Filing Instructions

Prepared for:

BAY.ORG THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133 Prepared by:

BARLOW & HUGHAN LLP 1182 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94102-4922

2015 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

2015 CALIFORNIA FORM 199

YOU HAVE A BALANCE DUE OF\$ 10.00

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE AND WE WILL SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY ORDER FOR \$10.00, PAYABLE TO FRANCHISE TAX BOARD AS SOON AS POSSIBLE.

MAIL TO - FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Filing Instructions

Prepared for: Prepared by: BARLOW & HUGHAN LLP BAY.ORG THE EMBARCADERO AT BEACH STREET 1182 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94133 SAN FRANCISCO, CA 94102-4922 2015 CALIFORNIA FORM RRF-1 YOU HAVE A BALANCE DUE OF\$ 225.00 THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). ENCLOSE A CHECK OR MONEY ORDER FOR \$225.00, PAYABLE TO ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS. PLEASE MAIL AS SOON AS POSSIBLE. MAIL TO - REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

EXTENDED TO AUGUST 15, 2016

990

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

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

and ending

Open to Public Inspection

OMB No. 1545-0047

В	Check if applicable:	C Name of organization	D Employer identific	cation number					
Г	Address								
F	Name change	Doing business as	┦ 90-0	401015					
F	nitial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su							
Ē	Final return/	THE EMBARCADERO AT BEACH STREET		623-5300					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	12,246,447.					
Г	Amende		H(a) Is this a group re						
Ē	Applica-			for subordinates? Yes X No					
	pending	SAME AS C ABOVE	H(b) Are all subordinates in	····· — —					
T	Tax-exer	mpt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or $C = 501(c)(3)$		list. (see instructions)					
		WWW.BAY.ORG	H(c) Group exemptio						
				State of legal domicile: CA					
	art I	Summary							
0	1 B	riefly describe the organization's mission or most significant activities: TO PROTE	CT, RESTORE A	ND INSPIRE					
Activities & Governance	9	CONSERVATION OF THE SAN FRANCISCO BAY AND IT:	S WATERSHED -	FROM THE					
ř	2 0	check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets.					
ŏ	3 N	lumber of voting members of the governing body (Part VI, line 1a)	3	14					
ه ص	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		14					
es	5 T	otal number of individuals employed in calendar year 2015 (Part V, line 2a)		261					
Ϊ	6 T	otal number of volunteers (estimate if necessary)		200					
Act	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12	 1	0.					
	b N	let unrelated business taxable income from Form 990-T, line 34		0.					
ne	1		Prior Year	Current Year					
		Contributions and grants (Part VIII, line 1h)	1,087,107.	1,348,882.					
Revenue		Program service revenue (Part VIII, line 2g)	9,109,650. 921.	9,094,637.					
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	984,381.	928,686.					
	1	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,182,059.	11,373,264.					
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.					
		erants and similar amounts paid (Part IX, column (A), lines 1-3) senefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
"		lenefits paid to or for members (Part IX, column (A), line 4) lalaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,363,225.	6,895,894.					
Expenses	162 5	rofessional fundraising fees (Part IX, column (A), line 11e)	0,303,223.	0.					
ben	h	otal fundraising expenses (Part IX, column (D), line 25) 522, 373.							
Ě	17 0	otal rundaling expenses (i art ix, column (b), lines 25) other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,881,881.	4,367,574.					
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,245,106.	11,263,468.					
		levenue less expenses. Subtract line 18 from line 12	-63,047.	109,796.					
Or Sec	3		Beginning of Current Year	End of Year					
Net Assets or	20 T	otal assets (Part X, line 16)	11,069,884.	10,174,513.					
ASS	21 T	otal liabilities (Part X, line 26)	7,962,614.	6,957,811.					
		let assets or fund balances. Subtract line 21 from line 20	3,107,270.	3,216,702.					
	art II	Signature Block							
	-	ies of perjury, I declare that I have examined this return, including accompanying schedules and stat		knowledge and belief, it is					
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.						
		Signature of officer	Data						
Sig	jn	, -	Date						
He	re	BARBARA EVANS, CFO Type or print name and title							
_			Date Check	PTIN					
D - !		Print/Type preparer's name Preparer's signature	Date Check L	 - 					
Pai	-	VADE C HUGHAN Firm's name ► BARLOW & HUGHAN LLP	Self-employe	P00167223 94-3105622					
	-		Firm's EIN >	34-2102077					
US	UIIIY	Firm's address 1182 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94102-4922	Dhono no / A	15)522-2490					
N 4 -	the a 170		Phone no. (4						
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No					

		401015	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	Briefly describe the organization's mission:	CTCCO D	7.37
	TO PROTECT, RESTORE AND INSPIRE CONSERVATION OF THE SAN FRAN AND ITS WATERSHED - FROM THE SIERRA TO THE SEA.	CISCO B	AI
	AND THE WATERDRED FROM THE STERRA TO THE SEA.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.	•••	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by expenses	3.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	tal expenses,	and
	revenue, if any, for each program service reported.		
4a		9,617,	<u>713.</u>)
	EXHIBITS - SEE SCHEDULE O		
4b	(Code:) (Expenses \$ 2 , 129 , 948 • including grants of \$) (Revenue \$)	292,	165.
	EDUCATION - SEE SCHEDULE O		
4c	(Code:) (Expenses \$1, 210, 579 • including grants of \$) (Revenue \$)	135,	<u>608.</u>)
	FIELD CONSERVATION AND RESTORATION - SEE SCHEDULE O		
4d	Other program services (Describe in Schedule O.)		
-t u		١	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 9,765,963.		
	. State programs do not experience p	Form 9	90 (2015
532002 12-16-		. 3,,,,	,-5.0

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Form 990 (2015) BAY • ORG 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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," <i>complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		х
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	- 41	
19		40		х
	complete Schedule G, Part III	19		

Form **990** (2015)

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Form 990 (2015) BAY • ORG Part IV Checklist of Required Schedules (continued)

			Yes	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	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), 501(c)(4), and 501(c)(29) 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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u>-</u> -
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u>-</u> -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2015)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Section Sect		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W26 included in line 1a. Enter of 1 not applicable De O Do the the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 261 Do the call the call that is a contribution of the call call the call that is a contribution of the call that call the call that is a contribution of the call call the call that is a contribution of the call call that call the call that call						Yes	No
b Enter the number of Forms W/2G included in line 1a, Enter of # in or applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W/3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If a tile ast one is reported on line 2a, did the organization the all required devial employment tax returns? 2b If which is a man of lines 1 and 2a dis greater than 260, you may be required to a-file gene entructions) 3c Did the organization have unrelated business gross income of \$1,000 or more during the year. 3c Did the organization have unrelated business gross income of \$1,000 or more during the year. 4c A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)? 4c If tives, "enter the name of the foreign country." See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was 1b Gross and party to a prohibited tax shelter transaction at any time during the tax year? 5c Was 1b Gross and party to a prohibited tax shelter transaction at any time during the tax year? 5c Was 1b Gross and party to a prohibited tax shelter transaction at any time during the tax year? 5c Was 1b Was 1b Gross and party to a prohibited tax shelter than \$100,000, and did the organization solicity and party as a contributions of the was or a party to a prohibited tax shelter transaction? 5c Was 1b Was	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15			
describing winnings to prize winners? a First the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a I be if "Yes," has it filed a Form 990 Thr for this year I "No," to file 69, provide an explanation in Schedule 0 3b I "Yes," and it filed a Form 990 Thr of this year I "No," to file 69, provide an explanation in Schedule 0 3b I "Yes," and it filed a Form 990 Thr of this year I "No," to file 69, provide an explanation in Schedule 0 3c I was the organization and year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5c I "Yes," enter the name of the foreign country. ► 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c I "Yes," old the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c I were not tax deductibles a charitables contributions? 6c I were not tax deductibles a charitables contributions? 6c I were not tax deductibles a charitables contributions? 6c I were not tax deductibles a charitables contributions and partly for goods and services provided to the payor? 6c I were not tax deductibles a charitables contribution of under section 170(c). 6c I were not tax deductibles a charitables contributions? 6c I were not tax deductibles a charitables contributions? 6c I were not tax deductibles a charitable contribution of tax of the goods or services provided? 6c I were not tax of the organization receive a payment in excess of \$75 made partl			1b	0			
Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendary are anding with or within the year covered by this resturant. 2 a 261 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) 3 b If the veganization have unreated business gross income of \$1,000 or more during the year? 3 a If A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4 a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization as party to a prohibited tax shelter transaction? 5 b If "Yes," to line 5a or 5b, did the organization file Form 888-617 6 a Was the organization and an unall gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 a Organizations that many receive deductible contributions under section 170(c). 8 b If "Yes," of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 c Did the organization seleval expanse in excess of \$75 made pathy as a contribution and party for goods and services provided to the payor? 7 a X a Did the organization seleval expanse in excess of \$75 made pathy as a contribution on party to the payor of the payor of the suppression of	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	porta	ble gaming			
fleef for the calendary year ending with or within the year covered by this return 2a		(gambling) winnings to prize winners?			1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If Yes, "has it filed a Form 90-17 for this year? If "No," to line 3b, provide an explanation in Schedule O 3a At any time during the calendary year, did the organization have an interest in, or a signature or or then authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a At any time the remain of the foreign country ► 5b in *Yes," enter the name of the foreign country ► 5c in shructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). 8d Did the organization neceive a payment in excess of \$75 made party as a combination and party for goods and services provided to the payor? 7c If Yes," did the organization notify the donor of the value of the goods or services provided? 7c If If Yes," included on funding the year and the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If Yes," included on funding the year, pay premiums, directly or indirectly, on a personal benefit contract? 7d If Yes, "Indirect the number of Forms 8282 filed during the year 8 Sponsoring organization neceived a contribution of qualified intellectual property, did the organization if a Form 899 as required? 7h If the organization increases any funds, dire	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
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3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х	
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 c 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X It b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		
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14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			13c				77
							X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	υ			900	(20 1 F

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	Х	37
b	Other officers or key employees of the organization	15b		X
40	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			v
	taxable entity during the year?	16a		X
р	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	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed CA	veile!-	lo	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O)			
10	X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	lfinor	oial	
19		ııııan	uai	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: BARBARA EVANS - 415-623-5300			

THE EMBARCADERO AT BEACH STREET, SAN FRANCISCO, CA 94133

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average	(do	(C) Position do not check more than one				one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week		, unle cer an					compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) STEVEN N MACHTINGER	5.00								0	
CHAIR	4 00	Х		Х				0.	0.	0.
(2) MORGAN TARR	4.00	₩						0.	0.	0
DIRECTOR (3) WILLIAM WOLCOTT	4.00	Х						0.	0.	0.
(3) WILLIAM WOLCOTT SECOND VICE CHAIR	4.00	X						0.	0.	0.
(4) DEAN MOREHOUS	4.00	122						0.	0.	0.
DIRECTOR	1700	x						0.	0.	0.
(5) BEN BLEIMAN	4.00	 								
FIRST VICE CHAIR		X						0.	0.	0.
(6) KAY CARNEY	4.00									
DIRECTOR		Х						0.	0.	0.
(7) HARRISON C DUNNING	4.00									
DIRECTOR		Х						0.	0.	0.
(8) DERITH WISNOM	4.00							_	_	_
SECRETARY		Х						0.	0.	0.
(9) ZACK KELLERMAN	4.00	ļ								
DIRECTOR	4 00	Х						0.	0.	0.
(10) BETHANY PATTEN	4.00	۱.,							0	0
DIRECTOR	4 00	Х						0.	0.	0.
(11) SCOOTER SIMMONS	4.00	x						0.	0.	0.
DIRECTOR (12) ANGELIQUE TOMPKINS	4.00	^						0.	0.	0.
DIRECTOR	4.00	X						0.	0.	0.
(13) ROSALIND JACKSON	4.00	122						0.	0.	•
DIRECTOR	1000	x						0.	0.	0.
(14) TINA MOYLAN	4.00	 							•	•
DIRECTOR		x						0.	0.	0.
(15) JOHN FRAWLEY	40.00									
PRESIDENT, CEO		1		Х						
(16) BARBARA EVANS	40.00									
CFO		L		Х						
(17) CHRISTINA SLAGER	40.00									
DIRECTOR OF ANIMAL CARE						Х				

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Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)	(C)						(D)	(E)		1	(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable		1	stimate	
	hours per week					is bot or/trus		'	compensation from related organizations			nount	of
	(list any	Į.					Ĺ	from the				other pensa	tion
	hours for	direct				pe		organization	(W-2/1099-MI			om th	
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,	,		anizat	
	organizations	al trus	nal trı		oyee	omp						d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
(10) OUDIG TON	40.00	Ĕ	<u>ii</u>	Ð.	Ke	en Hi	요				<u> </u>		
(18) CHRIS LOW	40.00	1				х							
DIRECTOR OF FACILITIES						Δ.							
		1									1		
		1									1		
		1									1		
		1											
								601 010				<u> </u>	<u> </u>
1b Sub-total								691,912.		0.	8	8,5	
c Total from continuation sheets to Part VI								691,912.		0.	-	8,5	0.
d Total (add lines 1b and 1c)								-	000 of reported	-		0,5	05.
Total number of individuals (including but ncompensation from the organization	ot iiiiitea to ti	1056	IISLE	eu ai	DOVE	e) wi	101	eceived more triair \$100	,000 or reportat	ле			4
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director or tru	ıste	e ke	v en	nnlc	vee	or	highest compensated e	mplovee on	ľ			
line 1a? If "Yes," complete Schedule J for s				•	•	•		•			3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15	=		-					<u>=</u> '			4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	dual for services	3			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch j	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										npens	ation f	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
(A) Name and business	address	NIC	INC	7				(B) Description of s	ervices	C	O) Ompe		n
		-11	J111				_						
2 Total number of independent continue to a	noludina hut :	ot II	mitc	4+0	the	00 11		d abaya) who received =	oro than				
 Total number of independent contractors (i \$100,000 of compensation from the organi 		IOL II	iiiite	u iO		se iis O	ore(a above, who received fi	IOIE IIIdII				
\$155,555 57 Sompondation nom the Organi												000 /	2015)

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Form 990 (2015)

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Form 990 (201)	DAI • ONG	50 (
Part VIII	Statement of Revenue	

		Check if Schedule O cont	ains a response	e or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts its	1 a	Federated campaigns	1a					
ar our		Membership dues						
s, G	С	Fundraising events		244,379.				
Sift lar		Related organizations						
imi		Government grants (contribut						
tion	f	All other contributions, gifts, gran	ts, and					
ibu		similar amounts not included above	ve 1f	1,104,503.				
함	g	Noncash contributions included in lines	1a-1f: \$	71,529.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			1,348,882.			
				Business Code				
e S	2 a	ADMISSION REVENUES		713990	8,536,026.	8,536,026.		
ezi ezi	b	CONTRACT REVENUES		713990	281,765.	281,765.		
S c	С	OTHER OPERATING REVENU	ES	713990	276,846.	276,846.		
ran }ev	d	·						
Program Service Revenue	е	·						
۵ ا	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		>	9,094,637.			
	3	Investment income (including						
		other similar amounts)		▶	1,059.			1,059.
	4	Income from investment of tax	x-exempt bond	proceeds -				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		>				
enne	8 a	Gross income from fundraising including \$ 244						
Re		contributions reported on line						
Other Rever		Part IV, line 18						
₹		Less: direct expenses		70,735.	00.163			20.163
		Net income or (loss) from fund		>	-22,163.			-22,163.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-					
	10 a	Gross sales of inventory, less		1 752 207				
		and allowances						
		Less: cost of goods sold		802,448.	050 040	050 040		
	С	Net income or (loss) from sale			950,849.	950,849.		
	11 -	Miscellaneous Revenu	е	Business Code				
	11 a							+
	b							
	q	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			11,373,264.	10,045,486.	0	-21,104.
					, ,	, , • •	•	,

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 780,497. 584,786. 159,072. 36,639. trustees, and 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) 4,896,177. 4,194,894. 367,807. 333,476. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 775,674. 634,831. 82,444. 58,399. Other employee benefits 9 443,546. 333,303. 84,069. 26,174. Payroll taxes 10 Fees for services (non-employees): 165,667. 153,449 12,218. a Management 1,194. 1,194. Legal 33,000. 33,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 1,115. 507,212. 505,933. 164. Advertising and promotion 12 565,937. 498,138. 49,539. 18,260. Office expenses 13 72,754. 59,872. 12,716. 166. Information technology 14 15 Royalties 1,242,120. 1,257,331. 15,211. 16 Occupancy 73,869. 70,763. 640. 2,466. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 13,506. 12,108. 215. 1,183. Conferences, conventions, and meetings 19 124,556. 124,556. 20 Payments to affiliates 21 799,712. 746,414. 53,298. Depreciation, depletion, and amortization 22 128,658. 126,085. 2,573. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 617,912. 596,553. 2,005. 19,354. ANIMAL FOOD, FACILITIES TAXES AND LICENSES 6,266. 5,520. 373. 373. С d All other expenses 11,263,468. 9,765,963. 975,132. 522,373. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2015)

90-0401015 Page **11** Form 990 (2015)
Part X Balance Sheet BAY.ORG

· a	ILA	Dalance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,220,662.	1	393,092.
	2	Savings and temporary cash investments	460,624.	2	1,339,426.
	3	Pledges and grants receivable, net	28,050.	3	8,100.
	4	Accounts receivable, net	259,479.	4	266,302.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	124,877.	8	79,957.
	9	Prepaid expenses and deferred charges	291,088.	9	194,895.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 11,707,083.			
	b	Less: accumulated depreciation 10b 4,315,689.	7,832,127.	10c	7,391,394.
	11	Investments - publicly traded securities	144,418.	11	237,164.
	12	Investments - other securities. See Part IV, line 11	253,934.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	454,625.	15	264,183.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,069,884.	16	10,174,513.
	17	Accounts payable and accrued expenses	688,992.	17	474,681.
	18	Grants payable		18	
	19	Deferred revenue	8,049.	19	7,028.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons.	00 405		EC 505
Liabilities		Complete Part II of Schedule L	88,435.	22	76,595.
_	23	Secured mortgages and notes payable to unrelated third parties	6,983,586.	23	6,126,442.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	102 552		272 065
		Schedule D	193,552. 7,962,614.	25	273,065. 6,957,811.
	26	Total liabilities. Add lines 17 through 25	7,902,014.	26	0,937,011.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ces		complete lines 27 through 29, and lines 33 and 34.	2,918,210.		2 001 602
a	27	Unrestricted net assets	189,060.	27	2,901,602. 315,100.
Fund Balances	28	Temporarily restricted net assets	109,000.	28	313,100.
рц	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
S.	20	and complete lines 30 through 34.		200	
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31 32	
Red	32	Retained earnings, endowment, accumulated income, or other funds	3,107,270.	33	3,216,702.
_	33	Total lichilities and not assets (fund belennes	11,069,884.		10,174,513.
	34	Total liabilities and net assets/fund balances	±±,009,004•	34	Torm 990 (2015)

Form **990** (2015)

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Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	2 1	1,37 1,26 10 3,10	3,4 9,7 7,2	68. 96.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	40	3,21	6 7	0.2	
Pai	column (B)) 't XIII Financial Statements and Reporting	10	3,41	0,1	04.	
ı aı					X	
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No	
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
	b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngie Audit	За		Х	
b	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit	Ja			
~	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
	, , , , , , , , , , , , , , , , , , ,		Form	990	(2015)	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** 90-0401015 BAY.ORG

Pai	t I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
he o	organi	zation is not a private found	ation because it is: ((For lines 1 through 11, o	check only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative		•			i).	
4		A medical research organiz					-	the hospital's name.
		city, and state:		,			(,
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
_		section 170(b)(1)(A)(iv). (C		g,		, 9		
6		A federal, state, or local gov		mental unit described in	section 17	70(b)(1)(A)	(v)	
7		An organization that norma	-				•	nublic described in
•		section 170(b)(1)(A)(vi). (C	-	artial part of its support	ioni a gov	ommonia	ant of from the general	pasile accombed in
8		A community trust describe		(1)(Δ)(vi) (Complete Par	+ 11)			
9	37	An organization that norma				contribution	ons membershin fees a	nd aross receints from
Ū		activities related to its exen	•	•	•			-
		income and unrelated busin	•	·				-
		See section 509(a)(2). (Cor		(1000 000tion on tax) ii	om baome	ooco doqu	irod by the organization	and dance oo, 1070.
10		An organization organized a	•	ively to test for public sa	afety See	section 50	19(a)(4).	
11		An organization organized a	•	•	•			e purposes of one or
•		more publicly supported or	•	•	-		•	
		lines 11a through 11d that	-					moon the box in
а		Type I. A supporting orga	* *			-		aivina
_		the supported organization	•	•	•			
		organization. You must o			a majority	or tino an o		apporting
b		Type II. A supporting org	-		tion with it	s supporte	ed organization(s) by ha	vina
-		control or management o	•					-
		organization(s). You mus			arrio peroc	ono that oc	manage the sup	portod
c		Type III functionally inte	- · · · · · · · · · · · · · · · · · · ·		in connec	tion with a	and functionally integrate	ed with
•		its supported organization					• •	od Widii,
d		Type III non-functionally		•				zation(s)
-		that is not functionally int					• • • •	
		requirement (see instruct	-		•			
е		Check this box if the orga	·					
•		functionally integrated, or					, po ., . , po, . , po	
f	Ente	r the number of supported of						
а		ide the following information						· •
		Name of supported	(ii) EIN				(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))	listed i governing	n your document?	support (see	other support (see
				above (see instructions))	Yes	No	instructions)	instructions)
ota	ı							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here	·····				<u></u> ▶∟
	ction C. Computation of Publ						
	Public support percentage for 2015 (14	%
	Public support percentage from 2014						%
16a	33 1/3% support test - 2015. If the o	-					
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2014. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				· ·	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				-		e ▶ □
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n dia not check a l	box on line 13, 16	oa, 160, 1/a, or 1/			ns

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	Section A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	312,678.	140,666.	647,721.	1062107.	1348882.	3512054.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	8750629.	9910791	103/15925	10952710.	10023323	19983378
_	organization's tax-exempt purpose	0730023.	JJ101J1•	10343723.	10752710.	10023323.	± 7 7 0 3 3 7 0 •
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	9063307.	10051457.	10993646.	12014817.	11372205.	53495432.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		30,000.	25,000.	93,038.	89,006.	237,044.
k	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						0.
(Add lines 7a and 7b		30,000.	25,000.	93,038.	89,006.	237,044.
	Public support. (Subtract line 7c from line 6.)						53258388.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	9063307.	10051457.	10993646.	12014817.	11372205.	53495432.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,782.	1,901.	1,228.	921.	1,059.	7,891.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b	2,782.	1,901.	1,228.	921.	1,059.	7,891.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0066000	10052250	10004074	12015720	11272264	F2502222
	Total support. (Add lines 9, 10c, 11, and 12.)						53503323.
14	First five years. If the Form 990 is for	•			•	. , , , ,	zation,
6-	check this box and stop here ction C. Computation of Publ						> L
	-			. (0)		45	99.54 %
	Public support percentage for 2015 (I					15	00 60
	Public support percentage from 2014 ction D. Computation of Investigation					16	99.67 %
				20 12 column (f)		17	.01 %
	Investment income percentage for 20					18	.04 %
	8 Investment income percentage from 2014 Schedule A, Part III, line 17						
196	more than 33 1/3%, check this box a						I / Is not ► X
k	o 33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation If the organization	n did not check a	hay on line 1/1 10	a or 10h chack th	nie hay and eee ing	etructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
00		
6		
7		
8		
9a		
9b		
9с		
40		
10a		
10b		

Pai	Part IV Supporting Organizations (continued				
				Yes	No
11	1 Has the organization accepted a gift or contribution from	om any of the following persons?			
	below, the governing body of a supported organization		11a		
b	b A family member of a person described in (a) above?		11b		
	c A 35% controlled entity of a person described in (a) or		11c		
	ection B. Type I Supporting Organizations	(S) above tee to a, s, or e, provide detail art in			
				Yes	No
1	1 Did the directors, trustees, or membership of one or m	nore supported organizations have the nower to			110
•	regularly appoint or elect at least a majority of the orga				
	tax year? If "No," describe in Part VI how the support				
	controlled the organization's activities. If the organizati				
		rectors or trustees were allocated among the supported			
	• • • • • • • • • • • • • • • • • • • •	•	1		
2	organizations and what conditions or restrictions, if any		•		
2	. , , , ,				
	organization(s) that operated, supervised, or controlled Part VI how providing such benefit carried out the pure				
		poses of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.		2		
Sec	ection C. Type II Supporting Organizations			.,	
	4 Month of the state of the sta			Yes	No
1	, ,				
	or trustees of each of the organization's supported organization				
	or management of the supporting organization was ves	sted in the same persons that controlled or managed			
<u> </u>	the supported organization(s).		1		
Sec	ection D. All Type III Supporting Organization	IIIS			
				Yes	No
1					
		he type and amount of support provided during the prior tax			
		y filed as of the date of notification, and (iii) copies of the			
_		ate of notification, to the extent not previously provided?	1		
2		ustees either (i) appointed or elected by the supported			
		a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous we		2		
3	1				
	significant voice in the organization's investment polic				
	income or assets at all times during the tax year? If "Y	es," describe in Part VI the role the organization's			
	supported organizations played in this regard.		3		
Sec	ection E. Type III Functionally-Integrated Su				
1		n used to satisfy the Integral Part Test during the yea(see instructions):			
а		•			
b	b The organization is the parent of each of its sup	ported organizations. Complete line 3 below.			
С		ity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	2 Activities Test. Answer (a) and (b) below.			Yes	No
а	a Did substantially all of the organization's activities dur	ing the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization	n was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how the	se activities directly furthered their exempt purposes,			
	how the organization was responsive to those support	ed organizations, and how the organization determined			
	that these activities constituted substantially all of its a	ctivities.	2a		
b	b Did the activities described in (a) constitute activities t	hat, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would	have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supporte	ed organization(s) would have engaged in these			
	activities but for the organization's involvement.		2b		
3	3 Parent of Supported Organizations. Answer (a) and (b)	below.			
а	a Did the organization have the power to regularly appo	int or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Prov	ride details in <i>Part VI.</i>	3a		
b	b Did the organization exercise a substantial degree of o	direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in P	art VI the role played by the organization in this regard	3h		1

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	- I ago o			
1							
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
e	Discount claimed for blockage or other						
	factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ated Type III supporting org	ganization (see			
	instructions)	. •	3	•			

Schedule A (Form 990 or 990-EZ) 2015

Par	ιV	Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amou				
2	Amou				
	organi	zations, in excess of income from activity			
3	Admir	istrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	e	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2015 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2015			
	(reaso	nable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2015:			
а					
b					
С					
d	From	2013			
е	From	2014			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2015 distributable amount			
i	Carry	over from 2010 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2015 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2015 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2015, if			
	any. S	subtract lines 3g and 4a from line 2 (if amount			
		r than zero, see instructions).			
6	Rema	ning underdistributions for 2015. Subtract lines 3h			
	and 4	o from line 1 (if amount greater than zero, see			
	instru	ctions).			
7	Exces	s distributions carryover to 2016. Add lines 3j			
	and 4	Э.			
8	Break	down of line 7:			
а					
b					
С	Exces	s from 2013			
		s from 2014			
е	Exces	s from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information Describe the explanations required by Dart II line 10: Dart III line 17: or 17h: Dart III line 19:
i dit vi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	

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Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2015

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2011 Amount	2012 Amount	2013 Amount	2014 Amount	2015 Amount
HARVEY AND GAIL GLASSER	0.	30,000.	0.	25,000.	0.
STEVEN MACHTINGER	0.	0.	25,000.	21,879.	25,000.
DERRY HENDERSON	0.	0.	0.	18,750.	10,500.
AIMEE BROWN	0.	0.	0.	10,249.	10,250.
WILLIAM WOLCOTT	0.	0.	0.	6,000.	12,558.
ETHEL DALY	0.	0.	0.	11,160.	0.
BETHANY PATTEN	0.	0.	0.	0.	10,498.
SCOOTER SIMMONS	0.	0.	0.	0.	10,100.
DEAN MOREHOUS	0.	0.	0.	0.	5,000.
HARRISON DUNNING	0.	0.	0.	0.	5,100.
Total to Schedule A, Part III, Line 7a		30,000.	25,000.	93,038.	89,006.

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2015

Name of the organization Employer identification number BAY • ORG 90 – 0401015

Organization type (check one):

Filers of:		Section:			
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 990	-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Check if your organization is covered by the General Rule or a Special Rule . Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule To ran organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or					
Special F	,	one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
;	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, do year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusive religious, charitable, etc., contributions totaling \$5,000 or more during the year					

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 9	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and 2n + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		1 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	5.15	\$Schedule B (Forn	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 21	Name, address, and ZIP + 4	\$	Person Payroll Noncash
(2)	(b)	(c)	(Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
25		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
28		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
29		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30	245	\$Schedule R (Form	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and 2n + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u> </u>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
13	ENDOWMENT FUND STOCKS	_			
		\$10,058.	02/28/15		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
15	IBM STOCK				
		\$10,498.	04/29/15		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
49	WIRELESS ACCESS POINTS, NETWORK SWITCHES, FIREWALL DEVICES AND LICENSES	_			
		50,973.	12/22/15		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
—		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
			00 000 F7 a= 000 DE\/(0		

Name of orgar	nization		Eı	nployer identification number	
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Part III	Exclusively religious, charitable, etc., contribute year from any one contributor. Complete completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	olumns (a) through (e) and the follows, charitable, etc., contributions of \$1,000 c	wing line entry. For organizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held	
		(e) Transfer of gi	t		
-	Transferee's name, address, an	nd ZIP + 4	Relationship of trans	feror to transferee	
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held	
- -					
		(e) Transfer of gi	t		
	Transferee's name, address, an	nd ZIP + 4	Relationship of trans	feror to transferee	
- -					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held	
-					
_		(a) Tuan dan at ni			
		(e) Transfer of gi	τ		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of trans	feror to transferee	
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held	
-					
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of trans	feror to transferee	
-					
-					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

BAY, ORG

Employer identification number 90-0401015

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Otl	or Similar Fund	ls or Accounts Complete # the	
Га			iei Silliliai Fulic	is of Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin		ali da a al firma al a	(I-) Francis and otherwise conta	
			dvised funds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the ass	ets held in donor adv	ised funds	_
	are the organization's property, subject to the organization's	exclusive legal con	trol?	Yes	No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing th	at grant funds can b	e used only	
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or	for any other purpos	e conferring	
	impermissible private benefit?			Yes] No
Pa	rt II Conservation Easements. Complete if the org				
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (e.g., recreation or e	· —		storically important land area	
	Protection of natural habitat	, <u> </u>		rtified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation co	ontribution in the form	n of a conservation easement on the la	et
_	day of the tax year.	nea conscivation of		Held at the End of the Tax	
_	Total number of conservation easements				Tour
a h				·	
b			_\		
С.	Number of conservation easements on a certified historic stru				
a	Number of conservation easements included in (c) acquired a	•			
_	listed in the National Register				
3	Number of conservation easements modified, transferred, rel	leased, extinguishe	d, or terminated by t	ne organization during the tax	
_	year				
4	Number of states where property subject to conservation eas				
5					
	violations, and enforcement of the conservation easements it				No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violatio	ns, and enforcing co	nservation easements during the year	
					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, a	nd enforcing conser	ration easements during the year	
	▶ \$				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requir	ements of section 17	0(h)(4)(B)(i)	_
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation	ion easements in its	revenue and expen	se statement, and balance sheet, and	
	include, if applicable, the text of the footnote to the organizat	tion's financial state	ements that describe	s the organization's accounting for	
	conservation easements.				
Pa	rt III Organizations Maintaining Collections of	f Art, Historica	l Treasures, or	Other Similar Assets.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	•		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to repo	rt in its revenue stat	ement and balance sheet works of art,	
	historical treasures, or other similar assets held for public exh	hibition, education,	or research in furthe	ance of public service, provide, in Part	XIII,
	the text of the footnote to its financial statements that descri	ibes these items.			
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in	its revenue stateme	nt and balance sheet works of art, histo	orical
	treasures, or other similar assets held for public exhibition, ed	ducation, or researd	ch in furtherance of p	ublic service, provide the following amo	ounts
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
				k 4	
2	If the organization received or held works of art, historical trea				
=	the following amounts required to be reported under SFAS 1			- · · ·	
а	Revenue included on Form 990, Part VIII, line 1		-	> \$	
	Assets included in Form 990, Part X				

Schedule D (Form 990) 2015

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

	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures,	or Oth	er S	imilar A	ssets(cont	inued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checl	any of the	following that	at are a s	signifi	cant use c	of its collecti	on iten	าร
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	ams					
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further t	he organizat	ion's exe	empt	purpose ir	n Part XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		□ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" or	n Forr	n 990, Par	t IV, line 9, o	or	
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets no	t inclu	ıded			_
	on Form 990, Part X?								. Yes		∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:			_				
							L		Amou	nt	
С	Beginning balance							1c			
	Additions during the year							1d			
	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo							•	Yes		No
	If "Yes," explain the arrangement in Part XIII.						-			\square	
Par	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" on F	orm 990, Par	t IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) T	hree years l	back (e) Fo	ur years	back
1a	Beginning of year balance	•		•							
	Contributions	25,058.									
	Net investment earnings, gains, and losses	-427.									
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	24,631.									
2	Provide the estimated percentage of the curr		e (line 1	a column (a)) held as:						
a	Board designated or quasi-endowment	100.00	%	9, 001411111 (ajj riola ao.						
	Permanent endowment	%	_′°								
	Temporarily restricted endowment										
Ū	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse		ation the	nt are held a	and administe	ered for t	the o	rganization	1		
-	by:	colori or the organiza		it are more	ara dariiinot	3100 101		gameation	•	Yes	No
	(i) unrelated organizations								3a(i)	_	X
	(ii) related organizations										X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	chedule R2	······································				3b	' 	
4	Describe in Part XIII the intended uses of the										
<u> </u>	t VI Land, Buildings, and Equipm		WITICITE	unus.							
	Complete if the organization answered). Part I\	/. line 11a. 9	See Form 990). Part X	Line	10.			
	Description of property	(a) Cost or o			t or other			nulated	(d) Bo	ok valu	
	becomplien or property	basis (investr			(other)		preci		(4, 50	on valu	
	Land	,			. ,		•				
	Buildings			7.99	9,173.	2.	700	,576.	5,29	8.5	97.
	Leasehold improvements				0,590.			,018.			
d	Equipment				5,496.			,272.		30,2	
	Other				1,824.			8,823.		13,0	
	. Add lines 1a through 1e. (Column (d) must e		X, colun						7,39		
	5 (17, 100)	,	,	. //	,			F			

Schedule D (Form 990) 2015

Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				1 - \$
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990. Part IV	/. line 11d. See Form 990.	Part X. line 15.	
	Description	,		(b) Book value
(1)	•			. ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25	i.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) PENSION LIABILITY		273,065.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	25)	273,065.		
Total. (Column (b) must equal Form 990, Part X, col. (B) line			linenelal -t-t-	Haak wana ay ka kila a
2. Liability for uncertain tax positions. In Part XIII, provide				
organization's liability for uncertain tax positions under	TIN 48 (ASC 740). C	neck nere if the text of th		
			Sch	edule D (Form 990) 2015

532053 09-21-15

Pa	T XI Reconciliation of Revenue per Audited Financial S		Revenue per R	leturi	ո.
	Complete if the organization answered "Yes" on Form 990, Part IV	,			11 /10 11/
1	Total revenue, gains, and other support per audited financial statements			1	11,410,114.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م ا	-364.		
a	Net unrealized gains (losses) on investments		37,214.	4	
b	Donated services and use of facilities		31,214.	4	
C C	Recoveries of prior year grants			-	
d	, , , , , , , , , , , , , , , , , , , ,			٠,	36,850.
e o				2e 3	11,373,264.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	11,575,201
+ a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			1	
C	Add lines 4a and 4b	<u> </u>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	11,373,264.
	rt XII Reconciliation of Expenses per Audited Financial				
	Complete if the organization answered "Yes" on Form 990, Part IV				
1	Total expenses and losses per audited financial statements			1	11,300,682.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	37,214.		
b	Prior year adjustments				
С	Other losses				
d					
е	Add lines 2a through 2d			2e	37,214.
3	Subtract line 2e from line 1			3	11,263,468.
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			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	11,263,468.
Pa	rt XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b a	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional inform	ation.		
D 3 1	OT 17 T TATE 4				
PAI	RT V, LINE 4:				
miti	TO A DO DECTONAMED ENDOWMENT FIND TO I	ממווים דמנויים	шО СУДЕ П	тъ ш	O ONTE
111	E BOARD-DESIGNATED ENDOWMENT FUND IS I	POLABILOUED	TO SAVE U	P T	OONE
MTI	LLION DOLLARS IN AGGREGATE VALUE OF FU	INIDC			
MI	OF TO SOLLAY STABBARNI CAMPILOG NOTHE	• פחונו			
PAI	RT X, LINE 2:				
	RT X, LINE 2:				
THI	E FOUNDATION HAS NOT TAKEN UNSUBSTANT	TATED TAX PO	SITION TH	ΙAΤ	WOULD
RE	QUIRE PROVISION OF A LIABILITY UNDER A	ASC 740, FI	N 48.		
	•				
		·			

532054 09-21-15

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" on 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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number BAY.ORG 90-0401015 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b 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. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

532081 09-14-15

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2015.04010 BAY.ORG

Schedule G (Form 990 or 990-EZ) 2015

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro			events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			GALA	BAY SPLASH		col. (c))
<u>e</u>			(event type)	(event type)	(total number)	55 (5)/
Revenue			0.66 0.54	06 700		000 054
Rev	1	Gross receipts	266,251.	26,700.		292,951.
_			045 650	06 500		044 252
	2	Less: Contributions	217,679.	26,700.		244,379.
	_		40 570			40 570
	3	Gross income (line 1 minus line 2)	48,572.			48,572.
	_	Cook prizes				
	4	Cash prizes				
	5	Noncash prizes				
es		Trendan prizes				
ens	6	Rent/facility costs	19,520.	850.		20,370.
Exp						
Direct Expenses	7	Food and beverages	7,093.	2,004.		9,097.
Ę						
	8	Entertainment	1,300.	2,000.		3,300.
	9	Other direct expenses	23,132.	14,836.		37,968.
	10	- · · · · · · · · · · · · · · · · · · ·	. ,			70,735.
Da	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		- 000 Deit IV line 10 ev		-22,163.
Га		\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	1990, Part IV, line 19, or	reported more than	
		\$13,000 0111 01111 990-LZ, line da.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
ever						
Ä	1	Gross revenue				
S	2	Cash prizes				
nse						
xbe	3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs				
	_	011 11 1				
	5	Other direct expenses	V 0/	V 22 0/	Yes %	
	6	Volunteer labor	Yes % No	Yes %	Yes %	
	U	Volunteer labor	L NO	I NO	NO	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
	-					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
						_
9	Ent	ter the state(s) in which the organization condu	ıcts gaming activities: _			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes Mo
b	If "	No," explain:				
		ere any of the organization's gaming licenses re	•	-	year?	Yes No
a	П "	Yes," explain:				

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

Sch	nedule G (Form 990 or 990-EZ) 2015 BAY • ORG 90 - 0	401	015	Page 3
	Does the organization conduct gaming activities with nonmembers?	$\overline{}$	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	,	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a		%
ŀ	a An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
(If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	nes 9, 9	9b, 10	b, 15b,
	· · · · · · · · · · · · · · · · · · ·			
_				

Schedule G (Form 990 or 990-EZ) BAY • ORG	90-0401015 Page 4
Schedule G (Form 990 or 990-EZ) BAY • ORG Part IV Supplemental Information (continued)	

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Employer identification number 90-0401015 BAY.ORG

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on 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?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2015

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title (i) Base compensation (ii) Bonus & (iii) Other reportable compensation (ii) John Frawley (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(F) Compensation in column (B) reported as deferred on prior Form 990	
PRESIDENT, CEO (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
PRESIDENT, CEO (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. (2) BARBARA EVANS (i) (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. (2) (2) BARBARA EVANS (ii) (ii) (iii)		
CFO (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.	
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(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii		
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(i)		
(i)		
(i) (ii)		
(i)		
(i) (ii)		
(i)		
(ii)		

THE CEO/EXECUTIVE DIRECTOR COMPENSATION IS ESTABLISHED BY THE GOVERNING	Part III Supplemental Information
THE CEO/EXECUTIVE DIRECTOR COMPENSATION IS ESTABLISHED BY THE GOVERNING	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
THE CEO/EXECUTIVE DIRECTOR COMPENSATION IS ESTABLISHED BY THE GOVERNING	
	PART I, LINE 3:
BODY OF THE ORGANIZATION AND IS REVIEWED BY THE EXECUTIVE COMMITTEE.	THE CEO/EXECUTIVE DIRECTOR COMPENSATION IS ESTABLISHED BY THE GOVERNING
	BODY OF THE ORGANIZATION AND IS REVIEWED BY THE EXECUTIVE COMMITTEE.

SCHEDULE L

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

	E	BAY.ORG	3							90	-04	010	15			
Part I	Excess Bene	efit Trans	acti	ons (section 50)1(c)(3	3), sect	ion 501(c)(4), and 50)1(c)(2	29) organizatior	ns only	y).					
	Complete if the	organization	ansv	wered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25b	o, or F	orm 990-EZ, P	art V,	line 40	Db.				
1 (a) Na	ame of disqualified p	person	(b) F	Relationship betv			lified (c	(c) Description of transa			saction			(d) Corrected?		
(4)	ano or alequalities p	3010011	person and organization			,	, 500	onphon or han				Y	es	No		
													_			
													+			
													+			
2 Ente	the amount of tax	incurred by	the o	rganization man	agers	or disc	qualified persons du	ring t	he year under							
											> \$					
3 Ente	the amount of tax,	if any, on li	ne 2,	above, reimburs	ed by	the or	ganization				> \$					
Part II	Loans to and	d/or Fron	n Int	erested Per	enne											
ı artır	J						, Part V, line 38a or F	-orm	000 Dort IV lin	no 26:	or if th	o orac	nizoti	on		
	reported an amo	-					., Fait V, IIIIe 30a 01 1	OIIII	990, Fait IV, III	16 20,	OI II LI	ie orga	ııızatı	OH		
(a) Name of	(b) Relation	nship (c) Purpose (d) Loan to or (e)		(e) Original	Original (f) Balance due		(g) In		(h) Appro		(i) W	ritten			
inte	rested person	with organiz	zation	of loan	from the organization?		principal amount	``			ault?	comm	nittee?	agree	ment?	
					То	From				Yes	No	Yes	No	Yes	No	
NICK	WILCOX	SEE P	r v	SEE PT V	X		93,000.		76,595.		X	X		X		
		-													_	
		1													-	
									76 505							
Fotal Part III	Grants or As	eistance	Bor	nefiting Inter	octo	d Do	\$		76,595.							
raitiii	Complete if the															
(a) I	•			(b) Relationship			(c) Amount of		(d) Type	of		(e) Purp	ose of		
(a) Name of interested person			interested pers	on an		assistance		assistan			-	assist				
				the organiza	ation											
			+					+								
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			\top								-t					

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

Schedule L (Form 990 or 990-EZ) 2015

SEE PART V FOR CONTINUATIONS

(a) Name of interested person		b, or 28c.	1	(a) Cha	ring of	
	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?		
				Yes	No	
Dort V Complemental Information						
Part V Supplemental Information Provide additional information for resp	onses to questions on Schedule L (see in	nstructions).				
SCHEDULE L, PART II, LOANS	S TO AND FROM INTERES	STED PERSO	is:			
(A) NAME OF PERSON: NICK V	VILCOX					
(B) RELATIONSHIP WITH ORGA	ANIZATION: FORMER BOA	ARD MEMBER	OF THE FORM	IER B	AY	
INSTITUTE						
(C) PURPOSE OF LOAN: TO FU	IND THE OPERATIONS ON	THE BAY	INSTITUTE AS	SUME	D.	
BY BAY.ORG AS MERGED						
DI DAI.ONG AS MENGED						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number 90 - 0401015BAY.ORG

Pai		Types of Property									
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on		(d) Method of de cash contribu			s
1	Art -	Works of art									
		Historical treasures									
		Fractional interests									
		ks and publications									
		ning and household goods									
		and other vehicles									
		ts and planes									
		lectual property									
		urities - Publicly traded	X	2	20,	,556.	FAIR	MARKET	VA	LUE	
		urities - Closely held stock									
		urities - Partnership, LLC, or									
		interests									
12	Secu	urities - Miscellaneous									
13		ified conservation contribution -									
	Histo	oric structures									
		ified conservation contribution - Other $_{\dots}$									
15	Real	estate - Residential									
16	Real	estate - Commercial									
17	Real	estate - Other									
18	Colle	ectibles									
19	Food	d inventory									
20	Drug	s and medical supplies									
21	Taxio	dermy									
22	Histo	orical artifacts									
		ntific specimens									
24	Arch	eological artifacts									
25	Othe	er • (COMPUTER EQUI)	X	1	50,	<u>,973.</u>	FAIR	MARKET	VA	LUE	
26	Othe	er 🕨 ()									
27	Othe	er 🕨 ()									
		er • ()									
		ber of Forms 8283 received by the organiz		-							
	for w	hich the organization completed Form 828	33, Part IV, I	Donee Acknowled	gementL	29				1	
						4.11				Yes	No
		ng the year, did the organization receive by						at it			
		t hold for at least three years from the date							20-		X
		npt purposes for the entire holding period?	·						30a		
		es," describe the arrangement in Part II. s the organization have a gift acceptance p	oolicy that w	auires the review	of any non standar	d contrib	ıtione?		31		X
		s the organization hire or use third parties o					ations?		31		
s∠a		s the organization nire or use third parties or its organization nire or use third parties or use the organization or use the organization of the o		S	, ,				32a		Х
		es," describe in Part II.									
33	If the	e organization did not report an amount in	column (c) f	or a type of prope	rty for which columi	n (a) is ch	ecked,				
		cribe in Part II.						Cabadula M			
111		Danamiranti Dankratian Ast Natica assi	the Inctric	tions for Fours AA	Λ			Cabadula M	F	$\alpha\alpha\alpha$	201E

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

SCHEDULE O

(Form 990 or 990-EZ)

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

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

Attach to Form 990 or 990-EZ.

2015

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

BAY.ORG

Employer identification number 90-0401015

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SIERRA TO THE SEA.
SAN FRANCISCO'S LARGEST WATERSHED CONSERVATION GROUP, BAY.ORG IS A
501(C)(3) NOT-FOR-PROFIT THAT SPEAKS NOT JUST FOR THE BAY, LOCAL
COASTAL WATERS, DELTA, RIVERS, AND WETLANDS, BUT FOR THE WILDLIFE AND
PEOPLE WHO CALL THIS PLACE-THE LARGEST ESTUARY ON THE WEST COAST-THEIR
HOME.
WITH ITS MISSION, BAY.ORG IS CHANGING THE RELATIONSHIP THAT PEOPLE HAVE
WITH THE BAY. BY UTILIZING TECHNOLOGY AND TAPPING INTO THE LIFESTYLE OF
THE BAY AREA, WE ARE CHANGING THE CONVERSATION ABOUT CONSERVATION TO
MAKE IT APPROACHABLE, ACHIEVABLE, AND FUN.
THROUGH OUR FIVE UNIQUE DIVISIONS (AQUARIUM OF THE BAY, THE BAY
INSTITUTE, SEA LION CENTER, ECOCENTER AT HERON'S HEAD PARK, BAY MODEL
ALLIANCE), WE MOTIVATE BAY AREA RESIDENTS AND OUT OF TOWN VISITORS TO
BECOME AGENTS OF CHANGE FOR A HEALTHY, THRIVING ECOSYSTEM.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
EXHIBITS:
BAY.ORG, WHICH OPERATES THE AQUARIUM OF THE BAY, IS ACCREDITED BY THE
ASSOCIATION OF ZOOS AND AQUARIUMS AND PROVIDES APPROXIMATELY 500,000
VISITORS EACH YEAR WITH EXPERIENCES THAT EDUCATE AND INSPIRE

RELEVANT ISSUES IN MARINE CONSERVATION.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

CONSERVATION OF THE SAN FRANCISCO BAY AND ITS WATERSHED.

A YEAR, THE AQUARIUM DISPLAYS ABOUT 30,000 LOCAL MARINE ANIMALS IN

THEMED GALLERIES THAT FOCUS ON LOCAL MARINE HABITATS AS WELL AS

Schedule O (Form 990 or 990-EZ) (2015)

OPEN 364 DAYS

Name of the organization BAY • ORG Employer identification number 90 – 0401015

AOUARIUM EXHIBITRY IS DIVIDED INTO SEVEN GALLERIES. THE DISCOVER THE BAY GALLERY FOCUSES ON THE HABITATS OF LOCAL FISHES, INVERTEBRATES AND ALGAE, AND INCLUDES INFORMATION ON NATIONAL MARINE SANCTUARIES. JELLIES: GO WITH THE FLOW GALLERY DISPLAYS SIX SPECIES OF JELLYFISH ALONG WITH INFORMATION ON THEIR BIOLOGY, HABITATS AND CONSERVATION. THE NEARSHORE TUNNEL GALLERY IS A 300-FOOT WALK-THROUGH TUNNEL FEATURING FISHES AND INVERTEBRATES FOUND IN THE SHALLOWER WATERS OF THE SAN FRANCISCO BAY AREA. THE OCTOPUS AND FRIENDS GALLERY EXHIBITS OCTOPUS, CRABS, ROCKFISH, TURBAN SNAILS AND OTHER INTERESTING INVERTEBRATES. THE SHARKS OF ALCATRAZ IS A 300-FOOT ACRYLIC TUNNEL DISPLAY FOCUSED ON LOCAL SHARKS, SKATES, RAYS AND STURGEON. LAB GALLERY FEATURES FISHES, REPTILES, AMPHIBIANS AND SMALL MAMMALS. IN THIS GALLERY, ALL OF THE ANIMAL DISPLAYS AND INTERACTIVES ARE DESIGNED TO EDUCATE VISITORS ABOUT CLIMATE CHANGE AND THE DEVASTATING EFFECT IT HAS ON ANIMAL POPULATIONS. THE FINAL DISPLAY THAT VISITORS ENTER IS THE RIVER OTTERS: WATERSHED AMBASSADORS GALLERY. LIVE RIVER OTTERS, EDUCATIONAL ELECTRONIC GRAPHICS AND STAFF PRESENTATIONS COMPLETE THE GUEST EXPERIENCE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATION:

BAY.ORG PROVIDES A VARIETY OF EDUCATION PROGRAMS FOR SCHOOL GROUPS,

YOUTH GROUPS, FAMILIES, SCOUT TROOPS AND VISITORS OF ALL AGES ON THE

AQUARIUM OF THE BAY PREMISES, AT SCHOOLS, AT THE SEA LION CENTER ALSO

LOCATED AT PIER 39, AND AT THE ECOCENTER AT HERON'S HEAD PARK. THROUGH

THE MANY K-12 PROGRAMS OFFERED AT THESE DIFFERENT LOCATIONS, BAY.ORG

FULFILL BADGE REQUIREMENTS.

Name of the organization

Employer identification number

DAY.ORG 90-0401015

OFFERS FREE EDUCATION PROGRAMS FOR MORE THAN 20,000 STUDENTS, TEACHERS

AND CHAPERONES ANNUALLY FROM SCHOOLS WITHIN THE NINE BAY AREA COUNTIES

(SAN FRANCISCO, SAN MATEO, SANTA CLARA, ALAMEDA, CONTRA COSTA, MARIN,

SONOMA, NAPA AND SOLANO). THESE CLASSES AND TOURS ARE INQUIRY-BASED,

HAND-ON, IMMERSIVE LEARNING EXPERIENCES THAT ARE AGE-APPROPRIATE AND

LINKED WITH NEXT GENERATION SCIENCE STANDARDS (NGSS) FOR KINDERGARTEN

THROUGH 12TH GRADE. THE NUMBER OF PARTICIPANTS TAKING PART IN THE

BAY.ORG FREE EDUCATION PROGRAMS HAS INCREASED EACH YEAR SINCE 2001.

ADDITIONALLY, BAY.ORG OFFERS TEACHER WORKSHOPS AND EVENTS ENCOURAGING

TEACHERS TO ENGAGE THEIR STUDENTS FURTHER ABOUT THE SAN FRANCISCO BAY

BEFORE AND AFTER THEIR EDUCATION PROGRAM. BAY.ORG'S EDUCATION

DEPARTMENT ALSO OFFERS EVENING AND WEEKEND SLEEPOVER PROGRAMS FOR YOUTH

AND SCOUT GROUPS. FOR SCOUT GROUPS, THE SLEEPOVER ACTIVITIES HELP

THE SEA LION CENTER, LOCATED DIRECTLY ABOVE PIER 39'S K-DOCK AND HOME

OF THE WORLD FAMOUS SEA LIONS, OFFERS FREE INTERPRETIVE AND K-12

CLASSROOM PROGRAMS AND EXHIBITS FOCUSED ON THE CALIFORNIA SEA LIONS AND

THEIR HISTORY AT PIER 39, AS WELL AS WHAT EVERYONE CAN DO TO HELP THESE

CHARISMATIC MAMMALS SURVIVE IN THEIR THREATENED HABITAT. AS PART OF

THE BAY.ORG FREE EDUCATION PROGRAMS DESCRIBED ABOVE, AT THE SEA LION

CENTER, STUDENTS AND TEACHERS CAN PARTICIPATE IN A VARIETY OF

AGE-APPROPRIATE HOUR-LONG CLASSROOM PROGRAMS. ADDITIONALLY, THE CENTER

IS OPEN TO THE PUBLIC VISIT FOR FREE FROM 10 AM - 5 PM DURING THE

SUMMER SEASON, AND 10 AM - 4 PM AT ALL OTHER TIMES OF THE YEAR.

VISITORS AT THE SEA LION CENTER CAN VIEW EXHIBITS, TOUCH SEA LION PELTS

AND LEARN FROM NATURALISTS WHO PROVIDE PRESENTATIONS HOURLY. DURING

SUMMER MONTHS, NATURALISTS ARE ALSO STATIONED AT K-DOCK WITH AN

7320 1

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization **Employer identification number** BAY.ORG 90-0401015 INTERPRETIVE CART OF ARTIFACTS AND BINOCULARS TO ANSWER GUEST QUESTIONS. BAY.ORG PARTNERED WITH THE BAY MODEL VISITOR CENTER, AN EDUCATION CENTER ADMINISTERED BY THE U.S. ARMY CORPS OF ENGINEERS, TO FORM THE THROUGH THIS ALLIANCE, BAY.ORG OFFERS ENHANCED BAY MODEL ALLIANCE. EDUCATIONAL PROGRAMS ABOUT THE SAN FRANCISCO BAY AND THE SACRAMENTO-SAN JOAQUIN RIVER DELTA SYSTEM. THE ECOCENTER AT HERON'S HEAD PARK BECAME A NEW DIVISION OF BAY.ORG IN MARCH 2014. THE ECOCENTER IS AN INCREDIBLE SPACE FOR ENVIRONMENTAL EDUCATION, PUBLIC OUTREACH, AND FOR CONNECTING PEOPLE WITH THE BEAUTY OF SAN FRANCISCO'S WILD LANDSCAPES. IT REPRESENTS SAN FRANCISCO'S BEST EXAMPLE OF SUSTAINABLE SOLUTIONS TO ADVERSE HUMAN IMPACTS ON THE ENVIRONMENT AND IS A MODEL FOR GREEN BUILDING, SUSTAINABLE RESOURCE USE, ENVIRONMENTAL JUSTICE, AND EXPERIENTIAL LEARNING. THE ECOCENTER IS FREE TO VISIT AND OPEN TO THE GENERAL PUBLIC 4 DAYS PER WEEK, WEDNESDAY THROUGH SATURDAY. PROGRAMMING INCLUDES COLLEGE INTERNSHIPS IN COLLABORATION WITH CITY COLLEGE OF SAN FRANCISCO, WEEKLY SCIENCE SATURDAY PROGRAMS IN COLLABORATION WITH SAN FRANCISCO DEPARTMENT OF RECREATION AND PARKS, AS WELL AS FREE TOURS AND EDUCATIONAL PROGRAMS TO SCHOOL, YOUTH AND ADULT GROUPS. ALL PROGRAMS AND TOURS ARE PROVIDED FREE OF CHARGE. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: FIELD CONSERVATION AND RESTORATION:

THE SAN FRANCISCO BAY HAS BEEN ALTERED DRASTICALLY FROM THE PRISTINE

Name of the organization

OCEAN AREAS.

Employer identification number

BAY.ORG 90-0401015 ESTUARY THAT EXISTED IN THE 1800'S. HUNDREDS OF MILES OF EARTHEN DIKES BUILT AROUND THE BAY'S SALT MARSHES SEVERED THEIR CONNECTION TO ITS TIDEWATERS. THE DIKED MARSHES WERE DRAINED AND CONVERTED TO AGRICULTURAL LANDS. REDUCED IN SIZE BY ONE THIRD AS A RESULT OF THIS WETLAND DESTRUCTION, THE BAY'S BIOLOGICAL PRODUCTIVITY PLUMMETED. ONE OF THE MAIN GOALS OF BAY.ORG IS TO EXPAND AND ACCELERATE THE EFFORT TO PROTECT AND RESTORE MANY OF THE WETLANDS THAT WERE DRAINED. FURTHER BAY.ORG EMPLOYS SCIENTIFIC AND POLICY EXPERTISE TO PROMOTE REFORMS IN THE WAY CALIFORNIA MANAGES ITS WATER SUPPLIES AND PROTECTS THE ECOLOGICAL VALUES OF THE SAN FRANCISCO BAY-DELTA ESTUARY AND ITS WATERSHED. IN ADDITION TO THE SAN FRANCISCO BAY AND ITS WATERSHED, BAY.ORG IS ENGAGED IN RESTORING THE RELATED COASTAL AND NEAR-SHORE

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP PROVIDES A POWERFUL VOICE FOR PROTECTING AND RESTORING SAN
FRANCISCO BAY AND ITS WATERSHED. MEMBERSHIP PROVIDES DISCOUNTED ADMISSION
TO OVER 100 OTHER ACCREDITED ZOOS AND AQUARIUMS, SUBSCRIPTIONS TO THE
E-NEWSLETTERS AND THE BIANNUAL BAYLETTER. MEMBERSHIP PROVIDES UNLIMITED
ADMISSION TO THE AQUARIUM, MEMBERS-ONLY SPECIAL EVENTS, AND DISCOUNTS AT
THE GIFT STORE AND PRIVATE EVENTS.

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

PRIOR TO FILING THE FORMS 990 AND 199 THE MEMBERS OF THE GOVERNING BOARD REVIEW AND APPROVE THE TAX RETURNS FOR FILING.

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

CONFLICT OF INTEREST POLICY IS ENFORCED ON AN ONGOING BASIS. ALL DIRECTORS

BAY • ORG	90-0401015
ARE REQUIRED TO DISCLOSE THEIR POTENTIAL CONFLICTS AND EX	CUSE THEMSELF FROM
VOTING ON THE ISSUES.	_
TODY 000 DIDE UT GEGETON D. LEVE 151	
FORM 990, PART VI, SECTION B, LINE 15A:	L DIDECTOR HAINS
THE COMPENSATION OF THE CEO IS DETERMINED BY THE BOARD OF	DIRECTORS USING
COMPARABLE SALARY SCALES.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION'S FORM 990 IS AVAILABLE ON THE ATTORNEY	GENERAL'S WEB
SITE.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL BOARD MINUTES, FINANCIAL STATEMENTS, AND TAX RETURNS	ARE AVAILABLE UPON
REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE GOVERNING BODY OF THE ORGANIZATION HAS CREATED A COMM	IITTEE FOR THE
OVERSIGHT OF THE FINANCE OF THE ORGANIZATION.	

Asset No.	Description	Date Acquii	e red	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDING LEASEHOLD	VARI	ES	SL	19.50	16	7999173.			7999173.	2290360.		410,216.
		VARI	ES	SL	10.00	16	2720590.			2720590.	796,500.		254,518.
3	EQUIPMENT	VARI	ES	SL	5.00	16	925,496.			925,496.	456,475.		88,797.
4	OTHER	VARI	ES	SL	5.00	16	56,824.			56,824.	10,705.		8,118.
5	ARTWORK	VARI	ES	NC	.000		5,000.			5,000.			0.
		VARI	ES	SL	15.00	16	454,442.			454,442.	154,637.		38,063.
	* TOTAL 990 PAGE 10 DEPR						12161525.		0.	12161525.	3708677.	0.	799,712.
			L										

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		▶	▶ <u>X</u>
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).		
Do not co	mplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.	
	c filing (e-file) . You can electronically file Form 8868 if y			-	-	
•	o file Form 990-T), or an additional (not automatic) 3-mo		•		=	
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for	Transfers /	Associated With Ce	ertain
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details	on the elec	ctronic filing of this	form,
	irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).		
A corpora	tion required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		
Part I only	,				▶	L
	orporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
o file inco	ome tax returns.			Enter file	er's identifying nu	mber
ype or	Name of exempt organization or other filer, see instru	ictions.		Employer	r identification num	ber (EIN) or
rint						
ila bu tha	BAY.ORG				90-04010	<u> 15 </u>
ile by the lue date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SSI	N)
ling your eturn. See	THE EMBARCADERO AT BEACH S	TREET				
nstructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions.			
	SAN FRANCISCO, CA 94133					
nter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
		-				
Application	on	Return	Application			Return
s For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
orm 990		02	Form 1041-A			08
	0 (individual)	03	Form 4720 (other than individual)			09
orm 990-	·	04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870			12
			EMBARCADERO AT BE	ACH S	TREET - S	AN
The bo	oks are in the care of FRANCISCO, CA					-
Telenh	one No. ► 415-623-5300		Fax No. ▶			
	rganization does not have an office or place of business	e in tha l lr				
	s for a Group Return, enter the organization's four digit					chack this
pox ightharpoonup [. If it is for part of the group, check this box	7				
					ers the extension i	5 101.
	quest an automatic 3-month (6 months for a corporation ${ t AUGUST} $				The extension	
	or the organization's return for:	it Organiza	tion return for the organization nam	eu above.	THE EXTENSION	
	$\overline{\mathbf{X}}$ calendar year 2015 or					
			al and disco			
	tax year beginning	, an	a enaing		<u> </u>	
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n	
	☐ Change in accounting period				 	
	is application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			^
	refundable credits. See instructions.			3a	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069					^
	mated tax payments made. Include any prior year overp			3b	\$	0.
c Bala	ance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required,			_
by u	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.
Caution.	If you are going to make an electronic funds withdrawalns.	(direct de	bit) with this Form 8868, see Form 8	8453-EO ar	nd Form 8879-EO f	or payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 523841 04-01-15

Form 8868 (Rev. 1-2014)

TAXABLE YEAR **2015**

California Exempt Organization Annual Information Return

528941 11-25-15 FORM

199

Cale	ndar Year	2015 or fiscal year beginning (mm/dd/yyyy)		, and ending	(mm/dd/yyy	/y)		
Cor	poration/Or	ganization name			Cali	fornia corpo	oration n	umber
BA	Y.OR	G				3152	816	
Ado	litional infor	mation. See instructions.			FE			
						90-0	401	015
		(suite or room)				PMB no.		
		BARCADERO AT BEACH STR	EET		Ctata	ZIP code		
City		ANCTECO			State CA	9413	2	
	eign country	ANCISCO	Foreign province/state/county		CA	Foreign p		
1 010	sigir courta	Tianic	oroign province/state/county			l oreign p	ostai coc	
	Firet Retu	rn	Yes X No J If ex	empt under R&TC S	Section 237	l ∩1d hae i	he oras	anization
В	Amended	Return •		iged in political acti			-	
C	IRC Secti	on 4947(a)(1) trust		e organization exen				
		rmation Return?		es," enter the gross				•
	•	Dissolved Surrendered (Withdrawn) Me	rged/Reorganized L If Or	ganization is exemp	t under R&	TC Section	n 2370	1d
		(mm/dd/yyyy) •		meets the filing fee	exception,	check box	. No fili	ng
		counting method: (1) Cash (2) X Accrual		s required.				• <u> </u>
F		eturn filed? (1) ● 990T(2) ● 990-PF (3) ●	Sch H (990) M Is th	e organization a Lin	nited Liabilit	ty Compai	ny ?	• Yes X No
		Other 990 series	N Did t	he organization file	Form 100 c	or Form 10	09 to	
G	Is this a g	group filing? See instructions		rt taxable income?				
		ganization in a group exemption		e organization unde	-			
	IT "Yes," W	hat is the parent's name?		audited in a prior ye federal Form 1023/				
	Did the o	rganization have any changes to its guidelines		filed with IRS				Yes A NO
		ted to the FTB? See instructions	Yes X No	illed with into				
		complete Part I unless not required to file this form		B and C.				
		1 Gross sales or receipts from other sources.	From Side 2, Part II, line 8			•	1	10,897,565.00
		2 Gross dues and assessments from member	s and affiliates			•	2	00
D	eceipts	3 Gross contributions, gifts, grants, and simila	ar amounts received		STMT	1 •	3	1,348,882.00
n	and	Gross contributions, gifts, grants, and simila Total gross receipts for filing requirement test. Add I This line must be completed. If the result is less tha	n \$50,000, see General Instruction	n B	STMT	3 •	4	12,246,447.00
Re	venues	5 Cost of goods sold	STMT 2	• 5 8	02,44	8 . 00		
		6 Cost or other basis, and sales expenses of a				00		000 440
		7 Total costs. Add line 5 and line 6					7	802,448.00
		8 Total gross income. Subtract line 7 from line					8	11,443,999. ₀₀ 11,334,203. ₀₀
Ex	penses	9 Total expenses and disbursements. From Si10 Excess of receipts over expenses and disbursements.					10	109,796.00
		10 Excess of receipts over expenses and disbuted to the following the fo	11	00				
							12	00
		13 Payment balance. If line 11 is more than line					13	00
Fil	ing Fee	14 Use tax balance. If line 12 is more than line					14	00
		15 Filing fee \$10 or \$25. See General Instructio					15	10.00
		16 Penalties and Interest. See General Instruction	on J				16	00
		17 Balance due. Add line 12, line 15, and line 1 Under penalties of perjury, I declare that I have examined to it is true, correct, and complete. Declaration of preparer (of	6. Then subtract line 11 fror	n the result		●	17	10.00
Sigr	1	it is true, correct, and complete. Declaration of preparer (ot	her than taxpayer) is based on all	information of which p	preparer has a	ny knowled	ge.	wiedge and belief,
Her		Signature _	Title		Date		I	● Telephone
		Signature of officer	CFO	Date	-			415-623-5300 • PTIN
		Preparer's signature			Check self-en	if nployed >	┌─┤	P00167223
Paid				1	3011 1011		' 	● FEIN
	oarer's	Firm's name (or yours, BARLOW & HUGHAN	LLP				ļ	94-3105622
	Only	employed) 1182 MARKET STRE						• Telephone
	,	and address SAN FRANCISCO, C						(415)522-2490
		May the FTB discuss this return with the preparer	shown above? See instruct	ons		• X	Yes	No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

	1	Gross sales or receipts from all	business activities. See instru	ctions	•	1	1,801,869.00
	2	Interest			•	2	1,058.00
	3	Dividends			•	3	1.00
Receipt	s 4	Gross rents			•	4	00
from	5				•	5	00
Other	6	Gross amount received from sal	e of assets (See Instructions)		•	6	00
Sources	3 7	Gross amount received from sall Other income		SEE STA	TEMENT 4 •	7	9,094,637.00
	8		m other sources. Add line 1 th	rough line 7. Enter here and (on Side 1, Part I, line 1	8	10,897,565.00
	9	, 5, 5,	similar amounts paid		•	9	00
	10	Disbursements to or for membe	rs		•	10	00
	11	,	ors, and trustees	SEE STA	TEMENT 5 •	11	780,497. ₀₀
	12				•	12	4,896,177.00
Expens	es 13	Interest			•	13	124,556.00
and	14	Taxes			•	14	443,546. ₀₀
Disburs	e- 15				•	15	1,257,331.00
ments	16	Depreciation and depletion (See	instructions)		•	16	799,712.00
	17		ents	SEE STA	TEMENT 6 \bullet	17	3,032,384.00
	18	Total expenses and disburseme	nts. Add line 9 through line 17	'. Enter here and on Side 1, P	art I, line 9		11,334,203.00
<u>Sche</u>	dule L	_ Balance Sheets	Beginning of			of taxa	ible year
Assets			(a)	(b)	(c)	_	(d)
1 Cas				1,681,286.			• 1,732,518.
		ts receivable		259,479.		•	266,302.
		eceivable		104 000			•
				124,877.			• 79,957.
		state government obligations					•
		s in other bonds					•
		s in stock					•
8 Mo	rtgage lo	oans		200 250			227 164
9 Oth	er inves	tments STMT 7	11,386,169.	398,352.			• 237,164.
10 a L	лергесіа	ble assets	(3,554,042.)	7 022 127	11,707,08 (4,315,689		7 201 204
		umulated depreciation	(3,334,042.)	1,032,121.	(4,313,009		7,391,394.
11 Lai	or accet	s STMT 8		773,763.			• 467,178.
				11,069,884.			10,174,513.
		snet worth		11,000,004.			10,174,313
	ounts p			688,992.			• 474,681.
		ns, gifts, or grants payable		000,332.			• 1/1/0011
		notes payable STMT 9		88,435.			• 76,595.
				6,983,586.			• 6,126,442.
18 Oth	er liabili	payable ties		201,601.			280,093.
		k or principal fund		. ,			•
		pital surplus. Attach reconciliation					•
		rnings or income fund		3,107,270.		-	• 3,216,702.
		ities and net worth		11,069,884.			3,216,702.10,174,513.
Sche	dule N	VI-1 Reconciliation of income	per books with income per re	eturn			
		Do not complete this sche	dule if the amount on Schedul	e L, line 13, column (d), is les	ss than \$50,000.		
1 Net	income	per books	• 109,7	96. 7 Income recorded	on books this year		
2 Fed	eral inco	ome tax	•	not included in th	nis return.		•
		apital losses over capital gains		8 Deductions in thi	s return not charged		
		recorded on books this year		against book inc	ome this year		•
5 Exp	enses re	ecorded on books this year not		9 Total. Add line 7			
		this return		10 Net income per r			4.6.5 = 5.5
6 Tot	al. Add I	ine 1 through line 5	109,7	96 Subtract line 9 fr	om line 6		109,796.

FORM 199	STA	ATEMENT 1	
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
RESOURCES LEGACY FUND	555 CAPITOL MALL, SUITE 1095 SACRAMENTO, CA 95814-4602	02/05/15	50,000.
BIG BUS TOURS	3240 THIRD STREET SAN FRANCISCO, CA 94124	09/01/15	95,285.
BEN HAMMETT	301 LOWELL AVENUE PALO ALTO, CA 94301-3812	11/19/15	30,000.
FIREDOLL FOUNDATION	1460 MARIA LANE, SUITE 400 WALNUT CREEK, CA 94596	06/30/15	25,000.
ORANGE COUNTY COMMUNITY FOUNDATION	4041 MACARTHUR BLVD., SUITE 510 NEWPORT BEACH, CA 92660	10/15/15	25,000.
RESOURCES LEGACY FUND FOUNDATION	555 CAPITOL MALL, SUITE 1095 SACRAMENTO, CA 95814	12/17/15	25,000.
PIER 39 LTD. PARTNERSHIP	P.O. BOX 193730 SAN FRANCISCO, CA 94119	11/22/15	20,000.
DERRY HENDERSON	1340 CLAY STREET, PH 25P SAN FRANCISCO, CA 94109	12/04/15	10,500.
STEVEN MACHTINGER	195 STEWART DRIVE TIBURON, CA 94620-1311	02/20/15	25,000.
EAST BAY COMMUNITY FOUNDATION	DE DOMENICO BUILDING 200 FRANK H. OGAWA PLAZA OAKLAND, CA 94612	06/30/15	7,592.
ALCATRAZ CRUISES, LLC	55 FRANCISCO STREET, SUITE 360 SAN FRANCISCO, CA 94133	07/20/15	15,000.
AIMEE BROWN	2624 LAGUNA ST. SAN FRANCISCO, CA 94123	03/30/15	10,250.
THE SAUSALITO ART FESTIVAL FOUNDATION	2400 BRIDGEWAY STE 220 SAUSALITO, CA 94965	11/11/15	10,000.
ROBERT ERICKSON	2101 SHORELINE DRIVE, APARTMENT 487 ALAMEDA, CA	10/01/15	F 000
BOTHIN FOUNDATION	94501-6251 1600 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94109	06/15/15	5,000. 30,100.

BAY.ORG			90-0401015
CEMROCK LANDSCAPES	4790 SOUTH JULIAN AVENUE TUSCON, AZ 85714-2123	09/08/15	5,000.
CITYPASS, INC.	27 ARROW ROOT LAND VICTOR, ID 83455	07/30/15	5,000.
CODE ADVISORS	101 SECOND STREET, SUITE 2225 SAN FRANCISCO, CA 94105	08/07/15	10,000.
CRAIGSLIST CHARITABLE FUND	222 SUTTER STREET, 9TH FLOOR SAN FRANCISCO, CA 94108	01/01/15	15,000.
DEAN MOREHOUS	963 14TH STREET SAN FRANCISCO, CA 94108	09/18/15	5,000.
GARY ARABIAN	196 AVILA STREET SAN FRANCISCO, CA 94123	09/23/15	5,000.
GRAYLINE OF SAN FRANCISCO	50 QUINT STREET SAN FRANCISCO, CA 94124	09/08/15	20,000.
HARRISON DUNNING	755 ELMWOOD DRIVE DAVIS, CA 95616	08/30/15	5,100.
HARNEY & SONS TEA CORPORATION	5723 ROUTE 22 MILLERTON, NY 12546	12/31/15	5,000.
JILL SPANGENBERG	34 SHORE VIEW AVENUE SAN FRANCISCO, CA 94121	12/14/15	6,441.
JOHN REIGLE	2445 JAMESON COURT LINCOLN, NE 68512-1536	12/31/15	50,000.
ORR ORENSTEIN	PO BOX 31221 SAN FRANCISCO, CA 94131	12/16/15	41,200.
PG&E FOUNDATION	77 BEALE STREET SAN FRANCISCO, CA 94105	11/24/15	25,920.
PORT OF SAN FRANCISCO	PIER 1 SAN FRANCISCO, CA 94111	06/02/15	7,500.
RECOLOGY GOLDEN GATE 1	900 7TH STREET SAN FRANCISCO, CA 94107	07/31/15	5,000.
RED & WHITE FLEET	PIER 43 1/2, FISHERMAN'S WHARF SAN FRANCISCO, CA 94133	08/04/15	20,000.
ROSE FOUNDATION	1970 BROADWAY, SUITE 600 OAKLAND, CA 94612-2218	05/29/15	14,650.
ROSELYN CHROMAN SWIG	3710 WASHINGTON STREET SAN FRANCISCO, CA 94118	10/02/15	5,000.

BAY.ORG			90-0401015
	P.O. BOX 193809 SAN FRANCISCO, CA 94119-3809	04/01/15	100,000.
SCHWAB CHARITABLE FUND	211 MAIN STREET, FLOOR 10 SAN FRANCISCO, CA 94105	12/31/15	8,500.
SCOOTER SIMMONS	12 ALEXANDER AVENUE SAUSALITO, CA 94965	08/27/15	10,100.
SEED FUND	917 BRYANT STREET SAN FRANCISCO, CA 94103	11/22/15	10,000.
THE KIMBALL FOUNDATION	1660 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94109-5308	07/23/15	20,000.
THE MARY A CROCKER TRUST	57 POST STREET, SUITE 610 SAN FRANCISCO, CA 94104	12/18/15	15,000.
THE ROBERT AND LISA MARGOLIS FOUNDATION	244 WILSHIRE BOULEVARD, SUITE 622 SANTA MONICA, CA 90403	06/25/15	25,000.
	77 VAN NESS AVENUE, SUITE 200 SAN FRANCISCO, CA 94102	08/01/15	50,000.
UNION BANK FOUNDATION	400 CALIFORNIA STREET, 9TH FLOOR SAN FRANCISCO, CA 94104	09/10/15	5,000.
UNITED BRIDGE PARTNERS	950 TOWER LANE FOSTER CITY, CA 94404	09/28/15	5,000.
W. L. LYONS BROWN FOUNDATION	WATERFRONT PLAZA, SUITE 1110 325 WEST MAIN STREET	11/24/15	30,000
	LOUISVILLE, KY 94020		30,000.
WILLIAM WOLCOTT	1500 COLE STREET SAN FRANCISCO, CA 94010	10/01/15	2,500.
WINONA CORPORATION	543 WOODLAWN AVENUE GLENCOE, IL 60022	08/14/15	5,000.
TOTAL INCLUDED ON LINE 3			920,638.

FOR	м 199		_	GOODS SOLD PART I, LINE 5		STATEMENT	2
COS	r of goods sold						
1.	INVENTORY AT BEGINNIN	G OF YEAR	•			124,	877
2. 3. 4. 5.	MERCHANDISE PURCHASED COST OF LABOR MATERIALS AND SUPPLIE OTHER COSTS	S	•		757,529		-
6.	ADD LINES 1 THROUGH 5	· · · ·	•	• • • • •		882,	406 ——
7.	INVENTORY AT END OF Y	EAR	•			79,	958
8.	COST OF GOODS SOLD (I	INE 6 LES	5 L:	INE 7)		802,	448

	SH CONTRIBUTIO		STATEMENT
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
WILLIAM WOLCOTT	1500 COLE STR	EET SAN FRANCISCO,	CA 94010
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
ENDOWMENT FUND STOCKS	02/28/15	10,058.	10,058
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
BETHANY PATTEN	749A PORTOLA	STREET SAN FRANCIS	SCO, CA 94129
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
IBM STOCK	04/29/15	10,498.	10,498
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
CISCO MERAKI	500 TERRY A F	TRANCOIS BOULEVARD	SAN
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
WIRELESS ACCESS POINTS, NETWORK SWITCHES, FIREWALL DEVICES AND LICENSES	12/22/15	50,973.	50,973
TOTAL INCLUDED ON LINE 3			71,529
FORM 199	OTHER INCOME		STATEMENT
DESCRIPTION			AMOUNT
ADMISSION REVENUES CONTRACT REVENUES OTHER OPERATING REVENUES			8,536,026 281,765 276,846
TOTAL TO FORM 199, PART II, LINE	7		9,094,637

FORM 199 COMPENSATION OF OFFICER	RS, DIRECTORS AND TRUSTEES	STATEMENT 5
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
STEVEN N MACHTINGER THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133	CHAIR 5.00	0.
MORGAN TARR THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133	DIRECTOR 4.00	0.
WILLIAM WOLCOTT THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133	SECOND VICE CHAIR 4.00	0.
DEAN MOREHOUS THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133	DIRECTOR 4.00	0.
BEN BLEIMAN THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133	FIRST VICE CHAIR 4.00	0.
KAY CARNEY THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133	DIRECTOR 4.00	0.
HARRISON C DUNNING THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133	DIRECTOR 4.00	0.
DERITH WISNOM THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133	SECRETARY 4.00	0.
ZACK KELLERMAN THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133	DIRECTOR 4.00	0.
BETHANY PATTEN THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133	DIRECTOR 4.00	0.
SCOOTER SIMMONS THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133	DIRECTOR 4.00	0.

BAY.ORG		90-0401015
ANGELIQUE TOMPKINS THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133	DIRECTOR 4.00	0.
ROSALIND JACKSON THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133	DIRECTOR 4.00	0.
TINA MOYLAN THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133	DIRECTOR 4.00	0.
JOHN FRAWLEY THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133	PRESIDENT, CEO 40.00	366,393.
BARBARA EVANS THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133	CFO 40.00	159,072.
CHRISTINA SLAGER THE EMBARCADERO AT BEACH STREET SAN FRANCISCO, CA 94133	DIRECTOR OF ANIMAL CARE 40.00	130,137.
CHRIS LOW THE EMBARCADERO AT BEACH STREET	DIRECTOR OF FACILITIES 40.00	124,895.
SAN FRANCISCO, CA 94133	2000	
		780,497.
SAN FRANCISCO, CA 94133 TOTAL TO FORM 199, PART II, LINE 11	R EXPENSES	780,497. STATEMENT 6
SAN FRANCISCO, CA 94133 TOTAL TO FORM 199, PART II, LINE 11		
SAN FRANCISCO, CA 94133 TOTAL TO FORM 199, PART II, LINE 11 FORM 199 OTHE		STATEMENT 6

BAY.ORG 90-0401015

DESCRIPTION FIDELITY INVESTMENTS FIRST NATIONAL BANK CD CHARLES SCHWAB INVESTMENTS TOTAL TO FORM 199, SCHEDULE L, LINE 9	95,333. 253,934. 49,085.	
FIRST NATIONAL BANK CD CHARLES SCHWAB INVESTMENTS	253,934. 49,085.	0.
CHARLES SCHWAB INVESTMENTS	49,085.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9		
		237,164.
FORM 199 OTHER ASSETS		STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES TICKETS HELD FOR SALE NET PREPAID LOAN FEES CONSTRUCTION IN PROGRESS	28,050. 291,088. 3,515. 297,308. 153,802.	194,895. 0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	773,763.	467,178.
FORM 199 BONDS AND NOTES PAYABLE		STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYABLES TO OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES, ETC.	88,435.	76,595.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	88,435.	76,595.
FORM 199 OTHER LIABILITIES		STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PENSION LIABILITY DEFERRED REVENUE	193,552. 8,049.	273,065. 7,028.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	201,601.	280,093.

FORM 199	FUND BALANCES		STATEMENT 11
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS TEMPORARILY RESTRICTED ASSETS		2,918,210.	2,901,602. 315,100.
TOTAL TO FORM 199, SCHEDULE L, L	INE 21	3,107,270.	3,216,702.

2015

Corporation Depreciation and Amortization

CALIFORNIA FORM
3885

FORM 199 FEIN 90-0401015 Attach to Form 100 or Form 100W. Corporation name California corporation number 3152816 BAY.ORG Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California \$25,000 2 Total cost of IRC Section 179 property placed in service 2 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-5 (a) Description of property (b) Cost (business use only) 6 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from prior taxable years 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2016. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (f) Life or (b) (c) (d) (g) Depreciation (e) (h) Description property Date acquired Depreciation allowed or Cost or Additional Depreciation for this year (mm/dd/yyyy) other basis rate first year depreciation allowable in earlier years Method SEE STATEMENT 12 12,161,525. 3,708,677. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 799,712. See instructions for line 14, column (h) 15 Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) 799,712. 16 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 799.712. 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (g) Amortization (e) R&TC (a) Description of property (b) (d) (c) Date acquired Cost or Amortization allowed or Period or section (mm/dd/yyyy) other basis allowable in earlier years percentage for this year see instructions 20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12

CA 388	85 DEPRECIATION				STATEMENT 12			
ASSET DESCRI	•	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1	BUILDING							
2	LEASEHOLD	VARIOUS IMPROVEMEN	7,999,173. rs	2290360.	SL	19.50	410,216.	
2	EOILEDMENT	VARIOUS	2,720,590.	796,500.	SL	10.00	254,518.	
3	EQUIPMENT	VARIOUS	925,496.	456,475.	SL	5.00	88,797.	
4	OTHER			·			,	
5	ARTWORK	VARIOUS	56,824.	10,705.	SL	5.00	8,118.	
J		VARIOUS	5,000.			.000	0.	
6	LOAN FEES	VARIOUS	454,442.	154,637.	SL	15.00	38,063.	
TOTAL	DEPR TO FO	DRM 3885	12,161,525.	3708677.		_	799,712.	

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: ct 0148017			Check if:				
State Charity Registration Number. C1			Change of address				
BAY.ORG			Amended report				
Name of Organization			Amended report				
THE EMBARCADERO AT BEACH STREET Address (Number and Street)			or Organization No. 3152816				
SAN FRANCISCO, CA 94133			nployer I.D. No. 90-0401015				
City or Town, State and ZIP Code	L DENEWAL FEE COLLEDING (44 C.						
	N RENEWAL FEE SCHEDULE (11 Cal heck Payable to Attorney General's F						
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	<u>е</u>		
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$19 \$22 \$30	25		
PART A - ACTIVITIES			<u>'</u>				
For your most recent full accounting	a period (beginning 01/01/20	15 end	ing 12/31/2015) list:				
	., 373, 264. Total assets \$_	10,	174,513.				
PART B - STATEMENTS REGARDING OF	GANIZATION DURING THE PERIOD	OF THIS RE	PORT				
Note: If you answer "yes" to any of the and details for each "yes" respon	questions below, you must attach a s se. Please review RRF-1 instructions						
1 During this reporting period, were then	any contracts loans loases or other:	financial tran	essetions between the organization	Yes	No		
	e any contracts, loans, leases or other reof either directly or with an entity in w			х			
During this reporting period, was there or funds?	any theft, embezzlement, diversion or	misuse of th	e organization's charitable property		х		
3. During this reporting period, did non-p	rogram expenditures exceed 50% of gr	oss revenue	es?		х		
During this reporting period, were any with the Internal Revenue Service, atta	organization funds used to pay any per ch a copy.	nalty, fine or	judgment? If you filed a Form 4720		х		
	services of a commercial fundraiser or f the name, address, and telephone num	_			Х		
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.					х		
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.					х		
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.					Х		
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?							
Organization's area code and telephone number	415-623-5300						
Organization's e-mail address INFO@BA	ORG						
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.					e,		
В	ARBARA EVANS	C	FO				
Signature of authorized officer F	inted Name	Tit	Date Date				

90-0401015

FORM RRF-1	EXPLANATION OF	FINANCIAL	TRANSACTIONS	STATEMENT	13
	PART	B, LINE 1			

THE FOLLOWING DIRECTORS MADE DONATIONS OF THE LISTED AMOUNTS TO THE AQUARIUM: \$10,250 AIMEE BROWN BETHANY PATTEN \$10,498 DEAN MOREHOUS \$5,000 \$10,500 DERRY HENDERSON \$5,100 HARRISON DUNNING \$10,100 SCOOTER SIMMONS \$25,000 STEVEN MACHTINGER \$12,558 WILLIAM WOLCOTT

THE AQUARIUM HAS A 5% INTEREST UNSECURED LOAN WITH A FORMER BOARD MEMBER THAT HAS AN OUTSTANDING PAYABLE OF \$76,595.