

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2004

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2004 calendar year, or tax year beginning 10/1/2004, and ending 9/30/2005

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

**C** Name of organization: Save San Francisco Bay Association  
 Number and street (or P O box if mail is not delivered to street address): 350 Frank Ogawa Plaza, Suite 900  
 City or town: Oakland State or country: CA ZIP + 4: 94612

**D** Employer identification number: 94-6078420

**E** Telephone number: (510) 452-9261

**F** Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) \_\_\_\_\_

**G** Website: www.savesfbay.org

**J** Organization type (check only one): ☒ 501(c) ( 3 ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 1,989,485

**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: N/A  
**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: N/A  
**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

<b>1</b> Contributions, gifts, grants, and similar amounts received					
<b>a</b> Direct public support	<b>1a</b>	1,406,708			
<b>b</b> Indirect public support	<b>1b</b>	0			
<b>c</b> Government contributions (grants)	<b>1c</b>	414,979			
<b>d</b> Total (add lines 1a through 1c) (cash \$ 1,800,079 noncash \$ 21,608)	<b>1d</b>			1,821,687	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			127,989	
<b>3</b> Membership dues and assessments	<b>3</b>			0	
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			5,854	
<b>5</b> Dividends and interest from securities	<b>5</b>			0	
<b>6a</b> Gross rents	<b>6a</b>				
<b>b</b> Less: rental expenses	<b>6b</b>				
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			0	
<b>7</b> Other investment income (describe _____)	<b>7</b>			0	
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	13,772	<b>8a</b>	5,305		
<b>b</b> Less: cost or other basis and sales expenses	13,633	<b>8b</b>	811		
<b>c</b> Gain or (loss) (attach schedule)	139	<b>8c</b>	4,494		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8d</b>		4,633	
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ 43,230 of contributions reported on line 1a)	<b>9a</b>	8,450			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	10,400			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)				-1,950	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				0	
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			6,428	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			1,964,641	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			1,195,274	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			203,472	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			406,978	
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			0	
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			1,805,724	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			158,917	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			785,421	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			0	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			944,338	

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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 page 22 of the 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
22	Grants and allocations (attach schedule) <b>Schedule 4</b> (cash \$ <u>4,750</u> noncash \$ <u>212</u> )	22 4,962	4,962		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25	Compensation of officers, directors, etc.	25 107,100	86,482	12,500	8,118
26	Other salaries and wages	26 836,584	610,263	137,157	89,164
27	Pension plan contributions	27 0	0	0	0
28	Other employee benefits	28 104,623	80,638	14,439	9,546
29	Payroll taxes	29 79,277	61,499	11,335	6,443
30	Professional fundraising fees	30 79,094	0	0	79,094
31	Accounting fees	31 0	0	0	0
32	Legal fees	32 0	0	0	0
33	Supplies	33 29,528	12,853	15,622	1,053
34	Telephone	34 23,372	13,854	9,518	0
35	Postage and shipping	35 36,931	7,706	5,592	23,633
36	Occupancy	36 81,160	0	81,160	0
37	Equipment rental and maintenance	37 0	0	0	0
38	Printing and publications	38 113,914	29,085	6,714	78,115
39	Travel	39 28,540	26,975	380	1,185
40	Conferences, conventions, and meetings	40 5,788	2,563	2,904	321
41	Interest	41 0	0	0	0
42	Depreciation, depletion, etc. (attach schedule) <b>Schedule 5</b>	42 36,571	16,788	19,783	0
43	Other expenses not covered above (itemize): <b>a Schedule 6</b>	43a 238,280	241,606	-113,632	110,306
b		43b 0			
c		43c 0			
d		43d 0			
e		43e 0			
f		43f 0			
44	<b>Total functional expenses</b> (add lines 22 through 43). <b>Organizations completing columns (B)-(D), carry these totals to lines 13—15.</b>	44 1,805,724	1,195,274	203,472	406,978

**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 ☐ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 42,590, (ii) the amount allocated to Program services \$ 24,225, (iii) the amount allocated to Management and general \$ 15,944, and (iv) the amount allocated to Fundraising \$ 2,421**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)What is the organization's primary exempt purpose? ☒ Natural resource conservation

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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

<b>a Schedule 7</b>		
	(Grants and allocations \$ <u>4,962</u> )	1,195,274
<b>b</b>		
	(Grants and allocations \$ )	
<b>c</b>		
	(Grants and allocations \$ )	
<b>d Bay Protection - See Schedule 6 for description of program accomplishments.</b>		
	(Grants and allocations \$ )	
<b>e Other program services (attach schedule)</b>	(Grants and allocations \$ )	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		1,195,274

**Part IV Balance Sheets** (See page 25 of 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
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing	32,008	<b>45</b>	170,830
	<b>46</b> Savings and temporary cash investments	448,311	<b>46</b>	493,950
	<b>47 a</b> Accounts receivable	<b>47a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b> 0	17,118	<b>47c</b> 0
	<b>48 a</b> Pledges receivable	<b>48a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b> 0	0	<b>48c</b> 0
	<b>49</b> Grants receivable	205,781	<b>49</b>	200,719
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)	0	<b>50</b>	0
	<b>51 a</b> Other notes and loans receivable (attach schedule)	<b>51a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b> 0	0	<b>51c</b> 0
	<b>52</b> Inventories for sale or use	4,924	<b>52</b>	0
	<b>53</b> Prepaid expenses and deferred charges	36,428	<b>53</b>	12,482
	<b>54</b> Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54</b>	0
	<b>55 a</b> Investments—land, buildings, and equipment, basis	<b>55a</b> 0		
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b> 0	0	<b>55c</b> 0
<b>56</b> Investments—other (attach schedule)	0	<b>56</b>	0	
<b>57 a</b> Land, buildings, and equipment, basis	<b>57a</b> 245,992			
<b>b</b> Less: accumulated depreciation (attach schedule) <b>Schedule 5</b>	<b>57b</b> 161,808	119,133	<b>57c</b> 84,184	
<b>58</b> Other assets (describe <b>Schedule 8</b> )	7,745	<b>58</b>	23,490	
<b>59</b> <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	871,448	<b>59</b>	985,655	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	64,601	<b>60</b>	41,317
	<b>61</b> Grants payable	0	<b>61</b>	0
	<b>62</b> Deferred revenue	21,426	<b>62</b>	0
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)	0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)	0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule)	0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe )	0	<b>65</b>	0
<b>66</b> <b>Total liabilities</b> (add lines 60 through 65)	86,027	<b>66</b>	41,317	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted	524,062	<b>67</b>	604,215
	<b>68</b> Temporarily restricted	261,359	<b>68</b>	340,123
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	785,421	<b>73</b>	944,338	
<b>74</b> <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	871,448	<b>74</b>	985,655	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	1,964,641
<b>b</b>	Amounts included on line a but not on line 12, Form 990.		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	1,964,641
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	1,964,641

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,805,724
<b>b</b>	Amounts included on line a but not on line 17, Form 990.		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	1,805,724
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	1,805,724

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of 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 & deferred compensation	(E) Expense account and other allowances
Name <b>Schedule 9</b> Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
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**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No  
If "Yes," attach schedule—see page 28 of the instructions

**Part VI Other Information** (See page 28 of the instructions)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<b>77</b>	X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b> N/A	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	X
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	X
<b>b</b> If "Yes," enter the name of the organization <b>N/A</b> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81 a</b> Enter direct and indirect political expenditures. See line 81 instructions <b>81a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>	X
<b>82 a</b> 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?	<b>82a</b>	X
<b>b</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.) <b>82b</b> N/A		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b> X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b> X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b> N/A	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b> N/A	
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?	<b>85a</b> N/A	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	<b>85b</b> N/A	
<b>c</b> Dues, assessments, and similar amounts from members <b>85c</b> N/A		
<b>d</b> Section 162(e) lobbying and political expenditures <b>85d</b> N/A		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b> N/A		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b> N/A		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b> N/A	
<b>h</b> 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?	<b>85h</b> N/A	
<b>86 501(c)(7) orgs. Enter: a</b> Initiation fees and capital contributions included on line 12 <b>86a</b> N/A		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities <b>86b</b> N/A		
<b>87 501(c)(12) orgs. Enter: a</b> Gross income from members or shareholders <b>87a</b> N/A		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>87b</b> N/A		
<b>88</b> 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 <b>88</b>		X
<b>89 a 501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0</b> , section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b 501(c)(3) and 501(c)(4) orgs</b> 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 <b>89b</b>		X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0</b>		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>0</b>		
<b>90 a</b> List the states with which a copy of this return is filed <b>California</b>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2004 (See instructions) <b>90b</b> 29		
<b>91</b> The books are in care of <b>Name</b> Save San Francisco Bay Association Telephone no. <b>(510) 452-9261</b> Located at <b>350 Frank Ogawa Plaza #900</b> City <b>Oakland</b> ST <b>CA</b> ZIP + 4 <b>94612</b>		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b> N/A		

**Part VII Analysis of Income-Producing Activities** (See page 33 of 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 Fees from canoe educational trips					127,989
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,854	
96 Dividends and 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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	4,633	
101 Net income or (loss) from special events			01	-1,950	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue   a Miscellaneous Receipts			01	6,428	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		14,965	127,989
105 Total (add line 104, columns (B), (D), and (E))					142,954

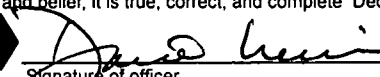
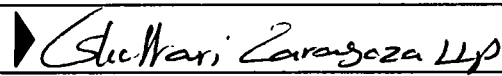
**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

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)
93a	Canoe trips and other educational events teach students and the public about the Bay. These educational activities are directly related to the organization's exempt purpose.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(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
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of 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)

Please Sign Here	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.			
	 Signature of officer		Date 5/3/06	
Paid Preparer's Use Only	Type or print name and title David Lewis, Exec. Dir.			
	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 Ghaffari Zaragoza LLP 1330 Broadway, Ste 430, Oakland, CA 94612	Date 4/19/2006	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) EIN 57-1155648 Phone no. (510) 834-6542

**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 Section 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2004****MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Save San Francisco Bay Association

Employer identification number

94-6078420

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
Name Felicia Borrego-Madsen Str 350 Frank H. Ogawa Plaza, Suite 900 City Oakland ST CA Zip 94612 Country	Title Deputy Director of Policy Avg hr/wk 45	82,009	7,325	0
Name Mary Dexter Str 350 Frank H. Ogawa Plaza, Suite 900 City Oakland ST CA Zip 94612 Country	Title Development Director Avg hr/wk 45	75,378	8,164	0
Name Jason Morris Str 350 Frank H. Ogawa Plaza, Suite 900 City Oakland ST Zip 94612 Country	Title Deputy Director of Community Engagement Avg hr/wk 45	72,750	7,033	0
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the 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
Name Mal Warwick and Associates Check here if a business <input checked="" type="checkbox"/> Str 2550 Ninth Street, Suite 103 City Berkeley ST CA ZIP 94710 Country	Fundraising consulting	79,094
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Total number of others receiving over \$50,000 for professional services	0	

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

Schedule A (Form 990 or 990-EZ) 2004

(HTA)

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
<b>1</b> 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 ► \$ <u>0</u> (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.	<b>1</b>	X
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	X
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	X
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>Schedule 9</b>	<b>2d</b>	X
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	X
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	<b>3a</b>	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	X
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)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 ► \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_  
**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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,588,747	2,006,048	1,358,163	900,863	5,853,821
<b>16</b> Membership fees received			291,806	295,655	587,461
<b>17</b> 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	138,958	108,946	76,818	66,754	391,476
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	8,987	9,271	15,104	36,850	70,212
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
<b>23</b> Total of lines 15 through 22	1,736,692	2,124,265	1,741,891	1,300,122	6,902,970
<b>24</b> Line 23 minus line 17	1,597,734	2,015,319	1,665,073	1,233,368	6,511,494
<b>25</b> Enter 1% of line 23	17,367	21,243	17,419	13,001	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					
<b>b</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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					
<b>d</b> Add Amounts from column (e) for lines:					
18 70,212      19 0					
22 0      26b 1,079,692					
<b>e</b> Public support (line 26c minus line 26d total)					
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27 Organizations described on line 12:</b>					
<b>a</b> 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:					
(2003)      (2002)      (2001)      (2000)					
<b>b</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 11, 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:					
(2003)      (2002)      (2001)      (2000)					
<b>c</b> Add Amounts from column (e) for lines:					
15 0      16 0					
17 0      20 0      21 0					
<b>d</b> Add Line 27a total and line 27b total					
<b>e</b> Public support (line 27c total minus line 27d total)					
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.					

N/A

**Part V Private School Questionnaire** (See page 7 of the instructions.)

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

N/A

	Yes	No
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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 )	<b>31</b>	
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended?	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> 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	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the 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	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is—</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		41	0
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

**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 on page 11 of the instructions )

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

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

- 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

Yes	No	Amount
		0

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)**

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting organization to a noncharitable exempt organization of**

**(i) Cash**

**(ii) Other assets**

**b Other transactions**

(i) Sales or exchanges of assets with a noncharitable exempt organization

**(ii) Purchases of assets from a noncharitable exempt organization**

(iii) Rental of facilities, equipment, or other assets

**(iv) Reimbursement arrangements**

**(v) Loans or loan guarantees**

**(vi) Performance of services or membership or fundraising solicitations**

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

**b If "Yes," complete the following schedule**

[illegible]

Save San Francisco Bay Association  
 EIN: 94-6078420  
 Year Ended September 30, 2005  
 Schedules Attached to 2004 Form 990

**Schedule 1 - Part I, line 8c(A) - Gain (loss) from sales of securities.**

	Publicly Traded Securities
Proceeds	13,772
Cost or other basis	<u>(13,633)</u>
Net gain	<u><u>139</u></u>

**Schedule 2 - Part I, line 8c(B) - Gain (loss) from disposals of fixed assets.**

Assets description	3 Canoes	8 Canoes			
Date acquired	5/1/97	9/1/99			
Method of acquisition	Purchase	Purchase			
Purchaser's name	Date sold	Sales price	Cost	Depreciation	Gain
Scott Hopkins	10/8/2004	1,000	(1,567)	1,567	1,000
Ricahrd Smith-Gee	10/25/2004	500	(783)	783	500
Jane Hartley	11/18/2004	550	(774)	672	448
David Dolberg	11/18/2004	550	(774)	672	448
Valerie and Douglas Lowney	1/18/2005	500	(774)	672	398
California Canoe and Kayak	1/19/2005	440	(774)	673	339
Ross Lawley	1/19/2005	550	(774)	673	449
Douglas Bruce Berman	4/7/2005	200	(774)	673	99
Carol Zabin	4/21/2005	500	(774)	673	399
Kerri Childress	5/20/2005	515	(774)	673	414
		<u>5,305</u>	<u>(8,542)</u>	<u>7,731</u>	<u>4,494</u>

**Schedule 3 - Part I, line 9 - Special event activities**

	Blue
Gross receipts	51,680
Less contributions	<u>(43,230)</u>
Gross Revenue	8,450
Direct expenses	<u>(10,400)</u>
Net income	<u><u>(1,950)</u></u>

Save San Francisco Bay Association  
 EIN: 94-6078420  
 Year Ended September 30, 2005  
 Schedules Attached to 2004 Form 990

**Schedule 4 - Part II, line 22 - Grants and allocations**

Grantee's Name and Address	Amount	Purpose of grant
Restore America's Estuaries 3801 N. Fairfax Dr. #53 Arlington, VA 22203	4,500	Support for national restoration efforts
Sierra Club 2530 San Pablo Avenue, #1 Berkeley, CA 94702	250	Support for Richmond Shoreline Festival
Bioneers Conference 6 Cerro Circle Lamy, NM 87540	212	Donated canoe
	<u>4,962</u>	

**Schedule 5 - Part II, line 42 and Part III, line 57 - Fixed assets and depreciation**

Description	Method/ life	Cost or basis	Prior depr.	Current depr.	Accum. depr.
Furniture and equipment	SL/5 years	<u>245,992</u>	<u>125,237</u>	<u>36,571</u>	<u>161,808</u>

**Schedule 6- Part II, line 43- Other Expenses**

Description	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Professional Services	171,040	19,923	78,634	72,483
Insurance	26,499	480	26,019	0
Dues, Publications and training	5,021	2,807	661	1,553
Events rentals and promotion	25,138	14,067	3,027	8,044
Towing and other selling expenses	3,327	0	0	3,327
Moving expenses	150	0	150	0
Miscellaneous expenses	7,105	3,288	3,817	0
Shared cost allocation	<u>0</u>	<u>201,041</u>	<u>(225,940)</u>	<u>24,899</u>
Total other expense	<u>238,280</u>	<u>241,606</u>	<u>(113,632)</u>	<u>110,306</u>

Save San Francisco Bay Association  
EIN: 94-6078420  
Year Ended September 30, 2005  
Schedules Attached to 2004 Form 990

### **Schedule 7 - Part III- Statement of Program Service Accomplishments**

- a. Watershed Education-** Save the Bay's Canoes In Sloughs on-the-water education program is working to educate the next generation of Bay stewards, giving students a fun way to learn about the Bay and directly experience it. We conducted educational canoe trips for more than 3,800 students and teachers (40% from low-income households), including major partnerships with selected school districts, and expanded our fleet of canoes. Most participants also engage in hands-on wetland restoration and stewardship activities at Save The Bay's six shoreline sites, and use our Watershed Education curriculum.

To date more than 30,000 volunteers have contributed 120,000 hours of volunteer service, grown and planted 85,000 native plants on the shoreline, and removed 150,000 pounds of non-native plants and 45,000 pounds of trash and recyclables. Our Discover The Bay program provides fun and inspiring adventures on the Bay, with more than 5,000 adult and family participants since program inception. In addition to our public trips, we are now offering custom trips for corporate and private groups. A new Bay Classroom feature on our web site provides basic information on the Bay to students of all ages.

<b>Total expenses</b>	<b>\$699,114</b>
<b>Grants and allocations</b>	<b>\$212</b>

- b. Public Education and Outreach -** Save The Bay continues to provide information on San Francisco Bay and actively engage our members in our mission, chiefly through our newsletter, web site, e-mail action alerts, educational events, volunteer opportunities and regular updates. We significantly enhanced our web site and revamped our calendar of outings and volunteer events. Our presence in the regional news media increased, with feature on Bay Area Backroads, sustained visibility 7 x 7 Magazine and significant coverage on Bay beaches, Moffett Field and wetland restoration. Membership in the organization grew by 1,000 households.

<b>Total expenses</b>	<b>\$196,131</b>
<b>Grants and allocations</b>	<b>\$4,500</b>

- c. Restoration Campaigns -** Save The Bay won a reversal from the U.S. Navy, which agreed to fully clean up a toxic Superfund site at Moffett Field on the Mt. View shoreline so that it can support fish and wildlife. We supported an ambitious habitat restoration plan for Bair Island in Redwood City. We built public support for planned restoration of former Cargill salt ponds in the South Bay. We continued to advocate for transfer of the closed Skaggs Island Naval Reservation to the U.S. Fish and Wildlife Service for wetland restoration.

Save The Bay advocated for a state law to mitigate the pollution runoff impacts of motor vehicles and roads by allocating funds to construct wetlands, natural buffers and other beneficial habitat projects. Nationally, Save The Bay is a leader in the Restore America's Estuaries coalition, which is working for federal action on estuary restoration nationwide.

<b>Total expenses</b>	<b>\$166,456</b>
<b>Grants and allocations</b>	<b>\$0</b>

Save San Francisco Bay Association  
EIN: 94-6078420  
Year Ended September 30, 2005  
Schedules Attached to 2004 Form 990

**Schedule 7 - Part III- Statement of Program Service Accomplishments (Continued)**

- d. Bay Protection** - Save The Bay launched a new pollution prevention partnership with the East Bay municipal utility district (EBMUD), hosting outreach events to collect mercury thermometers and expired pharmaceuticals, securing visibility with 1.1 million ratepayers and general audiences. Save The Bay also crafted a pollution prevention Home Audit and conducted public outreach at more than 25 Earth Day events. Save The Bay participates regularly in meetings of BCDC on issues affecting the Bay's health. We have actively promoted appropriate waterfront uses on public trust lands and increased public access to the Bay shoreline. We helped improve Bay Plan policies on Salt Ponds, Desalination and Transportation, strengthen BCDC permit enforcement authority and increase violation fines.

<b>Total expenses</b>	<b>\$133,573</b>
<b>Grants and allocations</b>	<b>\$250</b>



Save San Francisco Bay Association  
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**Schedule 8 - Part IV, line 58 - Other assets**

Other receivables	8,900
Other current assets	3,574
Deposits	<u>11,016</u>
Net gain	<u><u>23,490</u></u>

**Schedule 9 - Part V - List of officers, directors, trustees and key employees**

(A) Name and address	(B) Title and average hours per month	(C) Compensation	(D) Contributions to emp. Benefits	(E) Expense Accounts
John Carlstroem 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	President 2 hours/week	0	0	0
Jody London 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Vice President 1 hour/week	0	0	0
Michael Katz 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Secretary/CFO 0.5 hour/week	0	0	0
Ralph Benson 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 0.5 hour/week	0	0	0
Bruce Beyaert 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 1 hour/week	0	0	0
Carolyn Brown 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 0.5 hour/week	0	0	0
Ken Calhoon 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 0.5 hour/week	0	0	0

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**Schedule 9 - Part V - List of officers, directors, trustees and key employees (continued)**

(A) Name and address	(B) Title and average hours per week	(C) Compensation	(D) Contributions to emp. Benefits	(E) Expense Accounts
Alison Geballe 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 0.5 hour/week	0	0	0
Sylvia Gregory 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 0.5 hour/week	0	0	0
Sandy Linder 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 1 hour/week	0	0	0
Malcolm Margolin 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 0.5 hour/week	0	0	0
Kathryn Morelli 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 1 hour/week	0	0	0
Paul Peters 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 0.5 hour/week	0	0	0
Christopher Richard 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 0.5 hour/week	0	0	0
Dirk Rosen 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 0.5 hour/week	0	0	0
Tabitha Soren 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 0.5 hour/week	0	0	0

Save San Francisco Bay Association  
EIN: 94-6078420  
Year Ended September 30, 2005  
Schedules Attached to 2004 Form 990

**Schedule 9 - Part V - List of officers, directors, trustees and key employees (continued)**

(A) Name and address	(B) Title and average hours per week	(C) Compensation	(D) Contributions to emp. Benefits	(E) Expense Accounts
Karen Weber 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 0.5 hour/week	0	0	0
David Weed 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 0.5 hour/week	0	0	0
John Wise 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 0.5 hour/week	0	0	0
David Lewis 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Executive Director 40 hours/ week	107,100	9,930	0

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. . . . . ▶ ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time**—Only submit original (no copies needed)**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only. . . . . ▶ ☐*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.***Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	Save San Francisco Bay Association	94-6048420
	Number, street, and room or suite no. If a P O box, see instructions	
	350 Frank Ogawa Plaza, Suite 900	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	Oakland, CA 94612	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ Save San Francisco Bay Association

Telephone No. ▶ (510) 452-9261

FAX No ▶ N/A

- If the organization does **not** have an office or place of business in the United States, check this box. . . . . ▶ ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 5/15/2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year \_\_\_\_\_ or
- ▶ ☒ tax year beginning 10/1/2004, and ending 9/30/2005

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. . . . . \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. . . . . \$ 0

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. . . . . \$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)

(HTA)