

Return of Organization Exempt From Income Tax

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

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service (77)

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

A For the 2007 calendar year, or tax year beginning Jul 1, 2007, and ending Jun 30, 2008

B Check if applicable

Address change

Name change

Initial return

Termination

Amended return

☐ Application pendingPlease use
IRS label
or print
or type.
See
specific
instruc-
tions.

C Name of organization

CHESAPEAKE BAY TRUST

Number and street (or P O box if mail is not delivered to street addr) Room/suite

60 WEST STREET, STE 405

City, town or country

ANNAPOLIS

State ZIP code + 4

MD 21401

D Employer Identification Number

52-1454182

E Telephone number

(410) 974-2941

F Accounting method

☐ Cash☒ Accrual☐ Other (specify)Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates?

☐ Yes☒ No

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included?

☐ Yes☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an

organization covered by a group ruling?

☐ Yes☒ No

I Group Exemption Number

M Check ☐ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: www.chesapeakebaytrust.org

J Organization type
(check only one)☒ 501(c)

3

(insert no)

☐ 4947(a)(1) or☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its
gross receipts are normally not more than \$25,000. A return is not required, but if the
organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 9,825,477.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received

a Contributions to donor advised funds

1a

b Direct public support (not included on line 1a)

1b

4,198,558.

c Indirect public support (not included on line 1a)

1c

d Government contributions (grants) (not included on line 1a)

1d

e Total (add lines 1a through 1d) (cash \$ 4,198,558. noncash \$ 0.)

1e

4,198,558.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4

451,633.

5 Dividends and interest from securities

5

6a Gross rents

6a

b Less rental expenses

6b

c Net rental income or (loss) Subtract line 6b from line 6a

6c

7 Other investment income (describe)

7

8a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

5,159,611.

8a

b Less cost or other basis and sales expenses

5,168,105.

8b

c Gain or (loss) (attach schedule) See L-8 Stmt

-8,494.

8c

d Net gain or (loss) Combine line 8c, columns (A) and (B)

8d

-8,494.

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐a Gross revenue (not including \$ 81,785. of contributions
reported on line 1b)

9a

15,675.

b Less direct expenses other than fundraising expenses

9b

33,196.

c Net income or (loss) from special events Subtract line 9b from line 9a

See L-9 Stmt

9c

-17,521.

10a Gross sales of inventory, less returns and allowances

10a

b Less cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a

10c

11 Other revenue (from Part VII, line 103)

11

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

12

4,624,176.

13 Program services (from line 44, column (B))

13

4,759,757.

14 Management and general (from line 44, column (C))

14

295,480.

15 Fundraising (from line 44, column (D))

15

161,225.

16 Payments to affiliates (attach schedule)

16

17 Total expenses. Add lines 16 and 44, column (A)

17

5,216,462.

18 Excess or (deficit) for the year Subtract line 17 from line 12

18

-592,286.

19 Net assets or fund balances at beginning of year (from line 20, column (A))

19

8,082,443.

20 Other changes in net assets or fund balances (attach explanation)

See L-20 Stmt

20

345,502.

21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20

21

7,835,659.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 12/27/07

Form 990 (2007)

RECEIVED

NOV 12 2008

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SCANNED DEC 02 2008

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Part II **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ 3,916,652. non-cash \$ _____ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	3,916,652.	3,916,652.	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A See L-25a Stmt	25a	215,033.	109,536.	94,408.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	450,807.	381,418.	41,575.
27 Pension plan contributions not included on lines 25a, b, and c	27	19,674.	16,103.	2,335.
28 Employee benefits not included on lines 25a - 27	28	35,543.	26,418.	7,108.
29 Payroll taxes	29	83,225.	61,587.	16,645.
30 Professional fundraising fees	30			
31 Accounting fees	31	15,385.	0.	15,385.
32 Legal fees	32			
33 Supplies	33	6,723.	4,975.	1,345.
34 Telephone	34	6,166.	4,563.	1,233.
35 Postage and shipping	35	4,402.	3,257.	881.
36 Occupancy	36	107,419.	79,490.	21,484.
37 Equipment rental and maintenance	37			
38 Printing and publications	38	3,118.	2,307.	624.
39 Travel	39	10,621.	7,860.	2,124.
40 Conferences, conventions, and meetings	40	10,626.	7,863.	2,125.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	5,419.	4,010.	1,084.
43 Other expenses not covered above (itemize)				
a INSURANCE	43a	1,779.	0.	1,779.
b OTHER	43b	4,676.	0.	4,676.
c STAFF DEVELOPMENT	43c	5,501.	4,071.	1,100.
d TECH/SPEC FEES	43d	32,348.	23,937.	6,470.
e INVESTMENT FEES	43e	22,419.	0.	22,419.
f DUES & MEMBERSHIPS	43f	1,750.	1,295.	350.
g See Other Expenses Stmt	43g	257,176.	104,415.	50,330.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	5,216,462.	4,759,757.	295,480.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts, but
optional for others)

4,759,757.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

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4,759,757.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash — non-interest-bearing	60,254.	45	101,849.	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b	47c		
	48a Pledges receivable	48a	1,028,841.		
	b Less allowance for doubtful accounts	48b	0.	48c	1,028,841.
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54a Investments — publicly-traded securities L-54a Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		8,789,762.	54a	8,801,408.
	b Investments — other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
55a Investments — land, buildings, & equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b		55c		
56 Investments — other (attach schedule)			56		
57a Land, buildings, and equipment basis	57a	75,322.			
b Less accumulated depreciation (attach schedule) L-57 Stmt	57b	25,286.	57c	50,036.	
58 Other assets, including program-related investments (describe ▶ See Line 58 Stmt)		134,572.	58	116,060.	
59 Total assets (must equal line 74) Add lines 45 through 58		10,046,763.	59	10,098,194.	
LIABILITIES	60 Accounts payable and accrued expenses		53,919.	60	46,116.
	61 Grants payable		1,878,185.	61	2,185,137.
	62 Deferred revenue		16,108.	62	15,641.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe ▶ See Line 65 Stmt)		16,108.	65	15,641.
	66 Total liabilities. Add lines 60 through 65		1,964,320.	66	2,262,535.
	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			67	
	67 Unrestricted			68	
68 Temporarily restricted			69		
Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds		2,509,603.	70	2,429,250.	
71 Paid-in or capital surplus, or land, building, and equipment fund			71		
72 Retained earnings, endowment, accumulated income, or other funds		5,572,840.	72	5,406,409.	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		8,082,443.	73	7,835,659.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		10,046,763.	74	10,098,194.	

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	4,969,678.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	345,502.
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4	b	345,502.
c	Subtract line b from line a	c	4,624,176.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	4,624,176.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	5,216,462.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	5,216,462.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	5,216,462.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
DAVID J O'NEILL 60 WEST STREET, 405 ANNAPOLIS, MD 21401	PART-YEAR EXEC DIR 40.00	44,813.	5,563.	0.
ALLEN HANCE 60 WEST STREET, 405 ANNAPOLIS MD 21401	PART-YEAR EXEC DIR. 40.00	60,000.	524.	0.
MELANIE TEEMS 60 WEST STREET, 405 ANNAPOLIS MD 21401	ASSISTANT DIR 20.00	66,074.	1,129.	0.
FRANCIS FLANIGAN 6305 BLENHEIM RD BALTIMORE MD 21212	TEMP EXE DIR 40.00	36,930.	0.	0.
SEE ATTACHED SCHEDULE 4				
	0.00	0.	0.	0.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82 b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86 a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87 a	501(c)(12) organizations Enter a Gross income from members or shareholders	N/A	
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> ; section 4955 <u>0</u>		
89 b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
89 c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0</u>		
89 d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
89 e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed <u>See States Filed In</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		7
91 a	The books are in care of <u>MELANIE TEEMS</u> Telephone number <u>(410) 974-2941</u> Located at <u>60 WEST ST, SUITE 405, ANNAPOLIS MD ZIP + 4 21401</u>		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country <u></u>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

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Form 990 (2007)

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91 c

X

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	451,633.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-8,494.	
101 Net income or (loss) from special events					-17,521.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				443,139.	-17,521.
105 Total (add line 104, columns (B), (D), and (E))					425,618.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
101	BOAT SHOW EVENT CREATES PUBLIC AWARENESS OF THE TRUST AND GIVES THE PUBLIC A CHANCE TO LEARN ABOUT THE TRUST AND SEE HOW RECIPIENTS OF TRUST FUNDS USED SUCH FUNDS TOWARDS THE PROTECTION OF THE CHESAPEAKE BAY.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

Yes No

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: Allen Hance Date: 10/8/08

Type or print name and title: Allen Hance, Executive Director

Paid Preparer's Use Only

Preparer's signature: Michael Davis Date: 10/8/08 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: ANDERSON, DAVIS & ASSOCIATES, CPA, PA
1406 B SOUTH CRAIN HWY, STE 204
GLEN BURNIE MD 21061-4099

Preparer's SSN or PTIN (See General Instruction X):
 EIN:
 Phone no: (410) 766-2645

BAA

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

2007

Name of the organization

CHESAPEAKE BAY TRUST

Employer identification number

52-1454182

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
JANA DAVIS 60 WEST ST., 405 ANNAPOLIS MD 21401	ASSOC DIRECTOR OF PROGR 40.00	81,994.	8,921.	0.
JAMIE BAXTER 60 WEST ST., 405 ANNAPOLIS MD 21401	PROGRAM DIRECTOR 40.00	73,507.	14,913.	0.
ALICIA LEVI 60 WEST ST., 405 ANNAPOLIS MD 21401	COMMUNICATIONS 40.00	63,080.	2,605.	0.
CHRISTINE DUNHAM 60 WEST ST., 405 ANNAPOLIS MD 21401	SENIOR PROGRAM OFFICER 40.00	61,506.	7,161.	0.
KERI BENTKOWSKI 60 WEST ST., 405 ANNAPOLIS MD 21401	PROGRAM DIRECTOR 40.00	65,931.	8,794.	0.
Total number of other employees paid over \$50,000	1			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	None	

Part II Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	None	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____

(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

See Part V, Form 990

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) See Line 3a Stmt

b Did the organization have a section 403(b) annuity plan for its employees?

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

- 4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g

b Did the organization make any taxable distributions under section 4966?

c Did the organization make a distribution to a donor, donor advisor, or related person?

d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____ 0.

Part IV Reason for Non-Private Foundation Status (See instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4) (See instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,195,316.	3,010,839.	2,624,641.	2,108,240.	11,939,036.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, ams rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	442,883.	409,682.	348,607.	359,591.	1,560,763.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See L-22 Stmt	87,763.	44,165.	63,815.	50,378.	246,121.
23 Total of lines 15 through 22	4,725,962.	3,464,686.	3,037,063.	2,518,209.	13,745,920.
24 Line 23 minus line 17	4,725,962.	3,464,686.	3,037,063.	2,518,209.	13,745,920.
25 Enter 1% of line 23	47,260.	34,647.	30,371.	25,182.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	274,918.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	461,082.
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	13,745,920.
d Add Amounts from column (e) for lines 18 1,560,763. 19		26d	2,267,966.
22 246,121. 26b 461,082.		26e	11,477,954.
e Public support (line 26c minus line 26d total)		26f	83.50 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12:	
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2006) _____ (2005) _____ (2004) _____ (2003) _____	
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c _____
d Add Line 27a total _____ and line 27b total _____	27d _____
e Public support (line 27c total minus line 27d total)	27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----	32d		
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table –			
If the amount on line 40 is –	The lobbying nontaxable amount is –		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4 -Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines **c** through **h**.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Name CHESAPEAKE BAY TRUST	Employer Identification Number 52-1454182
------------------------------	--

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
Publicly Traded Securities	5,159,611.	Cost	5,168,105.
		Selling Expenses	
		Basis	5,168,105.

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
Total Securities			5,159,611.	5,168,105.

Gain or (Loss) from Sale of Securities -8,494.

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	

Total Other Assets

Gain or (Loss) from Sale of Other Assets

Form 990

Part II, Line 25a

**Compensation of Current Officers, Directors,
Key Employees, Etc.****2007**Name as Shown on Return
CHESAPEAKE BAY TRUSTEmployer Identification No
52-1454182**Compensation**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DAVID J O'NEILL	<input type="checkbox"/>	44,813.	31,369.	8,963.	4,481.
ALLEN HANCE	<input type="checkbox"/>	60,000.	42,000.	12,000.	6,000.
MELANIE TEEMS	<input type="checkbox"/>	66,074.	13,215.	52,859.	0.
FRANCIS FLANIGAN	<input type="checkbox"/>	36,930.	18,465.	18,465.	0.
SEE ATTACHED SCHEDULE 4	<input type="checkbox"/>	0.			
Total Compensation Received		207,817.	105,049.	92,287.	10,481.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DAVID J O'NEILL	<input type="checkbox"/>	5,563.	3,894.	1,113.	556.
ALLEN HANCE	<input type="checkbox"/>	524.	367.	105.	52.
MELANIE TEEMS	<input type="checkbox"/>	1,129.	226.	903.	0.
FRANCIS FLANIGAN	<input type="checkbox"/>	0.			
SEE ATTACHED SCHEDULE 4	<input type="checkbox"/>	0.			
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		7,216.	4,487.	2,121.	608.

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DAVID J O'NEILL	<input type="checkbox"/>	0.			
ALLEN HANCE	<input type="checkbox"/>	0.			
MELANIE TEEMS	<input type="checkbox"/>	0.			
FRANCIS FLANIGAN	<input type="checkbox"/>	0.			
SEE ATTACHED SCHEDULE 4	<input type="checkbox"/>	0.			
Total Expense Account and Other Allowances		0.			
Total to Part II, Line 25a		215,033.	109,536.	94,408.	11,089.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
ANNUAL REPORT	7,461.	5,521.	1,492.	448.
MARKETING	106,033.	78,573.	19,990.	7,470.
BAY PLATE AWARENESS	73,015.	7,301.	0.	65,714.
CAPACITY BUILDING PROGRAMS	4,979.	4,979.	0.	0.
TAX PROMO	28,799.	0.	0.	28,799.
COMMUNITY GREENING ASSISTANCE	6,775.	6,775.	0.	0.
CBFN MANAGEMENT	28,848.	0.	28,848.	0.
BAY ED INITIATIVE	1,266.	1,266.	0.	0.
Total	<u>257,176.</u>	<u>104,415.</u>	<u>50,330.</u>	<u>102,431.</u>

Form 990, Part VI, Page 7, Line 90a

States Filed In

Maryland

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
BOAT SHOW BENEFIT	97,460.	81,785.	15,675.	33,196.	-17,521.
Total	<u>97,460.</u>	<u>81,785.</u>	<u>15,675.</u>	<u>33,196.</u>	<u>-17,521.</u>

Form 990, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	345,502.
Total	<u>345,502.</u>

Form 990, Page 4, Part IV, Line 54a

Investments - Publicly-Traded Securities Statement

Description	Cost or FMV	Beginning of Year	End of Year
INVESTMENTS TREASURY BILLS, NOTES, AND GNMA'S	FMV	8,789,762.	8,801,408.
Total		<u>8,789,762.</u>	<u>8,801,408.</u>

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
COMPUTER/OFFICE EQUIPMENT	35,155.	23,947.	11,208.
LEASEHOLD IMPROVEMENTS	40,167.	1,339.	38,828.
Total	<u>75,322.</u>	<u>25,286.</u>	<u>50,036.</u>

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
INTEREST RECEIVABLE	88,734.	72,087.
AGENCY FUNDS HELD FOR OTHERS	45,838.	43,973.
Total	<u>134,572.</u>	<u>116,060.</u>

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
AGENCY FUNDS HELD FOR OTHERS	16,108.	15,641.
Total	<u>16,108.</u>	<u>15,641.</u>

Schedule A, Part IV-A, Line 22

Other Income

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
SPECIAL EVENT INCOME	87,763.	44,165.	63,815.	50,378.	246,121.
Total	<u>87,763.</u>	<u>44,165.</u>	<u>63,815.</u>	<u>50,378.</u>	<u>246,121.</u>

Explanation Statement

Form/Line: Schedule A, Page 2, Part IIILine 3aExplanation of: How We Determine Which Recipients Qualify to Receive Payments

STUDENT MUST BE MARYLAND RESIDENT AND FULL TIME HIGH SCHOOL OR COLLEGE STUDENT. THE STUDENT MUST ALSO DEMONSTRATE A COMMITMENT TO THE ENVIRONMENT AND THE CHESAPEAKE BAY. STUDENT MUST BE MEMBER OF MINORITY AND DEMONSTRATE DIVERSITY PROMOTION AND RESPECT BETWEEN PEOPLE OF ALL BACKGROUNDS. HAS A GPA OF AT LEAST 3.0 ON A 4.0 SCALE. THE STUDENT ALSO EXEMPLIFIES

Explanation Statement

Continued

Form/Line: Schedule A, Page 2, Part IIILine 3aExplanation of How We Determine Which Recipients Qualify to Receive PaymentsSTRONG LEADERSHIP SKILLS IN SCHOOL AND COMMUNITY INITIATIVES.

Supporting Statement of:

Form 990 p 2/Line 22b column (B)

Description	Amount
DUE TO THE SIGNIFICANT NUMBER OF GRANTS, ADDITIONAL INFORMATION CAN BE PROVIDED UPON REQUEST	3,916,652.
Total	<u>3,916,652.</u>

Supporting Statement of:

Form 990 p 4/Line 60, column (A)

Description	Amount
ACCOUNTS PAYABLE	8,500.
SALARIES PAYABLE	45,419.
Total	<u>53,919.</u>

Supporting Statement of:

Form 990 p 4/Line 60, column (B)

Description	Amount
SALARIES PAYABLE	46,116.
Total	<u>46,116.</u>

Board of Trustees 7/01/07 – 6/30/08

Paul J. Allen Senior Vice President, Corporate Affairs Division Constellation Energy 750 E. Pratt St., 18 th Floor Baltimore, MD 21202	Chair Volunteer as Needed	Honorable Virginia P. Clagett Maryland State Delegate 84 College Ave. Annapolis, MD 21401	Trustee Volunteer as Needed
Torrey C. Brown, M.D. Chairman of the Board Intralix, Inc. The Warehouse at Camden Yards 323 W. Camden St. Ste 675 Baltimore, MD 21201	Vice Chair Volunteer as Needed	Eric Schwaab Deputy Secretary MD Dept. of Natural Resources 580 Taylor Ave C-4 Annapolis, MD 21401	Trustee Volunteer as Needed
J. Matthew Gambrill Owner Calvert Marina 13399 Rousby Hall Rd Lusby, MD 20657	Secretary Volunteer as Needed	W. Warren Hamel, Esq. Venable, LLP – Partner Two Hopkins Plaza Suite 1800 Baltimore, MD 21201	Trustee Volunteer as Needed
Peter G. Byrnes Former President and CEO Winchester Homes, Inc. (ret.) 6605 Thornton Rd Easton, MD 21601	Treasurer Volunteer as Needed	Gary Heath Assistant State Superintendent Maryland State Department of Education 500 Harbourview Drive Baltimore, MD 21230	Trustee Volunteer as Needed
Dr. Margaret Palmer Professor/Director Chesapeake Biological Laboratory One Williams Street Solomons, MD 20688	Grants Policy Committee Chair Volunteer as Needed	Robert G. Hoyt Director Montgomery County Dept Of Environmental Protection 255 Rockville Pike Rockville, MD 20850	Trustee Volunteer as Needed
Honorable John C. Astle Maryland State Senator James Senate Office Building, Rm 123 110 College Ave. Annapolis, MD 21401	Trustee Volunteer as Needed	Virginia Kearney Acting Director, Water Management Administration Maryland Department of the Environment 1223 Southview Rd. Baltimore, MD 21218	Trustee Volunteer as Needed
Russell Brinsfield Executive Director Maryland Center for Agro-Ecology P.O. Box 169 Queenstown, MD 21658	Trustee Volunteer as Needed	Louise Lawrence Chief, Office of Resource Conservation Department of Agriculture 50 Harry S Truman Parkway Annapolis, MD 21401	Trustee Volunteer as Needed

Note: The above Board of Trustees received no compensation, no contributions to employee benefit plans, no deferred compensation, and no expense accounts or other allowances. Each Trustee devotes approximately 5 hours per week to their position.

Board of Trustees 7/01/07 – 6/30/08

Honorable T. Bryan McIntire
Councilman
Baltimore County
21 Worthington Hill Drive
Glyndon, MD 21071

Trustee
Volunteer as
Needed

Scot T. Spencer
The Annie E. Casey Foundation
701 St Paul Street
Baltimore, MD 21202

Trustee
Volunteer as
Needed

Tara Potter
Asst Vice President External
Affairs – Verizon
1 East Pratt St 8-East
Baltimore, MD 21202

Trustee
Volunteer as
Needed

Philip S. Smith
President and CEO
CAPTEL
300 Fifth St.
Washington, DC 20002

Trustee
Volunteer as
Needed

Trustees Emeriti

Senator Arthur Dorman
Former Maryland State Senator
University Village
500 Crestwood Drive
#1203
Charlottesville, VA 22903

Trustee
Volunteer as
Needed

Governor Harry R. Hughes
Former Governor of Maryland
24800 Peliquor Road
Denton, MD 21629

Trustee
Volunteer as
Needed

Martin H. Poretsky
Poretsky Building Group
1288 Cumberstone Road
Harwood, MD 20776

Trustee
Volunteer as
Needed

Note: The above Board of Trustees received no compensation, no contributions to employee benefit plans, no deferred compensation, and no expense accounts or other allowances. Each Trustee devotes approximately 5 hours per week to their position.