Allenby	(ı) (ıı)	176,860 0	0 0	0	7,258 0	11,475 0	195,593 0	0
(4) Jon A Mueller	(ı) (ıı)	139,238 0	0 0	0	5,830 0	6,500 0	151,568 0	0
(5) Roy A Hoagland	(I) (II)	135,140 0	0 0	0	5,656 0	22,435 0	163,231 0	C C
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
( 12 )								
(13)								
( 14 )								
( 15 )								
( 16 )								

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
		The residence provided to the key employee was negotiated in the employment contract - and was a condition of the employee accepting employment. The full value of housing costs is included as taxable wages to the employee and is taxed accordingly. The total housing allowance for the calendar and fiscal year were \$14,389 and \$13,232, respectively

Schedule J (Form 990) 2010

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DLN: 93493135025212

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

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

2010

Open to Public Inspection

	of the organization TAKE BAY FOUNDATION INC							E	mployer id	lent if ica	tion numb	er
								5	2-60657	57		
Part I	Excess Benefit Tran	rsacti	ons (s	ection 501	(c)(3) a	and section 501	(c)(4)					
	Complete if the organizat	ion ans	wered "	Yes" on For	m 990, F	art IV, line 25a d	or 25b,	or Form	990-EZ,	Part V , Iı	ne 40b	
												(c)
1	(a) Name of disq	ualıfıed	person			<b>(b)</b> Desc	ription	of trans	action		Cor	rected?
											Yes	No
<b>3</b> En	ter the amount of tax ımpos	od on ti	o organ	uzation man	agore or	disqualified pers	one dur	ına tha ı	oar undo	<u>,                                      </u>	•	
	ction 4958									· s		
	ter the amount of tax, if any	on line								· \$		
<b>5</b> 2	ter the amount of tax, if any	, 011 11110	2, 450	ve, reimbars	, e a b , e i i	e organization :				<sup>+</sup> —		
Part I	Loans to and/or I	rom	Intere	sted Pers	sons.							
	Complete if the organiz	ation a	nswere	d "Yes" on F	orm 990	, Part IV, line 26	, or For	n 990-E	Z, Part V	, lıne 38	a	
		(в) г	oan to						(f)			
<b>(a)</b> Nan	ne of interested person and		m the	(c)0 rig	ıınal	(1)	(e) defau		Approv		(g)Writi	
	purpose	organı	zatıon?	principal a		(d)Balance due	ueiau	ii Cr	by boar		agreeme	:111.7
		То	From	1			Yes	No	Yes	No	Yes	No
		<del>                                     </del>	1					1	1.55	1	+	1.0
								1				
								1				
Γotal .		I		<u> </u>	<b>▶</b> \$			<u> </u>				
Part II	Grants or Assistar	· · ·	nofitt	ing Intore		Porconc						
- CII U III	Complete if the orga						/ line 1	7				
						en interested per						
(	(a) Name of interested pers	on	'			ganization	3011	<b>(c)</b> A m	ount of g	rant or ty	pe of assi	stance
						-						
			-									

Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship (c) A mount of organization's between interested (d) Description of transaction (a) Name of interested person revenues? person and the transaction organization Yes No 1,267,536 TrusteeWilliam C Baker is a (1) Winslow Green Growth Fund Board of Trustees Νo compensated CEO and member of CBF's Board of Trustees Trustees D Keith Campbell (Chairman of CBF's Board of Trustees until January 31, 2011) and Truman T Semans (Chairman of the Investment Committee) are noncompensated members of the CBF Board of Trustees Joseph R Hardiman is a noncompensated member of CBF's Investment Committee All listed serve on the Board of Directors for Brown Advisory Brown Advisory serves as the parent company and investment advisor of the Winslow Management Company, LLC, which serves as the investment advisor of the Winslow Green Growth Fund CBF invested funds through the Winslow Management Company on terms and conditions identical to those available to other clients of the Winslow Management Company, LLC, which serves as the investment manager of the Winslow Green Growth Fund CBF liquidated the Winslow Green Growth Fund on October 15,2010 (2) JMI Equity Fund IV LP 217,835 Trustee William C Baker is a Νo Board of Trustees compensated CEO and member of CBF's Board of Trustees Trustees D Keith Campbell (Chairman of CBF's Board of Trustees until January 31, 2011) and Truman T Semans (Chairman of the Investment Committee) are noncompensated members of the CBF Board of Trustees Joseph R Hardıman ıs a noncompensated member of CBF's Investment Committee All listed serve on the Board of Directors for Brown Advisory, which serves as the investment manager for the JMI Equity Fund IV, LP CBF invested funds through Brown Advisory on terms and conditions identical to those available to other clients of Brown Advisory The amount reflected in Column C is the total amount of assets held with the investment company (3) Accel VIII LP Board of Trustees 48,746 Trustee William C Baker is a Νo compensated CEO and member of CBF's Board of Trustees Trustees D Keith Campbell (Chairman of CBF's Board of Trustees until January 31, 2011) and Truman T Semans (Chairman of the Investment Committee) are noncompensated members of the CBF Board of Trustees Joseph R Hardıman ıs a noncompensated member of CBF's Investment Committee All listed serve on the Board of Directors for Brown Advisory, which serves as the investment manager for the Accel VIII, LP CBF invested funds through Brown Advisory on terms and conditions identical to those available to other clients of Brown Advisory The amount reflected in Column C is the total amount of assets held with the investment company

#### **Supplemental Information** Part V

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference | Explanation efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493135025212

OMB No 1545-0047

**Inspection** 

(Form 990)

Department of the Treasury

Internal Revenue Service

SCHEDULE M

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization CHESAPEAKE BAY FOUNDATION INC **Employer identification number** 

					52-6065757			
Pa	rt I Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of determining of amounts		contribut	tion
1	Art—Works of art	Х	3		Fair market value			
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications						,	
5	Clothing and household							
300c	s							
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	76	702,588	Fair market value			
10	Securities—Closely held			255 400				
	stock	X	1	255,400	Fair market value			
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	Х	1	3,000	Fair market value			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Various Other► ( goods )	х	5	14,950	Fair market value			
26	Auction	l x	25	26.002	Auction Price			
	Other► ( <u>Items</u> )		25	20,002	Auction Price			
	Other ()							
28 29	Other ► () Number of Forms 8283 received b	L the era	anization during the tax ver	r for contributions				
29	for which the organization complete				29			0
			,		•		Yes	No
30a	During the year, did the organization	n receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years f	rom the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire					30a		No
b	If "Yes," describe the arrangement					334		
31	Does the organization have a gift a	cceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use t	hırd partı	es or related organizations	to solicit, process, or sell	non-cash			
	contributions?					32a	Yes	
h	If "Yes," describe in Part II					<u></u>		
	If the organization did not report re	venuesi	n column (c) for a type of p	roperty for which column (a	) is checked.			
	describe in Part II		(2) /or a c, pc or p	F - 1. 7 To Time in Column (u	, .= 00000,			

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third Party Use		When necessary, licensed boat brokers are used to sell donated boats that are not used for operations

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493135025212

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2010

Open to Public Inspection

Name of the organization
CHESAPEAKE BAY FOUNDATION INC

Employer identification number

52-6065757

ldentifier	Return Reference	Explanation
Organization Mission Statement	Form 990, Part I, Line 1	Continued from page 2. The Chesapeake Bay and its tributary rivers are broadly recognized as a national treasure. But, they are fouled by excess nitrogen, phosphorus, and sediment pollution. In fact, the Bay and most of its tidal tributaries are listed on the Clean Water Act's 303(d) list of "impaired waters." The Chesapeake Bay Foundation's (CBF) mission, simply stated, is to Save the Bay and keep it saved. We define a saved Bay as having a score of 70 (out of 100) on CBF's State of the Bay health index. Thanks largely to a dramatic reduction in the amount of pollution entering the system, at 70 the Chesapeake Bay and its tributary rivers will be highly productive and in good health as measured by established water quality standards. The result will be clear water, free of the impacts from toxic contaminants, and healthy oxygen levels, able to support living resources in all parts of the Bay. Founded in 1966, CBF is the largest regional conservation organization dedicated solely to saving a national treasure-the Chesapeake Bay and its rivers and streams. With headquarters in Annapolis, Maryland, state offices in Maryland, Virginia, Pennsylvania, and District of Columbia, and educational centers and programs across the region, CBF works throughout the 64,000 square-mile Chesapeake watershed to educate build an informed citizenry, advocate - advance pollution reduction, litigate - encourage enforcement of environmental law, and restore - rebuild the Bay system's natural filters such as oysters, underwater grasses, and streamside forests. CBF is supported by more than 200,000 members and e-subscribers and has a staff of 173 fulltime employees.

ldentifier	Return Reference	Explanation
Program Service Statement	Form 990, Part III, Line 4a	Education, continued from page 2 CBF w orked with the Maryland State Board of Education to pass a groundbreaking environmental literacy graduation requirement, the first of its kind in the nation, and with the Virginia Beach (VA) City Public Schools to develop a model, system-wide environmental education program CBF continued its leadership of No Child Left Inside, a national coalition of environmental, educational, and public health organizations, businesses, civic organizations, and other public enterprises, all dedicated to ensuring a comprehensive education for all

ldentifier	Return Reference	Explanation
Program Service Statement	Form 990, Part III, Line 4b	Environmental Protection and Restoration (EPR), continued from page 2 CBF planted 21 million oyster spat and over 1,000 acres of stream-side trees. In Pennsylvania, CBF and partners installed 230 water quality improvement projects on 44 farms and worked to improve the regulation of the natural gas industry in the Marcellus Shale. In Maryland, CBF pushed for \$25 million to support reductions in stormwater and farm pollution, and to prevent drilling for natural gas until it could be done safely. CBF worked to expand the amount of productive oyster bottom in sanctuaries protected from harvest. In Virginia, CBF championed banning phosphorus in law in fertilizers and restricting the use of fertilizer by service companies, backed improving tax incentives for farmers who implement conservation practices, and successfully advocated for \$28 million in agricultural assistance. Litigation CBF uses carefully chosen legal action as another tool for advancing the restoration and protection of the Chesapeake Bay and its tributaries. During FY11, CBF continued to pursue legal actions on the federal and state levels aimed at reducing pollution to the Bay. CBF was involved in several significant matters, formally intervening in the Farm Bureau's legal challenge of the Bay. TMDL, continued litigation over the Sparrows Point steel mill and several. Maryland critical area cases, opposition to coal fired power plants in Pennsylvania and Virginia, and legal issues concerning impacts from drilling for natural gas in the Marcellus Shale region.

ldentifier	Return Reference	Explanation
Program Service Statement	Form 990, Part III, Line 4c	Communications, continued from page 2 CBF was quoted or named in 1,914 print, broadcast, and online news stories, an increase of 10% over FY10 CBF researched, wrote, and released "A Coal Plant's Drain on Health and Wealth," and produced over 60 additional publications including the "Save the Bay" magazine, annual report, brochures, and informational materials. Over 400,000 unique visitors used cbf org, and 12,753 of them sent 20,776 advocacy messages. CBF's bimonthly electronic new sletter was distributed to over 90,000 e-members CBF's Facebook fans increased 50% to nearly 18,000 CBF's "Bay Daily" blog won the best news blog in Maryland with more than 76,000 unique visitors and 300 subscribers. CBF's 14,142 volunteers donated more than 50,000 hours. Using the Independent Sector scale, their value is greater than \$1 million.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		An independent audit firm was engaged to conduct the financial statements' audit and to assist in preparing the Form 990. The Chief Financial Officer and Finance staff directly participated in preparing the form, drafting responses to questions and reviewing the Form 990 in draft. The Chief Financial Officer then reviewed it with the President and Chairman of the Audit and Finance Committee. The 990 was provided to the Audit and Finance Committee, comprised of Board of Trustee members, for their review and comments, after which it was sent to the full Board before being electronically filed with the IRS

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Ine 12c	Each Trustee, officer, key employee and employees in positions to obligate CBF are required to review a copy of the conflict of interest policy annually and complete a disclosure form identifying any relationship positions or circumstances in which he or she believes could contribute to a conflict. The conflict of interest disclosure form is completed, signed and returned to the Chief Financial Officer who notifies the Chairman of the Audit and Finance Committee and the General Counsel of any concerns. This process is also covered in orientation sessions held for new Trustees as well as for new employees. If items arise during Board meetings that are conflicts of interest, the board member having possible conflicts of interest cannot vote or participate in Board or Committee deliberations on the subject or be counted toward meeting a quorum. However, they may answer questions

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	During the annual budget approval meeting of the Audit and Finance Committee of the Board of Trustees, the Committee reviews and approves the salary and any proposed pay increase for the President Compensation related decisions are documented within the minutes. The President's last compensation review took place on May 24, 2011. Generally, compensation for all staff is independently reviewed and determined annually based on performance evaluation, and analysis of comparable data obtained from industry resources and peer organizations. An overall increase pool, based on market data, is approved by the Committee for use in the process. In addition, the President, Chief of Staff and Director of Human Resources review and approve all staff alignment to ensure consistency and continuity of various positions within the appropriate pay grades and ranges. The board also reviews the compensation of all key employees.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	CBF's governing documents and conflict of interest policy are available to the public upon request using contact information on the website. Audited financial statements, the Form 990, and the Annual Report can be found on CBF's website. Audited financial statements and the Form 990 are also filed with state charitable solicitation registrations, and are also available through not-for-profit internet portals such as Guidestar and Charity Navigator.

ldentifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 6,244,469 Partnership revenue not included in the financial - 6,749 statements but included in revenue for unrelated business tax calculation Unrealized gain on interest rate swap 80,645 Total to Form 990, Part XI, Line 5 6,318,365