

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

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.

A For the 2015 calendar year, or tax year beginning and ending

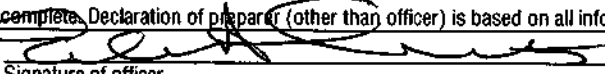
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BAY AREA COMMUNITY FOUNDATION		D Employer identification number 38-2418086
	Doing business as		E Telephone number 989-893-4438
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,364,807.
	1000 ADAMS STREET, SUITE 200		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BAY CITY, MI 48708		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: EILEEN CURTIS 1000 ADAMS, BAY CITY, MI 48708		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.BAYFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1982 M State of legal domicile: MI

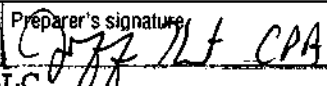
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO FULFILL A WIDE ARRAY OF DONORS' CHARITABLE WISHES THROUGHOUT BAY AND ARENAC COUNTIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	28
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,179,736.	Current Year 982,821.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,795,719.	1,577,900.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,586.	72,091.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,031,041.	2,632,812.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,840,867.	1,821,212.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	475,176.	492,185.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 191,588.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	347,233.	393,737.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,663,276.	2,707,134.
19 Revenue less expenses. Subtract line 18 from line 12	367,765.	-74,322.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 36,179,120.	End of Year 33,696,905.
	21 Total liabilities (Part X, line 26)	1,752,828.	1,623,407.
	22 Net assets or fund balances. Subtract line 21 from line 20	34,426,292.	32,073,498.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 5/13/16
	EILEEN CURTIS, PRESIDENT & CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JEFFREY E. HERT, CPA	Preparer's signature 	Date 05/06/16	Check if self-employed <input type="checkbox"/>	PTIN P00066715
	Firm's name REHMANN ROBSON LLC	Firm's EIN 38-3635706	Firm's address 5800 GRATIOT P.O. BOX 2025 SAGINAW, MI 48605-2025		
Phone no. 989-799-9580					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission:

THE MISSION OF BACF IS TO FULFILL A WIDE ARRAY OF DONORS' CHARITABLE WISHES THROUGHOUT BAY AND ARENAC COUNTIES (MICHIGAN) BY BUILDING PERMANENT ENDOWMENT FUNDS AND SERVING AS A LEADER FOR COMMUNITY IMPROVEMENT THROUGH EFFECTIVE GRANTMAKING AND COLLABORATION.

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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,589,032. including grants of \$ 1,232,484.) (Revenue \$)

GRANTS (219 DURING YEAR) IN THE AREAS OF ARTS & CULTURE, COMMUNITY DEVELOPMENT, EDUCATION, ENVIRONMENT, HEALTH, HUMAN SERVICES, RECREATION AND YOUTH.

4b (Code:) (Expenses \$ 659,551. including grants of \$ 588,728.) (Revenue \$)

SCHOLARSHIPS - PROCESSED 448 SCHOLARSHIP FUNDS DURING THE CURRENT YEAR

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,248,583.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	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	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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		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		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		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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-questions (1a-1b, 2a-2b, etc.), and Yes/No checkboxes. Includes questions about Form 1096, W-2G, backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and sponsoring organizations.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No responses. Includes questions 10a through 16b regarding local chapters, conflict of interest, whistleblower, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
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) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: SUZANN E. JENSEN, CPA - 989-893-4438 1000 ADAMS STREET, SUITE 200, BAY CITY, MI 48708

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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAY BURKS TRUSTEE	1.00	X						0.	0.	0.
(2) BETH ELLIOTT TRUSTEE	1.00	X						0.	0.	0.
(3) KAROLYN GOSLIN TRUSTEE	1.00	X						0.	0.	0.
(4) DEBRA K. LUTZ TRUSTEE	1.00	X						0.	0.	0.
(5) RICHARD MILSTER VICE CHAIR	5.00	X	X					0.	0.	0.
(6) WILLIAM MULDRS CHAIR	5.00	X	X					0.	0.	0.
(7) AMY RODRIGUEZ TREASURER	5.00	X	X					0.	0.	0.
(8) ANN TRAHAN TRUSTEE	1.00	X						0.	0.	0.
(9) CATHERINE WASHABAUGH SECRETARY	5.00	X	X					0.	0.	0.
(10) JEFF YANTZ TRUSTEE	1.00	X						0.	0.	0.
(11) DOMINIC MONASTIERE TRUSTEE	1.00	X						0.	0.	0.
(12) GREG GROCHOLSKI TRUSTEE	1.00	X						0.	0.	0.
(13) DOUGLAS NEWCOMBE TRUSTEE	1.00	X						0.	0.	0.
(14) ELLEN CHARLEBOIS TRUSTEE	1.00	X						0.	0.	0.
(15) REV. ANDREAS TEICH TRUSTEE	1.00	X						0.	0.	0.
(16) JEREMY WALRAVEN TRUSTEE	1.00	X						0.	0.	0.
(17) JEFF MAYES TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROB CLARK TRUSTEE	1.00	X						0.	0.	0.
(19) BARB ENGELHARDT TRUSTEE	1.00	X						0.	0.	0.
(20) DANIELLE KRUPP TRUSTEE	1.00	X						0.	0.	0.
(21) EILEEN CURTIS PRESIDENT & CEO	40.00			X				104,939.	0.	3,148.
1b Sub-total								104,939.	0.	3,148.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								104,939.	0.	3,148.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	982,821.				
	g	Noncash contributions included in lines 1a-1f: \$		48,657.				
	h	Total. Add lines 1a-1f		982,821.				
	Program Service Revenue	2 a		Business Code				
		b						
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		487,841.		487,841.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	1,200.				
			(ii) Personal					
			b	Less: rental expenses	0.			
			c	Rental income or (loss)	1,200.			
	d	Net rental income or (loss)		1,200.		1,200.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	2,822,054.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses	1,731,995.			
			c	Gain or (loss)	1,090,059.			
	d	Net gain or (loss)		1,090,059.		1,090,059.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	OTHER REVENUE	900099	70,891.			70,891.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		70,891.					
12	Total revenue. See instructions.		2,632,812.	0.	0.	1,649,991.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,232,484.	1,232,484.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	588,728.	588,728.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	104,939.	46,588.	34,358.	23,993.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	302,358.	149,880.	89,782.	62,696.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,919.	5,761.	3,626.	2,532.
9 Other employee benefits	40,607.	17,926.	13,228.	9,453.
10 Payroll taxes	32,362.	15,646.	9,843.	6,873.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	29,945.	13,290.	9,807.	6,848.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	66,891.	29,686.	21,907.	15,298.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	23,336.	12,159.	6,564.	4,613.
14 Information technology	30,592.	13,658.	9,971.	6,963.
15 Royalties				
16 Occupancy	70,434.	34,924.	18,012.	17,498.
17 Travel	6,265.	3,604.	1,567.	1,094.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,697.	6,072.	3,902.	2,723.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,692.	7,852.	5,794.	4,046.
23 Insurance	7,814.	3,467.	2,559.	1,788.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ASSET DEVELOPMENT	92,767.	41,170.	30,381.	21,216.
b COMMUNITY PROJECTS	18,015.	18,015.		
c OTHER EXPENSES	16,152.	7,168.	5,290.	3,694.
d BANK FEES	1,137.	505.	372.	260.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,707,134.	2,248,583.	266,963.	191,588.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance 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
Assets	1 Cash - non-interest-bearing	14,178.	1	86,543.
	2 Savings and temporary cash investments	1,371,042.	2	894,165.
	3 Pledges and grants receivable, net	414,063.	3	370,428.
	4 Accounts receivable, net		4	
	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 employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	24,384.	9	24,169.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 169,023.		
	b Less: accumulated depreciation	10b 92,244.	10c	76,779.
	11 Investments - publicly traded securities	32,503,875.	11	30,535,436.
	12 Investments - other securities. See Part IV, line 11	1,728,043.	12	1,657,474.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	51,529.	15	51,911.
16 Total assets. Add lines 1 through 15 (must equal line 34)	36,179,120.	16	33,696,905.	
Liabilities	17 Accounts payable and accrued expenses	53,964.	17	28,550.
	18 Grants payable		18	
	19 Deferred revenue	1,850.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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 Schedule D	1,697,014.	25	1,594,857.
	26 Total liabilities. Add lines 17 through 25	1,752,828.	26	1,623,407.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	30,392,502.	27	28,039,708.
	28 Temporarily restricted net assets	2,619,890.	28	2,619,890.
	29 Permanently restricted net assets	1,413,900.	29	1,413,900.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	34,426,292.	33	32,073,498.	
34 Total liabilities and net assets/fund balances	36,179,120.	34	33,696,905.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,632,812.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,707,134.
3	Revenue less expenses. Subtract line 2 from line 1	3	-74,322.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,426,292.
5	Net unrealized gains (losses) on investments	5	-2,380,630.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	102,158.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,073,498.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **BAY AREA COMMUNITY FOUNDATION** Employer identification number **38-2418086**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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 hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar 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.")	1,874,509.	1,802,294.	1,491,828.	1,179,736.	982,821.	7,331,188.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,874,509.	1,802,294.	1,491,828.	1,179,736.	982,821.	7,331,188.
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)						1,572,756.
6 Public support. Subtract line 5 from line 4						5,758,432.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1,874,509.	1,802,294.	1,491,828.	1,179,736.	982,821.	7,331,188.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	461,966.	584,664.	478,786.	534,970.	489,041.	2,549,427.
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.)	71,892.	58,872.	98,703.	56,085.	70,891.	356,443.
11 Total support. Add lines 7 through 10						10,237,058.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	56.25	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	55.01	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, 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 supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified 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 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part 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, 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.)

PART II, LINE 10

OTHER INCOME INCLUDES ADMINISTRATIVE FEE INCOME, NON-DEDUCTIBLE REVENUE AND INCOME FROM FACES.

Multiple horizontal lines for supplemental information.

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.

OMB No. 1545-0047

2015

Open to Public Inspection

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

Name of the organization **BAY AREA COMMUNITY FOUNDATION** Employer identification number **38-2418086**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	27	285
2 Aggregate value of contributions to (during year)	267,456.	648,600.
3 Aggregate value of grants from (during year)	435,456.	1,380,756.
4 Aggregate value at end of year	2,286,137.	25,318,853.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	1
b Total acreage restricted by conservation easements	20.72
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 20

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	33,212,358.	33,205,287.	28,539,140.	25,823,105.	26,714,946.
b Contributions	799,525.	728,670.	1,024,999.	1,026,345.	1,166,344.
c Net investment earnings, gains, and losses	-762,900.	1,421,964.	5,565,244.	3,479,813.	-439,338.
d Grants or scholarships	1,435,022.	1,366,494.	1,255,000.	1,133,904.	1,139,802.
e Other expenditures for facilities and programs					
f Administrative expenses	811,451.	777,069.	669,096.	656,219.	479,045.
g End of year balance	31,002,510.	33,212,358.	33,205,287.	28,539,140.	25,823,105.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 87.99 %
- b Permanent endowment 3.66 %
- c Temporarily restricted endowment 8.35 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		169,023.	92,244.	76,779.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				76,779.

Part VII Investments - Other Securities.

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 valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) 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 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS FOR AGENCY ENDOWMENTS	1,594,857.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,594,857.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII!

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	287,921.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,380,630.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	35,739.	
e	Add lines 2a through 2d	2e	-2,344,891.	
3	Subtract line 2e from line 1	3	2,632,812.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,632,812.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,640,715.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	2,640,715.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	66,419.	
c	Add lines 4a and 4b	4c	66,419.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,707,134.	

Part XIII Supplemental information.

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

PART II, LINE 9:

DURING 2003, THE FOUNDATION WAS NOTIFIED IT WAS THE BENEFICIARY OF THE ROBERT CARRIER ESTATE, WHICH INCLUDED PROPERTY LOCATED AT 10 CARRIER LANE. THEREFORE, THE FOUNDATION RECORDED \$190,900 BASED ON INITIAL ESTIMATES OF THE PROPERTY VALUE. DURING 2005, THE PROPERTY WAS LEGALLY TRANSFERRED TO THE FOUNDATION, AND WAS VALUED AT \$279,900 AT THE TIME OF TRANSFER. THIS PROPERTY MAY NOT BE SOLD OR DEVELOPED BY THE FOUNDATION BUT RATHER MAINTAINED IN ITS NATURAL STATE AND FOREVER PRESERVED AS A NATURE CONSERVANCY.

PART V, LINE 4:

THE ENDOWMENT FUND INCOME IS USED IN THE MANNER DIRECTED BY THE DONORS

Part XIII Supplemental Information (continued)

WHEN THE FUND WAS ESTABLISHED. FUNDS ARE ESTABLISHED TO SUPPORT SCHOLARSHIPS, PROVIDE INCOME TO A DESIGNATED AGENCY, SUPPORT A FIELD OF INTEREST, OR FOR UNRESTRICTED REASONS.

PART X, LINE 2:

THE FOUNDATION ANALYZES ITS INCOME TAX FILING POSITIONS IN THE FEDERAL AND STATE JURISDICTIONS WHERE IT IS REQUIRED TO FILE INCOME TAX RETURNS, AS WELL AS ALL OPEN TAX YEARS IN THESE JURISDICTIONS, TO IDENTIFY POTENTIAL UNCERTAIN TAX POSITIONS. THE FOUNDATION TREATS INTEREST AND PENALTIES ATTRIBUTABLE TO INCOME TAXES, AND REFLECTS ANY CHARGES FOR SUCH, TO THE EXTENT THEY ARISE, AS A COMPONENT OF ITS GENERAL AND ADMINISTRATIVE EXPENSES.

THE FOUNDATION HAS EVALUATED ITS INCOME TAX FILING POSITIONS FOR YEARS 2011 THROUGH 2015, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION AS OF DECEMBER 31, 2015. THE FOUNDATION CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION OR DISCLOSURE IN THESE CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY CHANGE IN THE NEXT TWELVE MONTHS. THE FOUNDATION DOES NOT HAVE ANY AMOUNT ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTBS AT DECEMBER 31, 2015 OR 2014, AND IS NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FAS 136 ADJUSTMENT

35,739.

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FAS 136 ADJUSTMENT 66,419.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

BAY AREA COMMUNITY FOUNDATION

Employer identification number
38-2418086

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAY AREA WOMEN'S CENTER P.O. BOX 1458 BAY CITY, MI 48706	38-2118004	501 (C) (3)	17,084.	0.			DESIGNATED FUNDS, KITCHEN RENOVATION, HOLIDAY GIVING PROGRAM
BAYSAIL 107 5TH STREET BAY CITY, MI 48708	38-3378118	501 (C) (3)	5,899.	0.			DESIGNATED FUND DISBURSEMENTS
BOYS & GIRLS CLUBS OF GREAT LAKES BAY REGION - 300 W. LAFAYETTE - BAY CITY, MI 48708	38-2277056	501 (C) (3)	8,558.	0.			DESIGNATED FUND DISBURSEMENTS, PURCHASE OF CHILDREN'S CLOTHING
DISABILITY SERVICES RESOURCE CENTER 1820 N. TRUMBULL DRIVE BAY CITY, MI 48708	38-1677220	501 (C) (3)	11,686.	0.			DESIGNATED FUND DISBURSEMENT, STRATEGIC PLANNING
BAY COUNTY CHILD & SENIOR CITIZEN CENTER - 1001 MARSAC ST. - BAY CITY, MI 48708	38-2324957	501 (C) (3)	20,500.	0.			DEMENTIA TRAINING PROJECT
SAGINAW BASIN LAND CONSERVANCY PO BOX 222 BAY CITY, MI 48707-0222	38-3362048	501 (C) (3)	44,190.	0.			DESIGNATED FUNDS, NATURE PLAY AREA, IOSCO SANCTUARY PROJECT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

57.

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

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE THEATRE OF BAY CITY/ BAY COUNTY - 913 WASHINGTON AVE. - BAY CITY, MI 48708	38-3562110	501 (C) (3)	64,184.	0.			DESIGNATED FUNDS, WENONAH PARK PAVILION PROJECT, HISTORY LESSON FIELD TRIPS
STUDIO 23 901 N. WATER BAY CITY, MI 48708	38-1704855	501 (C) (3)	67,678.	0.			DESIGNATED FUND DISBURSEMENTS, UPTOWN MURAL
THE CONSERVATION FUND PO BOX 734 BAY CITY, MI 48707	52-1388917	501 (C) (3)	194,700.	0.			DESIGNATED FUNDS
UNITED WAY OF BAY COUNTY 909 WASHINGTON AVE. BAY CITY, MI 48708	38-1360524	501 (C) (3)	21,655.	0.			BACK TO SCHOOL CLOTHING, DESIGNATED FUNDS, COMMUNITY SERVICE EMERGENCY FUND
WESTMINSTER PRESBYTERIAN CHURCH 103 E. MIDLAND ST. BAY CITY, MI 48706	38-1381137	501 (C) (3)	9,426.	0.			DESIGNATED FUND DISBURSEMENT
YWCA GREAT LAKES BAY REGION 723 WASHINGTON AVE. BAY CITY, MI 48708	38-1367099	501 (C) (3)	24,000.	0.			CAMP GREENER PASTURES, SUPPLIES FOR SUMMER SPECIAL NEEDS
FISH TALES INC. 2177 E. ERIKSON ROAD PINCONNING, MI 48650	38-2954588	501 (C) (3)	7,076.	0.			ARCHERY, PAINTBALL RANGE CENTER & EQUIPMENT
SAGINAW VALLEY STATE UNIVERSITY FOUNDATION - 7400 BAY ROAD - UNIVERSITY CENTER, MI 48710	38-6085447	GOVERNMENT	22,167.	0.			SVSU STEM DAY, GARDEN TO PLATE EDUCATION, GLBR YOUTH LEADERSHIP INSTITUTE, DESIGNATED
CROSSPOINT CHAPEL 3111 BARNARD ROAD SAGINAW, MI 48603	38-6150296	501 (C) (3)	7,500.	0.			GREAT LAKES BAY ROYAL FAMILY KIDS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANGER TOWNSHIP SCHOOL DISTRICT 2771 N EUCLID BAY CITY, MI 48706	38-6000491	GOVERNMENT	27,133.	0.			PHYSICAL EDUCATION UPDATE, PATHWAYS TO POTENTIAL, TRUANCY BARRIER EDUCATION AND
CITY OF BAY CITY - PUBLIC SAFETY DEPARTMENT - 501 THIRD STREET - BAY CITY, MI 48708	38-3300958	GOVERNMENT	12,000.	0.			POLICE BODY CAMERAS, SCDPS YOUTH LEADERSHIP ACADEMY
DOW BAY AREA FAMILY YMCA 225 WASHINGTON AVE BAY CITY, MI 48708	38-1358415	501 (C) (3)	28,541.	0.			DESIGNATED FUNDS, STRONG ROOTS/GREEN THUMBS COMMUNITY GARDEN, YOUTH SPORTS PROGRAM, CAMP
BAY ARENAC INTERMEDIATE SCHOOL 4228 TWO MILE ROAD BAY CITY, MI 48706	38-1715580	GOVERNMENT	36,274.	0.			NATE DOAN PARK RENOVATION, STEM CAMP, SPECIAL EDUCATION EQUIPMENT
BAY CITY PLAYERS 1214 COLUMBUS AVENUE BAY CITY, MI 48708	38-6072565	501 (C) (3)	35,500.	0.			STAGES OF DISCOVERY WORKSHOPS, THEATRE LIGHTING SYSTEM, REHEARSAL ROOM UPGRADES
BAY CITY PUBLIC SCHOOLS 1624 COLUMBUS BAY CITY, MI 48708	38-6000558	GOVERNMENT	41,226.	0.			DOW COMMUNITY GIVES, PAWS FOR A BOOK: READERS ROCK, IPADS FOR SCIENCE LABS, TRUANCY BARRIER REDUCTION
BAY COUNTY HABITAT FOR HUMANITY 1106 S. MADISON BAY CITY, MI 48708-0405	38-3055548	501 (C) (3)	15,000.	0.			NEIGHBORHOOD REVITALIZATION INITIATIVE 2014
BAY COUNTY VETERANS COUNCIL P.O. BOX 493 BAY CITY, MI 48707	38-3442335	501 (C) (3)	9,000.	0.			DESIGNATED FUNDS, PROJECT FREEDOM WALK
BIG BROTHERS/BIG SISTERS OF THE GREAT LAKES BAY REGION - 2200 N. SAGINAW ROAD - MIDLAND, MI 48640	38-1438660	501 (C) (3)	10,000.	0.			EXPANDING TEAMING UP WITH YOUTH PROGRAMMING

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAN COUNCIL GREAT LAKES BAY REGION BAY CO - 1311 N. MICHIGAN AVE. - SAGINAW, MI 48602	38-2520774	501 (C) (3)	14,000.	0.			COMPUTERIZED INFANT SIMULATORS, EQUIPMENT FOR THE CHILDREN'S ADVOCACY CENTER
CITY OF BAY CITY 301 WASHINGTON AVE. BAY CITY, MI 48708	38-3300958	GOVERNMENT	6,800.	0.			CARROLL PARK WEEDS, CITY HALL CHAMBER SEATS, BEAUTIFICATION OF COLUMBUS GREEN PARK
COUNTY OF BAY 515 CENTER AVENUE BAY CITY, MI 48708	38-6004837	GOVERNMENT	21,617.	0.			DESIGNATED FUNDS FOR ICE ARENA, GAS CARDS FOR DRUG TREATMENT PROGRAM
DO-ALL, INC 1400 S LINCOLN AVENUE BAY CITY, MI 48708	38-2024600	501 (C) (3)	11,976.	0.			BAY-ARENAC DIAPER BANK, COATS FOR KIDS, WEE SLEEP SAFELY
THE ROCK CENTER FOR YOUTH DEVELOPMENT - P.O. BOX 2143 - MIDLAND, MI 48641	38-3541096	501 (C) (3)	8,000.	0.			ROCK EXPOSURE PROGRAM
UNDERGROUND RAILROAD, INC 5647 STATE STREET SAGINAW, MI 48603	38-2241312	501 (C) (3)	5,000.	0.			GIRLS ON THE RUN
SAGINAW BAY RESOURCE CONSERVATION AND DEV - 4044 S. THREE MILE ROAD - BAY CITY, MI 48706	38-2977320	501 (C) (3)	12,500.	0.			SAGINAW BAY WATER TRAILS READINESS PROGRAM
PORTSMOUTH TOWNSHIP 1711 W. CASS AVE. RD. BAY CITY, MI 48708	23-3009013	GOVERNMENT	45,000.	0.			PORTSMOUTH REPAVING PROJECT 2014
PINCONNING AREA SCHOOLS 605 W. FIFTH STREET PINCONNING, MI 48650	38-6000544	GOVERNMENT	17,098.	0.			MIDDLE SCHOOL PERIODICALS, VIDEO DISPLAY UNITS, CALCULATOR FOR MATHEMATICS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HURON PINES 4241 OLD US 27 S, SUITE 2 GRAYLING, MI 49735	38-2502172	501 (C) (3)	7,500.	0.			ENGAGING PUBLIC IN AURORA WATERSHED RESTORATION
MICHIGAN HEALTH IMPROVEMENT ALLIANCE - P.O. BOX 129 - ROSCOMMON, MI 48653	45-2133862	501 (C) (3)	5,832.	0.			COMMUNITY ADVANCEMENT NETWORK FUND
MID-MICHIGAN CHILDREN'S MUSEUM 315 W. GENESEE SAGINAW, MI 48602	38-3484109	501(C)(3)	18,333.	0.			WATER, WATER EVERYWHERE GALLERY SLATE WALL, AIR AND WATER FIELD TRIPS, ADAPTIVE PLAY PROJECT
NEW DIMENSIONS 2 JOHNSON COURT BAY CITY, MI 48708	38-2066095	501 (C) (3)	8,000.	0.			LIGHT THE WAY!
ABOVE THE WAKE 4784 BIRBAUM DRIVE BAY CITY, MI 48706	46-2787259	501 (C) (3)	7,620.	0.			PADDLE IN THE PARK/ABOVE THE WAKE PROGRAM
ADOPTION OPTION 4008 W. WACKERLY ROAD MIDLAND, MI 48640	43-2017657	501 (C) (3)	5,000.	0.			LEARN, EVALUATE, ACHIEVE & PLAY (LEAP)
ARENAC OPPORTUNITIES, INC. 4358 AIRPARK DRIVE STANDISH, MI 48658	38-2129918	501 (C) (3)	5,765.	0.			SINK FOR WORK SERVICE AREA/ADA COMPLIANT, ON THE JOB TRAINING (OUT) OPPORTUNITIES
BAY COUNTY HEALTH DEPARTMENT 1200 WASHINGTON AVE. BAY CITY, MI 48708	38-6004837	GOVERNMENT	5,000.	0.			2015 COMMUNITY HEALTH ASSESSMENT
BAY COUNTY SHERIFF 503 THIRD ST. BAY CITY, MI 48708	38-6004837	GOVERNMENT	6,751.	0.			LEVEL II BODY ARMOR

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CHIPPewa NATURE CENTER 400 S. BADOUR ROAD MIDLAND, MI 48640	38-1859315	501 (C) (3)	7,452.	0.			COMMUNITY ADVANCEMENT NETWORK STRATEGIC PLANNING	
CITY RESCUE MISSION OF SAGINAW PO BOX 548 SAGINAW, MI 48606-0548	38-1368362	501 (C) (3)	16,500.	0.			MOVING FORWARD EMPLOYMENT READINESS, DONOR ADVISED FUNDS	
COLLAGE DANCE COLLECTIVE 2497 BROAD AVE. MEMPHIS, TN 38112	20-5888512	501 (C) (3)	5,250.	0.			GLBR COLLAGE DANCE COLLECTIVE PROGRAM	
DELTA COLLEGE FOUNDATION 1961 DELTA ROAD UNIVERSITY CENTER, MI 48710	38-2274366	501 (C) (3)	12,000.	0.			DESIGNATED FUND	
FRIENDS OF BAY CITY STATE RECREATION AREA - BAY CITY STATE RECREATION AREA - BAY CITY, MI 48706	38-3252548	501 (C) (3)	8,319.	0.			DESIGNATED FUNDS	
GOOD SAMARITAN RESCUE MISSION OF BAY CITY - PO BOX 613 - BAY CITY, MI 48707	38-1368362	501 (C) (3)	10,100.	0.			DESIGNATED FUNDS, MOVING FORWARD EMPLOYMENT READINESS	
GREAT LAKES SAFETY TRAINING 1900 RIDGEWOOD DRIVE MIDLAND, MI 48642	38-2862698	501 (C) (3)	12,000.	0.			COMMUNITY ADVANCEMENT NETWORK - MARKET RESEARCH	
JAMES CLEMENTS MEMORIAL AIRPORT FUND - 321 N. JOHNSON - BAY CITY, MI 48708	38-3272322	501 (C) (3)	24,239.	0.			DESIGNATED FUNDS	
MID MICHIGAN COMMUNITY ACTION AGENCY, INC. - PO BOX 768 - FARWELL, MI 48622	38-2056236	501 (C) (3)	5,100.	0.			THE COMMUNITY ADVANCEMENT NETWORK	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST LITTLE LEAGUE PO BOX 400 BAY CITY, MI 48707	38-2099742	501 (C) (3)	9,000.	0.			NORTHEAST LITTLE LEAGUE PLAYGROUND
SAGINAW BAY COMMUNITY SAILING ASSOCIATION - PO BOX 2122 - BAY CITY, MI 48707	38-3246877	501 (C) (3)	7,014.	0.			DESIGNATED FUNDS
SAGINAW RIVER MARINE HISTORICAL SOCIETY - 1768 SEIDLERS ROAD - KAWKAWLIN, MI 48631	38-2959135	501 (C) (3)	6,400.	0.			SAGINAW RIVER SHIPPING PHOTOGRAPHIC ARCHIVAL PRESS
SAGINAW VALLEY NAVAL SHIP MUSEUM 1680 MARTIN STREET BAY CITY, MI 48706	38-3337711	501 (C) (3)	16,000.	0.			STRATEGIC PLANNING, WASTE WATER REMOVAL SYSTEM
SAVE BRIAN'S HOUSE COMMUNITY GROUP, INC. - 208 S. KIESEL - BAY CITY, MI 48706	17-0531263	501 (C) (3)	11,500.	0.			DESIGN PLANS AND RENOVATION NEEDS FOR BRIAN'S HOUSE
THE LEGACY CENTER FOR STUDENT SUCCESS - 3200 JAMES SAVAGE ROAD, SUITE 5 - MIDLAND, MI 48642	80-0109585	501 (C) (3)	18,000.	0.			BAY COUNTY PRESCHOOL TOOL TOTES

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	448	588,728.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:
 SAGINAW VALLEY STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SVSU STEM DAY, GARDEN TO PLATE EDUCATION, GLBR YOUTH LEADERSHIP INSTITUTE, DESIGNATED FUNDS

NAME OF ORGANIZATION OR GOVERNMENT: BANGER TOWNSHIP SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: PHYSICAL EDUCATION UPDATE, PATHWAYS TO POTENTIAL, TRUANCY BARRIER EDUCATION AND CHILD INCENTIVES, DOW

Part IV Supplemental Information

COMMUNITY GIVES, MAKER MOVEMENT COURSE

NAME OF ORGANIZATION OR GOVERNMENT: DOW BAY AREA FAMILY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED FUNDS, STRONG ROOTS/GREEN THUMBS COMMUNITY GARDEN, YOUTH SPORTS PROGRAM, CAMP SCHOLARSHIPS, BREAKFAST WITH SANTA

NAME OF ORGANIZATION OR GOVERNMENT: BAY CITY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: DOW COMMUNITY GIVES, PAWS FOR A BOOK: READERS ROCK, IPADS FOR SCIENCE LABS, TRUANCY BARRIER REDUCTION AND CHILD INCENTIVES, LIFE SKILLS PROGRAM, YAC NEEDS ASSESSMENT

NAME OF ORGANIZATION OR GOVERNMENT: PINCONNING AREA SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: MIDDLE SCHOOL PERIODICALS, VIDEO DISPLAY UNITS, CALCULATOR FOR MATHEMATICS CLASSROOM, MATH/SCIENCE BUDDIES, READING THEATRE

FORM 990, SCHEDULE I

EVALUATION OF GRANTS: THE FOUNDATION REQUIRES ALL GRANTEES TO SUBMIT AN EVALUATION AT SIX MONTHS AND ONE YEAR REGARDING THE RESULTS OF EACH PROJECT OR PROGRAM DETAILING FINANCIAL INFORMATION, IMPACT OF PROJECT, LESSONS LEARNED AND RECOMMENDATIONS FOR THE FUTURE. THE FOUNDATION USES THIS GRANT EVALUATION AS A JOINT MANAGEMENT TOOL TO OBTAIN FEEDBACK TO IMPROVE PROGRAMS AND STIMULATE PROPER PLANNING. WE REALIZE THAT SOME GRANTEE MAY NOT ACHIEVE ALL OF THEIR INITIAL OBJECTIVES AND ENCOURAGE GRANTEES TO BE CANDID ABOUT THEIR EXPERIENCES. FOUNDATION STAFF AND/OR COMMITTEE MEMBERS MAY ALSO VISIT THE SITE OF THE PROGRAM OR PROJECT AS PART OF THE EVALUATION.

Part IV Supplemental Information

SCHOLARSHIPS: ALL SCHOLARSHIP CHECKS ARE WRITTEN DIRECTLY TO THE EDUCATIONAL INSTITUTION TO ENSURE THE FUNDS ARE USED FOR EDUCATIONAL PURPOSES. A LETTER IS SENT TO THE EDUCATIONAL INSTITUTION STATING THE FUNDS CAN ONLY BE USED FOR TUITION, FEES & BOOKS, AND THAT ALL UNUSED FUNDS MUST BE RETURNED TO THE FOUNDATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization **BAY AREA COMMUNITY FOUNDATION** Employer identification number **38-2418086**

Part I	Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	X	3	33,750	FMV
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

**CHEMICAL BANK AND WELLS FARGO RECEIVED AND SOLD THE CONTRIBUTED
SECURITIES.**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

BAY AREA COMMUNITY FOUNDATION

Employer identification number
38-2418086

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

THE FORM 990 IS REVIEWED BY THE GOVERNANCE COMMITTEE, AS AUTHORIZED BY THE BOARD OF TRUSTEES, AT A MEETING IN ADVANCE OF FILING. BOARD TRUSTEES ARE PROVIDED A COMPLETE COPY OF THE FORM 990 BEFORE FILING.

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

ORGANIZATION CONSISTENTLY MONITORS THE CONFLICT OF INTEREST POLICY TO SEE THAT IT IS ADHERED TO. THE BOARD MEMBERS ARE PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY AND ARE ASKED TO SIGN A DOCUMENT STATING THEY RECEIVED AND HAVE READ THE POLICY ON AN ANNUAL BASIS. THEY ARE ALSO REQUIRED TO LIST CONFLICTS OR DUALITY OF INTEREST. THESE FORMS ARE REVIEWED AND BOARD MEMBERS ARE ASKED TO DECLARE THEIR CONFLICT/DUALITY WHEN VOTES ARE TAKEN.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE ACTS AS THE GOVERNING BODY RESPONSIBLE FOR DETERMINING THE PRESIDENT'S & CEO'S ANNUAL COMPENSATION. THE EXECUTIVE COMMITTEE IS COMPRISED OF THE OFFICERS OF THE ORGANIZATION. THE CHAIR OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR COORDINATING THE ACTIONS OF THE EXECUTIVE COMMITTEE. THE CHAIR OF THE BOARD OF TRUSTEES GATHERS COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. THIS INFORMATION IS PROVIDED BY STATE AND NATIONAL AFFILIATED ORGANIZATIONS. THE CHAIR OF THE BOARD OF TRUSTEES SOLICITS AN ANNUAL ASSESSMENT FORM ON THE PRESIDENT & CEO FROM ALL BOARD TRUSTEES. THE EXECUTIVE COMMITTEE REVIEWS THE RESULTS OF THE ANNUAL ASSESSMENT WITH THE PRESIDENT & CEO AND THEN DOCUMENTS ITS COMPENSATION

Name of the organization

BAY AREA COMMUNITY FOUNDATION

Employer identification number

38-2418086

DECISION.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON BACF WEBSITE. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AT BACF'S OFFICES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FAS 136 ADJUSTMENT 102,158.

990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	LESLIE L SQUIRES FOUNDATION	C	24,649.CASH	
(2)	GREAT LAKES CENTER FOUNDATION	K	61,397.CASH	
(3)	LESLIE L SQUIRES FOUNDATION	Q	1,000.CASH	
(4)				
(5)				
(6)				

