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DLN: 93493162007393

Form **990**

Department of the Treasury

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)

2011

OMB No 1545-0047

Open to Public

	Revenue		and audius of the sec	13	1	Inspection
		2011 calendar year, or tax year beginning 07-01-2011 C Name of organization	and ending 06-30-201	1/2	D Employer ide	entification number
_	ress ch	lange		[52-606575	
— Nar	me cha	Doing Business As nge			E Telephone nu	
— Inıt	ıal retu	Number and street (or P O box if mail is not delivered to	o street address) Room/s	uite	(410) 268-8	
Ter	mınate	d 6 HERNDON AVENUE			G Gross receipts :	\$ 46,574,076
✓ Am	ended					
App	lication	ANNAPOLIS, MD 214034503				
		F Name and address of principal officer		H(a) Is this	s a group return	n for
		William C Baker 6 HERNDON AVENUE		affiliat	tes?	⊤Yes 🔽 No
		ANNAPOLIS, MD 214034503		H(b) Are all	affiliates include	ed?
				If "No	," attach a lıst	(see instructions)
[la:	x-exem	npt status	7(a)(1) or 527	H(c) Grou	o exemption nui	mber ►
W	ebsite	∷► WWW CBF O RG				
∢ Forr	n of org	ganization Corporation Trust Association Other		L Year of for	mation 1966 M	State of legal domicile
Pa	rt I	Summary			111	<i>-</i>
		Briefly describe the organization's mission or most signifi	cant activities			
a]	The Chesapeake Bay Foundation's (CBF) mission, simply	stated, is to Save th	e Bay See Sch	edule O	
Governance	-					
Ě						
ž O R	l	Check this box 🔰 if the organization discontinued its op			1 1	ssets
	l	Number of voting members of the governing body (Part VI			3	37
Acuvines &	l	Number of independent voting members of the governing l			4	30
2		Total number of individuals employed in calendar year 20			5	230
ş	l	Total number of volunteers (estimate if necessary)			6	20,07
	l	Total unrelated business revenue from Part VIII, column Net unrelated business taxable income from Form 990-T,	,		7a 7b	214,27
	·	vet differenced business taxable income from 1 orin 250-1	, iiie 54	Prior	Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			21,991,668	30,974,164
횰	9	Program service revenue (Part VIII, line 2g)			1,295,944	1,318,649
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a			434,526	3,729,920
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	,		231,781	257,870
	12	Total revenue—add lines 8 through 11 (must equal Part			22.052.010	26 200 603
	13	12)			4,160,340	36,280,603 498,896
	14	Benefits paid to or for members (Part IX, column (A), li			4,160,340	490,090
	15	Salaries, other compensation, employee benefits (Part	•			
\$	13	5-10)	1x, column (x), mics		12,797,648	12,938,374
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	11e)		134,648	158,845
ਡੌ	ь	Total fundraising expenses (Part IX, column (D), line 25) • 2,917,7	54			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 1	l1f-24e)		10,137,937	10,296,013
	18	Total expenses Add lines 13-17 (must equal Part IX,			27,230,573	23,892,128
, w	19	Revenue less expenses Subtract line 18 from line 12	<u> </u>	D = min min m	-3,276,654	12,388,475
Net Assets of Fund Balances					of Current ear	End of Year
ege Bage	20	Total assets (Part X, line 16)			80,380,033	89,855,112
2 E	21	Total liabilities (Part X, line 26)			11,671,377	11,709,117
	22	Net assets or fund balances Subtract line 21 from line	20		68,708,656	78,145,995
	rt II	Signature Block				
mow		ties of perjury, I declare that I have examined this return, inc and belief, it is true, correct, and complete. Declaration of pre				
-		****** Signature of officer		20: Da	13-06-11 te	
Sign Here				Da		
	_	WILLIAM C BAKER President Type or print name and title				
		Preparer's L	Pate	Check If	Preparer's taxpa	yer identification number
Paid		signature		self- employed •	(see instructions)	
	arer's	Firm's name (or yours & GELMAN ROSENBERG & FREEDMAN				
Use (if self-employed), address, and ZIP + 4			EIN 🕨 52-13920	08
	-				Phone no 🕨 (30	01) 951-9090
		BETHESDA, MD 208142930				-

May the IRS discuss this return with the preparer shown above? (see instructions)

Par		ent of Program Servi Schedule O contains a resp	-		ı	F
1	Briefly describe	the organization's mission				
The	Chesapeake Bay F	Foundation's (CBF) mission	ı, sımply state	d, is to Save the Bay	See Schedule O for Continat	tion (page 52)
2		tion undertake any significa 90 or 990-EZ?				┌ Yes ┌ No
	If "Yes," describ	e these new services on Sc	hedule O			
3	_	tion cease conducting, or n	_	-	onducts, any program	┌ Yes ┌ No
	If "Yes," describ	e these changes on Schedu	ıle O			
4	expenses Section	on 501(c)(3) and 501(c)(4) organization:	s and section 4947(a	nree largest program service:)(1) trusts are required to rep ch program service reported	•
4a	(Code) (Expenses \$	5,594,633	ıncludıng grants of \$) (Revenue \$	1,033,464)
	PA, and DC, traine	d 300 teachers through 24 profes	ssional developm	ent immersion courses, en	field-based, hands-on education p gaged over 70 principals in environi behalf of the Bay See Schedule C	mental leadership courses, and
4b	(Code) (Expenses \$	9,594,393	ıncludıng grants of \$	498,896) (Revenue \$	285,185)
					nenting the 2010 federal/state plai See Schedule O for Continuation (page	
4c	(Code) (Expenses \$	2,741,554	ıncludıng grants of \$) (Revenue \$)
		3F explained the 2010 federal/starts and other collateral materials			acks in the press, in digital media,	and through the development and
4d	Other program	services (Describe in Sch	edule O)			
	(Expenses \$	ıncl	udıng grants o	f \$) (Revenue \$)
4e	Total program s	service expenses►\$	17,930,58	0		

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	140
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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? If "Yes," complete Schedule D, Part II	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	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	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
e	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? <i>If</i> "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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part 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, Part 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	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? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	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	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 questions 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)			
a	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 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? <i>If "Yes," complete Schedule N, Part II</i>	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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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 990	(2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 152			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	Yes	
2-	gaming (gambling) winnings to prize winners?	10	165	
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
_				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	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 or securities			
	account)?	4a	Yes	
Ь	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			
_	Weather an arrange of the second seco	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ———
C	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	6a		No
Ja	organization solicit any contributions that were not tax deductible?	Ua		140
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	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		103	
_	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
а	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	71.		
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
13				
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	ا ۔ ا		
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	the states in which the organization is needed to issue qualified fielding plans			
_	Enter the aggregate amount of reserves on hand			
	Enter the aggregate amount of reserves on hand 13c			
14a	Enter the aggregate amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

Form 990 (2011) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI 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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 1a 37 Enter the number of voting members included in line 1a, above, who are 1b 36 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Νo Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Yes filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? Yes 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 Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? . Nο **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes the form? **b** Describe in Schedule O the process, if any, used by the organization to review the Form 990 . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? 13 Yes 13 **14** Did the organization have a written document retention and destruction policy? 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes 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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA , ME , MD , MA , MI , MN , MS , MO , NH , NJ , NM , NY , NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization **FAYRNANCE**

6 HERNDON AVENUE

ANNAPOLIS, MD 214034503 (410) 268-8816

16a

16b

Νo

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours	director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		255)	organizations
See Additional Data Table										

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

	(A) Name and Title	(B) A verage hours per week (describe hours	more unles an	on (d e than s per n offic	n on son er a	o not check n one box, son is both er and a /trustee)			Rep comp fro organi	(D) ortable ensation om the zation (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of other compensation from the organization and related	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC		organiza	
See A	Addıtıonal Data Table													
												\top		
												\top		
												\perp		
												4		
												_		
												+		
												+		
												+		
												+		
1b	Sub-Total				<u> </u>	•		<u> </u>						
С	Total from continuation sheets							•						
<u>d</u> 2	Total (add lines 1b and 1c) . Total number of individuals (incl \$100,000 of reportable compen	udıng but not lın	nited to	thos	e lıs	ted) who	o receive	1,165,365 ed more tha	n	0		186,881
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sca					-		-	or highes	· ·	ated employee	3		No
4	For any individual listed on line organization and related organiz											4	Yes	
5	Did any person listed on line 1a services rendered to the organiz						•			ganızatıon d	r individual for	5		No
S	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
	Nar	(A) me and business ad	dress							Descr	(B) uption of services		(C Comper	
1387 Oak I	Production Advantage Inc 3 Park Center Rd Hill, VA 20171									Mass Product	tion & Printing			905,385
2388 Clinto	ens Campaign Inc 5 Denton St Suite B on Township, MI 48036									Public Outrea	nch & Advocacy			556,150
1982 Anna	nore Print & Imaging Inc Moreland Parkway polis, MD 21401									Mass Production & Printing 37				372,135
PO Bo Fairfa	Enters List Co Inc ox 2409 ax, VA 22031									List Manager	nent & Brokerage			234,364
	oort Creative alfroad Avenue									Mass Product	tion & Printing			117 175

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►10

Form 9		Statement o	f Dovonus					Page 9
Part	/	Statement o	T Kevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
# # # # # # # # # # # # # # # # # # #	1a	Federated camp	paigns 1a	429,093				
<u>e</u> i	b	Membership du	es 1b					
	c	Fundraising eve	ents 1c	310,451				
	d	Related organiz	ations 1d					
E, S	e	Government grants	s (contributions) 1e	2,044,604				
ntribution Lothers	f g	sımılar amounts no	butions included in	28,190,016				
S E	h	Total. Add lines	s 1a-1f	▶	30,974,164			
				Business Code				
E	2a	Tuition and Educati	ion	900099	1,033,464	1,033,464		
E E	ь	Farm Income		900099	171,713	171,713		
- Q	c	Contract Income		900099	93,791	93,791		
<u>2</u>	d	Workshop Income		900099	2,795	2,795		
5	e	Tour Income		900099	730	730		
ិធ	f	All other progra	m service revenue		16,156	16,156		
Š	g	Total. Add lines	s 2a – 2f		1,318,649			
	3		ome (including dividen		, ,			
		and other simila	aramounts)	▶ [1,273,126		792	1,272,334
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨				
	5	Royalties			46,881			46,881
	_	_	(ı) Real	(II) Personal				
	6a	Gross rents Less rental	270,731 0					
	b	expenses	,					
	°	Rental income or (loss)	270,731					
	d	Net rental incor	me or (loss)		270,731		213,479	57,252
	_	Cross amount	(ı) Securities 8,764,319	(II) Other				
	7a	Gross amount from sales of assets other than inventory		3,831,782				
	b	Less cost or other basis and sales expenses	8,277,424	1,861,883				
	c	Gain or (loss)	486,895	1,969,899	2,456,794			2,456,794
	d 8a	Net gain or (los Gross income fi			2,430,794			2,430,794
Other Revenue		events (not incl \$310,	luding ,451 reported on line 1c) e 18					
<u> </u>	ь	less direct evi	apenses b	94,424 154,166				
₹	c		loss) from fundraising	· · · · · · · · · · · · · · · · · · ·	-59,742			-59,742
_	9a		rom gaming activities					
	Ь	Less direct ex	penses b					
	c		loss) from gaming activ	vities				
	10a	Gross sales of returns and allo	wances .					
	b c		a pods sold b loss) from sales of inve	entory ►				
		Miscellaneous	Revenue	Business Code				
	11a							
	Ь							
	C							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d	🛌				
	12	Total revenue	See Instructions .	•				
				- -	36,280,603	1,318,649	214,271	3,773,519 Form 990 (2011)

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 498,896 498,896 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 1,423,918 633,732 643,929 146,257 key employees . . 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 8,022,486 791,899 6,250,489 980,098 Pension plan contributions (include section 401(k) and section 299,379 230,840 30,026 403(b) employer contributions) 38,513 2,490,963 1,818,708 353,929 Other employee benefits 318,326 701,628 515,693 101,865 84,070 10 11 Fees for services (non-employees) Management 10,953 81,375 Legal 56,822 13,600 123,853 Accounting 123,853 121,622 121,622 Professional fundraising See Part IV, line 17 . . 158,845 158,845 Investment management fees 138,356 138,356 q Other 2,087,441 1,830,212 182,044 75,185 62,693 46,925 15,768 12 Advertising and promotion . . . 13 Office expenses . . . 2,982,679 2,231,540 84,051 667,088 14 Information technology 367,781 249,715 77,938 40,128 15 Royalties . . 183,747 124,891 58,856 16 317,925 306,540 6,757 4,628 17 393,216 343,730 25,619 23,867 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 52,853 Conferences, conventions, and meetings 215,182 148,794 13,535 524,373 271,491 197,797 20 Interest 55,085 21 Payments to affiliates 22 840,795 75,635 Depreciation, depletion, and amortization 725,960 39,200 23 308,662 250,495 37,737 20,430 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) Allocation of G&A 0 912,116 -1,057,863 145,747 Taxes (See Schedule O) 1,097,251 1,097,251 2,340 Repairs & Maintenance 259,338 224,214 32,784 **Boat Charter** 43,383 43,383 d е All other expenses 146,341 93,772 33,734 18,835 25 Total functional expenses. Add lines 1 through 24f 23,892,128 17,930,580 3,043,794 2,917,754 Joint costs. Check here ▶ 🔽 ıf following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

2,424,347

1,586,472

837,875

Part X **Balance Sheet** (A) (B) Beginning of year End of year 8,162 8,219 1 1 10.342.204 8.494.985 2 3 6.718.373 15,093,537 1.520.910 1.195.942 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 103,000 7 102,900 8 9 9 401,161 462,566 Prepaid expenses and deferred charges 10a 34,063,860 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 13,423,553 b Less accumulated depreciation 20,220,335 10c 20,640,307 20,746,644 24,855,138 11 11 20,251,493 18,939,187 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 67,751 62,331 15 15 80,380,033 89,855,112 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 2,090,908 1,511,915 17 17 Accounts payable and accrued expenses . 18 18 19 157,838 19 282,467 20 7.030.000 20 6.620.000 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 609.051 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 1,783,580 25 3,294,735 D 26 11,671,377 26 11,709,117 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 20,515,896 19,136,675 Unrestricted net assets 9,109,509 28 15,236,052 28 Temporarily restricted net assets Fund 29 39,083,251 29 43,773,268 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 68.708.656 33 78.145.995 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 80.380.033 34 89.855.112

Ра	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		36.2	280,603
2	Total expenses (must equal Part IX, column (A), line 25)	2			392,128
3	Revenue less expenses Subtract line 2 from line 1	3			888,475
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		68,7	708,656
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-2,9	951,136
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		78,1	145,995
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			ァ	
				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 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 its 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 on a separate basis, consolidated basis, or both	issued			
	▼ Separate basis			1	
За	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?	ie	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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DLN: 93493162007393

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization CHESAPEAKE BAY FOUNDATION INC

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Employer identification number

52-6065757

							52-6065			
Part I		ublic Charity Sta	•			•	·	instructions	<u> </u>	
_		ate foundation becaus								
1		tion of churches, or a				b)(1)(A)(i)) -			
2		ed in section 170(b)(1			•					
3		operative hospital se								
4	A medical resear hospital's name,	ch organization opera city, and state	ted in conju	inction with	a hospital des	scribed in s	ection 170(b)	/(1)(A)(iii).	Enter the	
5	-	perated for the benefi	=	ge or univer	sity owned or	operated by	a governme	ntal unit des	 cribed in	
	section 170(b)(1)	(A)(iv). (Complete P	art II)							
6	A federal, state, o	or local government o	r governmer	ntal unit des	scribed in sect	tion 170(b)	(1)(A)(v).			
7 🔽	described in	hat normally receives (A)(vi) (Complete P		ial part of it	s support fron	n a governn	nental unit or	from the gen	ieral public	c
8 _		st described in sectio		(A)(vi) (C	omplete Part 1	Π)				
9		hat normally receives					rıbutıons, me	mbership fee	s, and gro	SS
	receipts from act	ivities related to its e	xempt funct	tıons—subje	ect to certain	exceptions	and (2) no m	ore than 331	1/3% of	
	ıts support from g	ross investment inco	me and unr	elated busii	ness taxable ı	ncome (les	s section 51	L tax) from b	usinesses	
	acquired by the o	rganızatıon after June	30,1975	See section	n 509(a)(2). (Complete P	art III)			
lo 🗀	An organization o	rganized and operated	d exclusive	ly to test fo	r public safety	See sectic	on 509(a)(4).			
.1	one or more publi the box that desc a Type I	rganized and operated cly supported organiz ribes the type of supp b Type I	ations desc oorting orga I c	ribed in sec nization and Type I	ction 509(a)(1 d complete lin II - Functiona	l) or sectio es 11e thro ally integrat	n 509(a)(2) ough 11h ed	See section!	509(a)(3). oe III - Ot	. Chec her
e f g	other than founda section 509(a)(2 If the organization check this box Since August 17,	n received a written d	her than one	e or more p	ublicly suppor	ted organiz	ations descri pe II or Type	bed in sectio	on 509(a)((1) or
	following persons	? directly or indirectly c	ontrole ait	her alone o	r together with	nersons d	ecribed in (ii		Yes	No
		e governing body of th				i persons di	escribed iii (ii		g(i)	INO
		ber of a person descri		_	izationi				g(ii)	+
		olled entity of a perso			\ nhoug2					+
L								119	ı(iii)	
h	Provide the follow	nng information about	the Suppor	ted organiz	ation(s)					
(i) Name suppo organiz	e of (ii) rted EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv Is th organıza col (ı) lıs your gov docum	he tion in sted in erning	(v) Did you no organiza col (i) o suppo	otify the tion in f your	(v Is t organiza col (i) or in the	the ation in rganized	A mo	vii) unt of port?
		instructions))	Yes	No	Yes	No	Yes	No		
						1		1		

Support Schedule for Organizations Described in IRC 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	<i>-</i>	•		/ 1		•		
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	17,300,14	1 18,249,743	27,715,053	21,991,668	30,	,974,164	116,230,769	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	17,300,14	1 18,249,743	27,715,053	21,991,668	30,	,974,164	116,230,769	
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							3,139,122	
6	(f) Public Support. Subtract line 5							113,091,647	
<u> </u>	from line 4 ection B. Total Support								
	endar year (or fiscal year	(-) 2007	(h) 2000	(=) 2000	(4) 2010	(-) 20		(6) Tabal	
	beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20		(f) Total	
7	A mounts from line 4 Gross income from interest,	17,300,141	18,249,743	27,715,053	21,991,668	30,	974,164	116,230,769	
8	dividends, payments received on securities loans, rents, royalties and income from similar sources	2,558,678	960,505	646,593	587,166	1,	1,376,467		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	12,161						12,161	
11	Total support (Add lines 7 through 10)							122,372,339	
12	Gross receipts from related activity	ies, etc (See ins	tructions)			12		6,741,984	
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second,	, thırd, fourth, or f	fifth tax year as a	501(c)(3) organ	zation,	
	ection C. Computation of Pu								
14	Public Support Percentage for 201			11 column (f))		14		92 420 %	
15	Public Support Percentage for 201	•				15		90 850 %	
16a	33 1/3% support test—2011. If th and stop here. The organization qu				line 14 is 33 1/3%	% or more	, check	this box ►√	
Ь	33 1/3% support test—2010. If th				sa, and line 15 is	33 1/3%	or more		
17-	box and stop here. The organization				12 16 16	h l l	1.4	▶□	
ı/a	10%-facts-and-circumstances test is 10% or more, and if the organiz								
	in Part IV how the organization me	ets the "facts an	d cırcumstances"	test The organız	ation qualifies as	a publicly	y suppo	· —	
Ь	organization 10%-facts-and-circumstances test	t —2010. If the ord	ganızatıon dıd not d	heck a box on lir	ne 13, 16a, 16b. (or 17a an	d line	▶	
	15 is 10% or more, and if the orga	ınızatıon meets th	ne "facts and circu	mstances" test,	check this box an	id stop he	re.		
18	Explain in Part IV how the organiz supported organization Private Foundation If the organiza				-			▶┌	
	instructions		•	•				▶ ┌	

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) 17

19a 33 1/3% support tests—2011. 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 organization ₽ſ 33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

18

17

18

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).				
	Facts And Circumstances Test				
	Explanation				

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493162007393

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

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

-		or (o)(o)) organizations complete t	arto i / t aria o bolo	" Bo not complete rait i B	
Se	ection 527 organizations Complete	e Part I-A only			
		s," to Form 990, Part IV, Line 4, o		, , ,	• •
	` ', ' '	t have filed Form 5768 (election und	` ,,	•	•
	· / · / •	t have NOT filed Form 5768 (election		. ,,	•
	_	s," to Form 990, Part IV, Line 5 (Proxy Tax) or For	m 990-EZ, line 35c (Proxy	/ Tax), then
	ection 501(c)(4), (5), or (6) organi	zations Complete Part III			
	me of the organization ESAPEAKE BAY FOUNDATION INC			Employer ide	ntıfıcatıon number
CIII	ESALEARE BALLOUNDATION INC			52-6065757	ı
ar	t I-A Complete if the or	ganization is exempt unde	r section 501(
L		ganızatıon's dırect and ındırect pol		_	
2	Political expenditures			▶	\$
3	Volunteer hours				
ar	t I-B Complete if the or	ganization is exempt unde	r section 501(c)(3).	
L	Enter the amount of any excise	e tax incurred by the organization u	ınder section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	agers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 41	720 for this year?		┌ Yes ┌ No
1 a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				·
	·	ganization is exempt unde	r section 501(c) except section 50	1(c)(3).
Ĺ		ended by the filing organization for			\$
2	Enter the amount of the filing of	organization's funds contributed to	other organization:	s for section 527	
	exempt funtion activities			•	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	20-POL, line 17b ►	\$
1	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No
5	organization made payments l amount of political contribution	nd employer identification number in For each organization listed, enter in the received that were promptly and political action committee (PAC)	the amount paid fro directly delivered	om the filing organization's to a separate political org	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
For Privacy Act and Paperwork Reduction	on Act Notice, see the instructions for	Form 990.	Cat No 50084S Schedule C (1	Form 990 or 990-EZ) 2011

	······································	ı ug
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768	(election
	under section 501(h)).	

Α	Check		If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		_	expenses, and share of excess lobbying expenditures)

	Check I if the filing organization checked box A and "limited control" provisions apply							
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing O rganization's Totals	(b) Affiliated Group Totals				
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	92,098					
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	253,559					
c	Total lobbying expenditures (add lines 1a and 1b	o)	345,657					
d	Other exempt purpose expenditures		22,450,220					
e	Total exempt purpose expenditures (add lines 1	and 1d)	22,795,877					
f	Lobbying nontaxable amount Enter the amount f columns	rom the following table in both	1,000,000					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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 lin	e 1f)	250,000					
h	Subtract line 1g from line 1a If zero or less, ente	er-0-	0					
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0					

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

┌ Yes ┌ No

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.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total			
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000			
_с	Total lobbying expenditures	282,314	565,479	318,065	345,657	1,511,515			
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000			
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000			
f_	Grassroots lobbying expenditures	56,257	220,533	, ,	92,098	477,842			

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		((a)		b)
		Yes	No	Am	ount
1	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	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
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)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			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	
Par	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 I answered "Yes".				tion
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			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

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 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493162007393

OMB No 1545-0047

Open to Public Inspection

(Form 990)

SCHEDULE D

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

	me of the organization ESAPEAKE BAY FOUNDATION INC			Employer identifi	cation number
	2			52-6065757	
Pa	organizations Maintaining Donor organization answered "Yes" to Form	990, Part IV, line 6.			
		(a) Donor advised	d funds	(b) Funds and	other accounts
L	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
ŀ	Aggregate value at end of year				
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t			advised	┌ Yes ┌ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the l conferring impermissible private benefit				┌ Yes ┌ No
Pa	rt III Conservation Easements. Comple	te if the organization ansi	wered "Yes" to F	orm 990, Part	IV, line 7.
1 2	Purpose(s) of conservation easements held by th Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a q	eation or pleasure)	eservation of an hi	tified historic stru	•
	easement on the last day of the tax year			Held at th	e End of the Year
а	Total number of conservation easements			2a	3
ь	Total acreage restricted by conservation easeme	nts	<u> </u>	2b	4,774 00
c	Number of conservation easements on a certified		<u> </u>	2c	.,,,,,
d	Number of conservation easements included in (c			2d	
3	Number of conservation easements modified, trar				n during
	the taxable year - 1	isterreu, reieuseu, extinguisii	ed, or terminated i	oy the organization	ii ddiiiig
4	Number of states where property subject to conse	ervation easement is located	▶ 2		
5	Does the organization have a written policy regard enforcement of the conservation easements it hol		nspection, handlir	ng of violations, ai	nd ✓ Yes
5	Staff and volunteer hours devoted to monitoring, i	nspecting and enforcing cons	ervation easemen	ts during the year	- ▶_ 16 00
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conserva	ation easements d	uring the year	
3	Does each conservation easement reported on lir 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requ	irements of sectio	n	✓ Yes
9	In Part XIV, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organiza			
?a⊺	Complete if the organization answere			Other Simila	Assets.
La	If the organization elected, as permitted under SF art, historical treasures, or other similar assets h provide, in Part XIV, the text of the footnote to its	eld for public exhibition, educ	atıon or research	ın furtherance of p	
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held to provide the following amounts relating to these ite	for public exhibition, educatio			
	(i) Revenues included in Form 990, Part VIII, lin	e 1		► \$	
	(ii) Assets included in Form 990, Part X			► \$	
2	If the organization received or held works of art, h	istorical treasures, or other s	ımılar assets for f	inancial gain, prov	/ıde the
-	following amounts required to be reported under S			2 ,	

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

	Organizations Maintaining Co				-				ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e following	that are a sigi	nificant	use of its collecti	on	
а	Public exhibition		d	┌ Loan	or exchange p	rogram	s		
b	Scholarly research		e	┌ Othe	r				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how	thev furth	er the organiza	ation's e	exempt purpose in		
	Part XIV				_				
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	□ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	te ıf t	he orgar	ization answ		<u>.</u>		<u>. </u>
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	diary f	or contrib	utions or other	assets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the f	ollowii	ng table			т		
							Amo	ount	
C	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f -	Ending balance					1f	<u> </u>	<u> </u>	
2a	Did the organization include an amount on Fo	•	21?				I	Yes	No
	If "Yes," explain the arrangement in Part XIV				!! to Forms (200 P-			
Pai	rt V Endowment Funds. Complete	if the organization (a)Current Year		vered "Ye Prior Year	(c)Two Years		rt IV, line 10. d)Three Years Back	(a)Eour \	/ears Back
1a	Beginning of year balance	43,282,028	(0)	38,609,30		06,252	46,463,008	(e)Four	ears back
b	Contributions	6,324,069		88,32		76,609	658,266		
c	Investment earnings or losses	-984,676		6,577,27		82,255	-7,871,577		
d	Grants or scholarships	,			,		, ,		
e	Other expenditures for facilities	2,022,993		1,992,87	6 2,0	55,810	2,343,445		
f	and programs								
g	End of year balance	46,598,428		43,282,02	8 38.6	09,306	36,906,252		
9 2	Provide the estimated percentage of the year		<u> </u>	13,232,32	50,0	03/300	33,333,232		
ے a	Board designated or quasi-endowment	22 290 %	3						
_	Permanent endowment F 74 650 %								
b	Permanent endowment P								
C	remirendowment F	ccion of the organiza	+10n+h	ant are bel	d and adminic	tarad fa	r tha		
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ition tr	nat are nei	a ana aaminis	terea 10	rtne	Yes	No
	(i) unrelated organizations						3a(i		
	(ii) related organizations						3a(ii)	No
b	If "Yes" to $3a(II)$, are the related organization	ns listed as required	l on Sc	hedule R?	٠		3b		
4	Describe in Part XIV the intended uses of th								
Par	t VI Land, Buildings, and Equipme	ent. See Form 990	0, Par	t X, line	10.		1		
	Description of property			(a) Cost or basis (inves	1 ' '	or other (other)	(c) Accumulated depreciation	(d) Bo	ok value
1 a	_and				10	0,315,412	2	1	0,315,412
Ь	Buildings		. [1	5,836,188	8,025,802		7,810,386
c l	_easehold improvements		. [
d i	Equipment		. [
е (Other		<u>.</u> [7,912,260	5,397,751		2,514,509
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colum	nn (B),	line 10(c).) . <u>.</u>	<u>.</u> .	▶	2	0,640,307
							Schedule D	(Form 9	90) 2011

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.	
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	, ,	Cost or end-of-year market value	
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other (A) Partnerships/Alternative Investments	16,014,837		F
(A) Further ships / Arternative Threstments	10,014,037		<u> </u>
(B) Beneficial Interest in Perpetual Trust	2,924,350		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	18,939,187		
Part VIII Investments—Program Related. See			
		(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
		·	
			_
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	1		
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip		(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.) -		
Part X Other Liabilities. See Form 990, Part X			
(a) Danamatan afi sababa			
	(b) A mount		
Federal Income Taxes			
Split Interest Agreement	932,507		
Interest Rate Swap Obligation	1,276,494		
Income taxes payable on sale of debt financed property	1,085,734		
Total (Column (b) should agreed for 2000 Book (1/0) 1 25 1			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	3,294,735		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	36,280,603
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,892,128
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	12,388,475
4	Net unrealized gains (losses) on investments	4	-2,576,601
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-374,535
9	Total adjustments (net) Add lines 4 - 8	9	-2,951,136
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	9,437,339
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	33,962,416
2	Amounts 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)		
e	Add lines 2a through 2d	2e	-1,090,944
3	Subtract line 2e from line 1	3	35,053,360
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 138,356		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	1,227,243
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	36,280,603
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial	1	24,525,077
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) 2d 154,166		
e	Add lines 2a through 2d	2e	1,857,039
3	Subtract line 2e from line 1	3	22,668,038
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 138,356		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	1,224,090
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	23,892,128

Part XIV Supplemental Information

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 X, 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

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, 2012 and 2011, 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 -3,153 statements but included in revenue for unrelated business tax calculation Unrealized loss on interest rate swap -371,382 Total to Schedule D, Part XI, Line 8 -374,535
Part XII, Line 2d - Other Adjustments		Special Event Expenses 154,166 Unrealized loss on interest rate swap - 371,382
Part XII, Line 4b - Other Adjustments		Income taxes on sale of debt financed property 1,085,734 Partnership revenue not included in the financial 3,153 statements but included in revenue for unrelated business tax calculation
Part XIII, Line 2d - Other Adjustments		Special Event Expenses 154,166
Part XIII, Line 4b - Other Adjustments		Income taxes on sale of debt financed property 1,085,734

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As Filed Data -

DLN: 93493162007393

OMB No 1545-0047

SCHEDULE F (Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Open to Public **Inspection**

_	SAPEARE BAY FOUNDATION IN	VC			52-6065757	
Pa	rt I General Informatio "Yes" to Form 990, Pa			ne United States. C	omplete if the organiz	zation answered
1	For grantmakers. Does the	organization n	naıntaın record	s to substantiate the	amount of the grants	or
	assistance, the grantees' elig	gibility for the	grants or assis	stance, and the selecti	on criteria used to awa	ard
	the grants or assistance?					│ Yes │ No
2	For grantmakers. Describe in Pa United States	irt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside t	he
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(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		4,604,899
	Carıbbean					
	Sub-total	0	0			4,604,899
b	Total from continuation sheets to Part I	0	0			0

c Totals (add lines 3a and 3b)

4,604,899

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) 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 y the IRS, or fo	ent 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 of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nui	mber of other o	organizations or en	tities					(Form 990) 2011

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	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
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						1	dula E (Earry 000) 2011

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	<u> </u>	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	No
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	্	Νo
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	┍	Νo
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	┍	Νo
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	~	No

Schedule F (Form 990) 2011

Additional Data

Software ID: Software Version:

EIN: 52-6065757

Name: CHESAPEAKE BAY FOUNDATION INC

Schedule F (Form 990) 2011

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: 93493162007393

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.

Inspection

OMB No 1545-0047

Name of the organization CHESAPEAKE BAY FOUNDATION INC

Employer identification number

52-6065757

Part I	Fundraising Activities.	Complete if the	organization answered	"Yes" to Fo	orm 990, Part IV,	line 17.
--------	-------------------------	-----------------	-----------------------	-------------	-------------------	----------

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations
 - Internet and e-mail solicitations
- Phone solicitations
- ▼ In-person solicitations

- e 🔽 Solicitation of non-government grants
- Solicitation of government grants
- ▼ Special fundraising events
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions?

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No Direct Mail Member Acg Consulting Newport Creative Communications 1,731,557 26,917 1,704,640 Νo 524 Seaward Drive Severna Park, MD 21146 Online Consulting Charity Dynamics Inc 3420 Executive Center Dr Νo 649,852 633,202 16,650 Livingst Austin, TX 78731 Public Outreach Citizens Campaign Inc 23885 Denton St Suite B 368,089 305,919 Yes 62,170 Clinton Township, MI 48036 Membership Avalon Consulting Consulting 2030 M St NW 700 Νo 53,108 -53,108 Washington, DC 20036 2,749,498 2,590,653

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, _____

158.845

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 BandInSand (event type)	(b) Event #2 GOLF (event type)	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
ΜĒ	1	Gross receipts	176,175	228,700		404,875
Revenue	2	Less Charitable	133,151	177,300		310,451
<u>~</u>	3	Gross income (line 1 minus line 2)	43,024	51,400		94,424
	4	Cash prizes				
မှာ	5	Non-cash prizes		2,869		2,869
Expenses	6	Rent/facility costs	20,555	23,940		44,495
ă	7	Food and beverages	19,566	16,972		36,538
Drea	8	Entertainment	4,050	300		4,350
ឨ	9	Other direct expenses .	24,666	41,248		65,914
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(154,166)
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		-59,742
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
မွ	2	Cash prizes				
pens	3	Non-cash prizes				
Direct Expenses	4	Rent/facility costs				
ē	5	Other direct expenses				
	6	Volunteer labor	┌ Yes	Г Yes	┌ Yes	_
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> </u>	
9 a b	Is th	er the state(s) in which the organization licensed to operate No," Explain	gaming activities in eac	n of these states?		
		e any of the organization's gaming l es," Explain	ıcenses revoked, susper	nded or terminated during	the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3		
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No		
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity				
	formed to administer charitable (gamıng?		· · · · F Yes F	- No		
13	Indicate the percentage of gamii	ag activity operated in		1 1			
a				13a			
b							
14		f the person who prepares the organiza		<u> </u>			
	Name ►						
	Address ►						
	revenue?	ntract with a third party from whom the			- No		
	amount of gaming revenue retained by the third party 🟲 \$						
С							
	Name 🟲						
	Address ►						
16	Gaming manager information						
	Name 🟲						
	Gaming manager compensation I	\$ \$					
	Description of services provided	>					
17 a		Employee er state law to make charitable distribu		· · ·	- No		
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-		
_		activities during the tax year > \$		hadala C /			
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see			
	Identifier	ReturnReference	Explana	tion			
		•	•				

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

2011

DLN: 93493162007393

Open to Public Inspection

Employer identification number

CHESAPEAKE BAY FOUNDATION I						52-6065757	
Part I General Information 1 Does the organization maintain the selection criteria used to an Describe in Part IV the organization	records to substant ward the grants or as	ate the amount of the					✓ Yes
Part II Grants and Other A Form 990, Part IV, III Part IV and Schedule	ne 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	. Use
(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 gra or assistance
See Additional Data Table							
2 Enter total number of section 5	01(c)(3) and govern	nent organizations list	ed in the line 1 table .				5

Enter total number of other organizations listed in the line 1 table.

	, , ,				_
Part III	Grants and Other Assistance to Individuals in the United State Use Schedule I-1 (Form 990) if additional space is needed.	s. Complete if the organiz	zation answered "Ye	s" to Form 990, Part IV, line 22.	•

(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

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bradford County Conservation District200 Lake Rd Suite E Towanda, PA 18848	23- 2703892	government	28,881				Implement Agricultural Best Management Practices
Center for Watershed Protection Inc8390 Main Street 2nd Floor Ellicott City, MD 21043	54- 1644387	501(c)(3)	8,686				Implement Agricultural Best Management Practices

(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
Comprehensive Land Services1911 Barren Road Oxford,PA 19363	23- 2963038		10,555				Implement Agricultural Best Management Practices
DNDC Applications Research and Training LLC87 Packers Falls Road Durham, NH 03824	27- 3429680		26,361				Greenhouse Gas Project

(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
Elizabeth River Project475 Water Street Suite 103A Portsmouth, VA 23704	54- 1663058	501(c)(3)	13,941				MD & VA Reef Ball Expansion
Environmental Defense Fund1875 Connecticut Ave NW Suite 600 Washington, DC 20009	11- 6107128	501(c)(3)	12,250				Greenhouse Gas Project

(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
LandStudies Inc315 North Street Lititz, PA 17543	23- 2618961		13,527		ourer)		Implement Agricultural Best Management Practices
Langenfelder Marine Inc400 Pier Avenue Stevensville, MD 21666			83,892				MD Alternative Substrate

(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		13,234				Implement Agricultural Best Management Practices
Team Ag Inc120 Lake St Ephrata, PA 17522	23- 3102803		182,047				Implement Agricultural Best Management Practices

(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
The Downstream ProjectPO Box 1000 Berryville, VA 22611	26- 0310939	501(c)(3)	6,750				Implement Agricultural Best Management Practices
UVA Institute for Environmental Negotiation104 Emmet Street North Charlottesville, VA 22903	54- 6001796		6,345				Facilitate environmental collabortion sessions

(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
Virginia Tech Cooperative Extension201 Southgate Center Blacksburg, VA 24061	54- 6001805		49,047				Implement Agricultural Best Management Practices
Whitescarver Natural Resources Mgmt120 Trimbles Mill Road Swoone VA 24479	27- 5233176		27,852				Provide Techncal Assistance to Landowners

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DLN: 93493162007393

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

3

6

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization ESAPEAKE BAY FOUNDATION INC		Employ	yer identification	number	
			52-60	065757		
Pa	rt I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III First-class or charter travel Travel for companions Tax idemnification and gross-up payments		vide any relevant information regarding thes Housing allowance or residence for person Payments for business use of personal res Health or social club dues or initiation fees	se items nal use sidence s		
b	If any of the boxes in line 1a are checked, did the or	_	. , , , , ,	nt or	16	

Indicate which, if any, of the following the orga	anization uses to establish the compensation of the
organization's CEO/Executive Director Chec	k all that apply
Compensation committee	Written employment contract

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?

,	compensation committee	,	Wilcon employment contract
Γ	Independent compensation consultant		Compensation survey or study
	Farma 0.00 of all an amount to a	_	A

Form 990 of other organizations	굣	Approval by the board or compensation committee
---------------------------------	---	---

4	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

а	Receive a severance payment or change-of-control payment?
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?

C	Participate in.	or receive payn	ient from, an e	equity-based c	compensation ar	rangement?

' '	' '	, ,	•	J	
If "Yes" to any of lines	4a-c, list the p	ersons and	provide the ap	oplicable amounts fo	r each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

	•	. , . ,		_	•	-		
5	For per	rsons listed ii	n form 990,	Part VII	, Section A , li	ne 1a, dıd	the organization pa	y or accrue any
	compe	nsation conti	naent on th	e revenu	es of			

а	The organization?			

u	The organization.
b	Any related organization?

	IT TES, to line 54 of 50, describe in Part III
5	For persons listed in form 990. Part VII. Section A. line 1a. did the organization pay or accrue any

5	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?

)	Any	related	organization?
---	-----	---------	---------------

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 payments not described in lines 5 and 6? If "Yes," describe in Part III
- 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 ın Part III
- If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

5a

5b

Nο

Νo

Νo

Νo

Νo

Νo Νo

Νo

2

7

8

Yes

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
(1) William C Baker	(I) (II)	173,423 0	0	156 0	7,330 0	24,575 0	205,484 0	0
(2) Fay R Nance	(I) (II)	146,344 0	0	156 0	6,086 0	6,595 0	159,181 0	0
(3) Jon A Mueller	(I) (II)	136,194 0	0	156 0	6,010 0	9,256 0	151,616 0	0
		_			_			
							•	•

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

Ident if ier	Return Reference	Explanation
	Part I, Line 7	Kimberly L Coble received a bonus of \$7,550

Schedule J (Form 990) 2011

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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.

2011

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	of the organization EAKE BAY FOUNDATION INC							E	mployer i	dent if ica	tion numb	er	
Part I											405		
	Complete if the organizat	ion ans	werea	res on Forr	m 990, F	art IV, line 25a c	or 250, 0	or Form	990-EZ,	Part V, II			
1	(a) Name of disq	person			(b) Desc	ription	of trans	action		Со	rrected?		
											Yes	No.	
2 Fr	oter the amount of tay impos	ed on ti	he organ	nization man	agers or	disqualified pers	one dur	ing the v	vear unde	r			
						· · · · ·			· · •				
3 Er	nter the amount of tax, If any	, on line	2,abo	ve, reımburs	ed by th	e organızatıon .			•	· \$			
Dart 1	Loans to and/or l	From	Intere	sted Dere	sons								
rait.						, Part IV, line 26	, or Form	m 990-l	EZ, Part V	, line 38	a		
		(b) L	oan to					•					
(a) Nar	•	1				(d)Balance due		(e) In default?				agreement?	
	purpose	organization?		principal a	amount	(,			committee?				
		То	From				Yes	No	Yes	No	Yes	No	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Correct Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958	+											
												+	
									1				
Γotal						20.000							
Part I.							. line 2	27.					
				b) Relationsh	nip betwe	en interested per			oount of a	rant or to	no of acc	stanco	
	(a) Name of interested pers	OII		an	d the or	ganızatıon		(C)AII	lount or g		/pe or ass	istalice	
			_										
			_										

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	
(1) JMI Equity Fund IV LP	Board of Trustees	606,972	TrusteeWilliam C Baker is a compensated CEO and member of CBF's Board of Trustees Truman T Semans (Vice Chairman of Brown Advisory, Inc) is a non-compensated member of the CBF Board of Trustees Both listed serve on the Board of Directors for Brown Advisory, Inc, which serves as the investment manager for the JMI Equity Fund IV, L P 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		No	
(2) Accel VIII LP	Board of Trustees	68,583	TrusteeWilliam C Baker is a compensated CEO and member of CBF's Board of Trustees Truman T Semans (Vice Chairman of Brown Advisory, Inc) is a non-compensated member of the CBF Board of Trustees Both listed serve on the Board of Directors for Brown Advisory, Inc which serves as the investment manager for the Accel VIII, L P 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		No	
					+	
			ı			
				<u> </u>	+	

Supplemental Information

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

Identifier | Return Reference | Explanation

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

▶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			<u>.</u>				
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contribution	etermı	_	
	Art Morles of ort		1	-	Fair market value			
	Art Works of art	X		2,200	Fair market value			
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
Э	Clothing and household goods							
6	Cars and other vehicles	X	1	6,756	Fair market value			
7	Boats and planes			,				
	Intellectual property							
	Securities—Publicly traded .	Х	85	692,892	Fair market value			
	Securities—Closely held stock			,				
	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							
	Food inventory							
	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts		_					
25	Other ► (Riprap rocks)	X	2	119,806	Fair market value			
26	Auction Other ► (<u>items</u>)	X	30	13 325	Sales price			
	Other ► (Table saw)	X	1		Fair market value			
_,	PC and							
28	Other ► (monitor)	Х	1	500	Fair market value			
	Other► (Plane tickets)	Х	1	9,840	Fair market value			
	Toilet trailer	l	_					
	Other ► (rental)	X	1	1,680	Fair market value			
	Golf hole Other ▶ (signs)	X	1	1.100	Faır market value			
	Other ► (Boat engine)	X	1		Fair market value			
29	Number of Forms 8283 receive		anization during the tax ve	·				
	for which the organization comp				29			2
							Yes	No
30a	During the year, did the organiz	atıon receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three yea	rs from the	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the ent	ıre holdıng p	period?			30a		No
b	If "Yes," describe the arrangem	ent in Part :	II					
31	Does the organization have a gi					31	Yes	
32a	Does the organization hire or us contributions?	se third part	ies or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
33		t revenues	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							

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	l	When necessary, licensed boat brokers are used to sell donated boats that are not used for operations

Schedule M (Form 990) 2011

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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.

2011
Open to Public Inspection

Name of the organization	Employer ident if i	cation number
CHESAPEAKE BAY FOUNDATION INC		
	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, MD, state offices in MD, VA, PA, and DC, 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 174 full-time employees.

ldentifier	Return Reference	Explanation
Program Service Statement	Form 990, Part III, Line 4a	Education, continued from page 2 As a result of the environmental literacy graduation requirement in Maryland, CBF worked closely with Anne Arundel County public schools to help make them a statewide leader in outdoor education, with plans to provide outdoor learning experiences every year for all students in kindergarten through 12th grade CBF has continued to work closely with Virginia Beach City Public Schools to implement a model systemic environmental literacy program that is providing hands-on field experiences and classroom activities for students and training for teachers

ldentifier	Return Reference	Explanation
Program Service Statement	Form 990, Part III, Line 4b	Environmental Protection and Restoration (EPR), continued from page 2 CBF planted 15 4 million oyster spat and over 1,450 acres of stream-side trees. In PA, CBF and partners installed 149 water quality improvement projects on 30 farms and worked to improve the regulation of the natural gas industry in the Marcellus Shale. In MD, CBF successfully pressed for legislation to reduce stormwater pollution in the state's 11 most populous jurisdictions CBF also worked successfully to expand the amount of productive oyster bottom in sanctuaries protected from harvest, in addition to working with partners to increase the number of oyster spat-on-shell planted precisely on three-dimensional restoration reefs. In VA, CBF began a targeted campaign to restore the health of the Lafayette River in Norfolk, including improvements to stormwater systems and concentrated oyster restoration. In the General Assembly, CBF 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 FY12, 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, the Farm Bureau's legal challenge of the Chesapeake Clean Water Blueprint, litigation regarding the Sparrows Point steel mill, several state land use cases, a number of Clean Air Act matters, 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 1,716 print, broadcast, and online news stories or 4.7 times per day. CBF researched, wrote, and released Debunking the "Job Killer" Myth. How Pollution Limits Encourage Jobs in the Chesapeake Bay Region, and produced over 60 additional publications including the Save the Bay magazine, annual report, brochures, and informational materials. Over 500,000 unique visitors used cbf org, and 16,000 advocacy messages were sent to key decision makers. CBF's bimonthly electronic new sletter was distributed to over 100,000 e-members. CBF's Facebook fans increased 30% to nearly 22,000 CBF's award-winning Bay Daily blog was visited by more than 55,000 unique visitors. CBF's more than 20,000 volunteers donated over 102,000 hours. Using the Independent Sector scale, their value is greater than \$2 million.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 4	The corporation's Bylaws were amended in June 2011 in a number of respects. Significant changes include eliminate elected officials as ex officio trustees, add the president and the Clagett Trustee as ex officio regular trustees, decrease number of regular trustees from no less than 30 to no less than 25, add two youth trustees, allow regular trustees to serve beyond three consecutive terms if trustee is serving as Chair or Vice Chair, change quorum requirement for governing board meetings to reflect state law, allow officers who are employees to be compensated for services, create a second Vice-Chair, eliminate position of Executive Vice President, revise indemnification provisions to conform to state law, eliminate provision on Chapters

Identifier	Return Reference	Explanation
	· '	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 7, 2012. 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 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.

Identifier	Return Explanation Reference								
	Form 990, Part IX, Line 24b	During the year, the organization accrued federal and state tax expenses, related to unrelated business income generated from the sale of its interest in a partnership. The total amount of tax expenses accrued for both federal and state taxes was \$1,097,251							

Identifier	Return Reference	Explanation								
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -2,576,601 Partnership revenue not included in the financial -3,153 statements but included in revenue for unrelated business tax calculation Unrealized loss on interest rate swap -371,382 Total to Form 990, Part XI, Line 5 -2,951,136								

Identifier	Return Reference	Explanation
		Form 990, Amended Return The original 990 was amended to correct the compensation inadvertently overstated for an employee as reported on Part VII Due to this revision, Part VII, Schedule J and Schedule O were updated

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

(A) Name and Title	(B) Average hours		(ition that			II		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation	(F) Estimated amount of other compensation from the organization and related organizations
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		from related organizations (W- 2/1099- MISC)	
Charles W Moorman Trustee	1 00	Х						0	0	0
W Tayloe Murphy Jr Trustee	1 00	Х						0	0	0
Arnold I Richman Trustee	1 00	Х						0	0	0
Marıe W Rıdder Trustee	1 00	Х						0	0	C
Alexis G Sant Trustee	1 00	Х						0	0	C
Truman T Semans Trustee	1 00	х						0	0	C
Anne B Shumadine Trustee	1 00	Х						0	0	0
Jennifer Stanley Trustee	1 00	Х						0	0	C
Bishop Eugene Taylor Sutton Trustee	1 00	Х						0	0	0
Anthony A Williams Trustee	1 00	Х						0	0	0
Susan P Wilmerding Trustee	1 00	Х						0	0	0
Peter L Woicke Trustee	1 00	Х						0	0	C
Adrian M Fenty Ex-Officio Trustee (until 1/31/2012)	1 00	Х						0	0	C
Edward G Rendell Ex-Officio Trustee (until 1/31/2012)	1 00	Х						0	0	0
Joanne S Berkley Ex-Officio Trustee (until 1/31/2012)	1 00	Х						0	0	0
Martin J O'Malley Ex-Officio Trustee (until 1/31/2012)	1 00	Х						0	0	C
Robert F McDonnell Ex-Officio Trustee (until 1/31/2012)	1 00	Х						0	0	C
William C Baker President	40 00	Х		х				173,579	0	31,905
Mary Tod Winchester Secretary (Starting 2/1/12)	40 00			х				119,430	0	25,923
Fay R Nance Treasurer (Starting 2/1/12)	40 00			х				146,500	0	12,681
Charles D Foster Jr Asst Treasurer	40 00			х				93,977	0	24,301
Vollie D Melson Vice Pres - Development	40 00					х		115,248	0	17,943
Donald R Baugh Vice Pres - Education	40 00					Х		119,258	0	29,739
Elizabeth Buckman Vice Pres - Communications	40 00					Х		127,322	0	19,528
Jon A Mueller Vice Pres -Litigation	40 00					х		136,350	0	15,266

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

(A) Name and Title	(B) Average hours per	Average Position (check all hours that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustae 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		
Kımberly L Coble Vıce Pres - Env Protection	40 00					×		133,701	0	9,595		

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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 Independent Contractors										
(A) Name and Title	(B) Average hours per		(tion that a		y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) 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
Sımon Sıdamon-Erıstoff Chaırman	1 00	Х		Х				0	0	0
Alan R Griffith Vice Chairman	1 00	Х		Х				0	0	0
James E Rogers Vice Chairman	1 00	Х		Х				0	0	0
Susan S Phillips Secretary (until 1/31/2012)	1 00	Х		Х				0	0	0
Alan L Wurtzel Treasurer (until 1/31/2012)/Trustee	1 00	Х		Х				0	0	0
S Decker Anstrom Trustee	1 00	x						o	0	0
Jane P Batten Trustee	1 00	Х						0	0	0
Joanne S Berkley Trustee	1 00	Х						О	0	0
Donald F Boesch PhD Trustee	1 00	Х						0	0	0
W Russell G Byers Jr Trustee	1 00	х						О	0	0
John T Casteen III Trustee	1 00	Х						0	0	0
Thomas M Davis III Trustee	1 00	Х						0	0	0
A manda Deaver Trustee	1 00	Х						0	0	0
Rıchard L Franyo Trustee	1 00	×						0	0	0
G Waddy Garrett Trustee	1 00	Х						0	0	0
Lauren Gleason Trustee (Stanley)	1 00	Х						0	0	0
Carolyn Groobey Trustee	1 00	Х						0	0	0
Janet F Haas MD Trustee	1 00	Х						0	0	0
Ann Fritz Hackett Trustee	1 00	Х						0	0	0
Anna Johnson Trustee (Stanley)	1 00	Х						0	0	0
Robert A Kınsley Trustee	1 00	Х						0	0	0
Matthew J Klein Trustee	1 00	Х						0	0	0
Burks B Lapham Trustee	1 00	Х						0	0	0
Byron F Marchant Trustee	1 00	Х						0	0	0
H Turney McKnight Trustee	1 00	Х						0	0	0