

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)

OMB No 1545-0047

2005**Open to Public Inspection**

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

A For the 2005 calendar year, or tax year beginning 10/1/2005 **, and ending** 9/30/2006**B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

Save San Francisco Bay Association

Number and street (or P O box if mail is not delivered to street address)

Room/suite

350 Frank Ogawa Plaza, Suite 900

City or town

State or country

ZIP + 4

Oakland

CA

94612

D Employer identification number

94-6078420

E Telephone number

(510) 452-9261

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 ▶ 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)**G Website:** ▶ www.savesbay.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 chooses to file a return, be sure to file a complete return Some states require a complete return.**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,874,802**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue

1 Contributions, gifts, grants, and similar amounts received.**a** Direct public support**1a** 1,302,467**b** Indirect public support**1b** 0**c** Government contributions (grants)**1c** 213,488**d Total** (add lines 1a through 1c) (cash \$ 1,495,463 noncash \$ 20,492)**1d** 1,515,955**2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** 343,594**3** Membership dues and assessments**3** 0**4** Interest on savings and temporary cash investments**4** 8,562**5** Dividends and interest from securities**5** 0**6 a** Gross rents**6a****b** Less rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c** 0**7** Other investment income (describe ▶)**7** 0**8 a** Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

0 **8a** 0**b** Less cost or other basis and sales expenses0 **8b** 0**c** Gain or (loss) (attach schedule)0 **8c** 0**d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d** 0**9** Special events and activities (attach schedule) If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ 56,652 of contributions reported on line 1a)**9a** 5,250**b** Less: direct expenses other than fundraising expenses**9b** 17,104**c** Net income or (loss) from special events (subtract line 9b from line 9a)

Schedule 1

9c -11,854**10 a** Gross sales of inventory, less returns and allowances**10a** 0**b** Less cost of goods sold**10b** 0**c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)**10c** 0**11** Other revenue (from Part VII, line 103)**11** 1,441**12 Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** 1,857,698

Expenses

13 Program services (from line 44, column (B))**13** 1,248,025**14** Management and general (from line 44, column (C))**14** 237,566**15** Fundraising (from line 44, column (D))**15** 434,132**16** Payments to affiliates (attach schedule)**16** 0**17 Total expenses** (add lines 16 and 44, column (A))**17** 1,919,723**18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** -62,025**19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** 944,338**20** Other changes in net assets or fund balances (attach explanation)**20** 0**21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** 882,313

317

2

SCANNED JUN 11 2007

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 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) Schedule 2 (cash \$ <u>4,500</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22 4,500	4,500		
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	25 117,820	101,176	9,441	7,203
26	Other salaries and wages	26 847,346	617,053	132,228	98,065
27	Pension plan contributions	27 0	0	0	0
28	Other employee benefits	28 97,963	63,967	25,940	8,056
29	Payroll taxes	29 80,908	60,073	11,978	8,857
30	Professional fundraising fees	30 0	0	0	0
31	Accounting fees	31 0	0	0	0
32	Legal fees	32 0	0	0	0
33	Supplies	33 37,502	27,152	10,256	94
34	Telephone	34 16,841	5,850	10,728	263
35	Postage and shipping	35 63,506	11,913	3,865	47,728
36	Occupancy	36 93,168	0	93,168	0
37	Equipment rental and maintenance	37 0	0	0	0
38	Printing and publications	38 158,109	45,687	3,764	108,658
39	Travel	39 25,865	24,747	416	702
40	Conferences, conventions, and meetings	40 1,716	1,088	599	29
41	Interest	41 0	0	0	0
42	Depreciation, depletion, etc. (attach schedule) Schedule 3	42 33,236	23,628	9,608	0
43	Other expenses not covered above (itemize)				
a	Schedule 4	43a 341,243	261,191	-74,425	154,477
b		43b 0	0	0	0
c		43c 0	0	0	0
d		43d 0	0	0	0
e		43e 0	0	0	0
f		43f 0	0	0	0
g		43g 0	0	0	0
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,919,723	1,248,025	237,566	434,132

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 \$ 56,415, (ii) the amount allocated to Program services \$ 38,860, (iii) the amount allocated to Management and general \$ 5,442, and (iv) the amount allocated to Fundraising \$ 12,113

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	170,830	45	131,968
	46 Savings and temporary cash investments	493,950	46	363,817
	47 a Accounts receivable	47a 52,150		
	b Less: allowance for doubtful accounts	47b 0	47c 52,150	
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	48c 0	
	49 Grants receivable	200,719	49	319,185
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	51c 0	
	52 Inventories for sale or use	0	52	0
	53 Prepaid expenses and deferred charges	12,482	53	26,236
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55 a Investments—land, buildings, and equipment basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	55c 0	
56 Investments—other (attach schedule)	0	56	0	
57 a Land, buildings, and equipment: basis	57a 239,046			
b Less: accumulated depreciation (attach schedule) Schedule 3	57b 160,749	57c 84,184	78,297	
58 Other assets (describe <input type="checkbox"/> Deposits)	23,490	58	13,745	
59 Total assets (must equal line 74) Add lines 45 through 58	985,655	59	985,398	
Liabilities	60 Accounts payable and accrued expenses	41,317	60	92,360
	61 Grants payable	0	61	0
	62 Deferred revenue	0	62	10,725
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe <input type="checkbox"/>)	0	65	0
66 Total liabilities. Add lines 60 through 65	41,317	66	103,085	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	604,215	67	574,539
	68 Temporarily restricted	340,123	68	307,774
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	944,338	73	882,313
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	985,655	74	985,398	

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	1,857,698
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	1,857,698
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	0	
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12) Add lines c and d		e	1,857,698

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

a	Total expenses and losses per audited financial statements		a	1,919,723
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	0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	1,919,723
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	0	
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17) Add lines c and d		e	1,919,723

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 & deferred compensation plans	(E) Expense account and other allowances
Name Schedule 6 Str _____ City ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 18		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name None Str _____ City ST ZIP _____				
Name _____ Str _____ City ST ZIP _____				
Name _____ Str _____ City ST ZIP _____				
Name _____ Str _____ City ST ZIP _____				
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Name _____ Str _____ City ST ZIP _____				
Name _____ Str _____ City ST ZIP _____				
Name _____ Str _____ City ST ZIP _____				
Name _____ Str _____ City ST ZIP _____				

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 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	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a 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?	80a	X
b If "Yes," enter the name of the organization N/A _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures. (See line 81 instructions)	81a	0
b Did the organization file Form 1120-POL for this year?	81b	N/A

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
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)		
82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
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	N/A	
c	Dues, assessments, and similar amounts from members	85c N/A	
d	Section 162(e) lobbying and political expenditures	85d N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g N/A	
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?	85h N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b N/A	
88	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	88	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>		
b	501(c)(3) and 501(c)(4) orgs 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	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90 a	List the states with which a copy of this return is filed <u>California</u>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	26
91 a	The books are in care of <u>Name Robin Erickson</u> Telephone no <u>(510) 452-9261</u> Located at <u>350 Frank Ogawa Plaza #900</u> City <u>Oakland</u> ST <u>CA</u> ZIP + 4 <u>94612</u>		
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>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u> N/A		

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 Fees from canoe educational trips					119,354
b Fees for services					224,240
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	8,562	
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					
101 Net income or (loss) from special events			01	-11,854	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a Miscellaneous Receipts			01	1,441	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		-1,851	343,594
105 Total (add line 104, columns (B), (D), and (E))					341,743

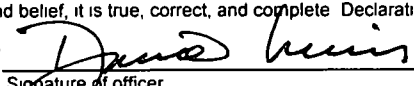
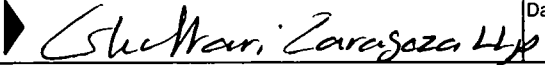
Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

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,b	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 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 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		4/30/07 Date	
Paid Preparer's Use Only	Type or print name and title			
	David Lewis, Executive Director			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	4/4/2007		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 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

2005

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
Felicia Madsen 350 Frank H. Ogawa Plaza, #900, Oakland, CA 94612	Deputy Director, Policy 40 hours/week	88,296	3,011	0
Eliza Fried 350 Frank H. Ogawa Plaza, #900, Oakland, CA 94612	Development Director 40 hours/week	77,182	4,226	0
Marilyn Latta 350 Frank H. Ogawa Plaza, #900, Oakland, CA 94612	Habitat Restoration Dir 40 hours/week	61,250	3,011	0
Total number of other employees paid over \$50,000 ►		0		

Part II-A 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
Mal Warwick & Associates 2550 Ninth Street, Suite 103, Berkeley, CA 94710	Membership and fundraising consultant	98,454
Total number of others receiving over \$50,000 for professional services ►		0

Part II-B 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 page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		
Total number of other contractors receiving over \$50,000 for other services ►		0

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

Schedule A (Form 990 or 990-EZ) 2005

(HTA)

Part III Statements About Activities (See page 2 of the 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 ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Schedule 6	X	
e Transfer of any part of its income or assets?		X
3 a 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.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,805,323	1,588,747	2,006,048	1,358,163	6,758,281
16 Membership fees received	0	0	0	291,806	291,806
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	159,985	138,958	108,946	76,818	484,707
18 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	5,854	8,987	9,271	15,104	39,216
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	1,971,162	1,736,692	2,124,265	1,741,891	7,574,010
24 Line 23 minus line 17	1,811,177	1,597,734	2,015,319	1,665,073	7,089,303
25 Enter 1% of line 23	19,712	17,367	21,243	17,419	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 141,786
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,018,468
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 7,089,303
d Add Amounts from column (e) for lines 18 39,216 19 0					26d 1,057,684
22 0 26b 1,018,468					26e 6,031,619
e Public support (line 26c minus line 26d total)					26f 85.08%
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				N/A
(2004) (2003) (2002) (2001)					
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					
(2004) (2003) (2002) (2001)					
c Add Amounts from column (e) for lines 15 0 16 0					27c 0
17 0 20 0 21 0					27d 0
d Add Line 27a total 0 and line 27b total 0					27e 0
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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					None

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
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?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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		

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—		
	If the amount on line 40 is—		
	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		
	The lobbying nontaxable amount is—		
	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		
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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

N/A

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

- 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 12 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, 2006
 Schedules Attached to 2005 Form 990

Schedule 1 - Part I, line 9 - Special event activities

	Blue 06
Gross receipts	61,902
Less contributions	(56,652)
Gross Revenue	5,250
Direct expenses	(17,104)
Net income	(11,854)

Schedule 2 - 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

Schedule 3 - 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	239,046	127,513	33,236	160,749

Schedule 4- Part II, line 43- Other Expenses

Description	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Intern stipends	7,650	5,400	0	2,250
Professional services	267,515	62,288	78,999	126,228
Insurance	26,634	0	26,634	0
Dues, publications and training	3,951	2,261	515	1,175
Events food, facilities	11,926	10,170	154	1,602
Promotion	10,016	10,016	0	0
Towing and other selling exper	1,408	0	0	1,408
Miscellaneous expenses	12,143	2,116	9,852	175
Shared cost allocation	0	168,940	(190,579)	21,639
Total other expense	341,243	261,191	(74,425)	154,477

Save San Francisco Bay Association
EIN: 94-6078420
Year Ended September 30, 2006
Schedules Attached to 2005 Form 990

Schedule 5 – Part III - Statement of Program Service Accomplishments

a. Restoration Campaigns – Save The Bay's Community-based Restoration Program continued to re-establish vital wetland habitat at key sites around the Bay, including former salt ponds in Hayward and Redwood City. To date, more than 40,000 volunteers have contributed 150,000 hours of volunteer service, grown and planted 100,000 native plants on the shoreline, and removed 200,000 pounds of non-native plants, trash and recyclables. These efforts won Save The Bay the Excellence in Restoration Award from the National Oceanic and Atmospheric Administration (NOAA) Restoration Center. We supported an ambitious habitat restoration plan for Bair Island in Redwood City and helped win its adoption by the U.S. Fish and Wildlife Service. We built public support for planned restoration of former Cargill salt ponds in the South Bay, including at prominent press and public events with leading policy-makers and stakeholders. We worked to ensure greater state funding for Bay restoration in a natural resources bond being prepared for voter consideration. Save The Bay is a leader in the Restore America's Estuaries coalition, which is working for federal action on estuary restoration nationwide.

Total expenses	\$574,250
Grants and allocations	\$4,500

b. 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. In the past year, we conducted educational canoe trips for more than 4,000 students and teachers (40% from low-income households), including major partnerships with selected school districts. Most participants also engaged in hands-on wetland restoration and stewardship activities at Save The Bay's shoreline restoration sites, and used our Watershed Education curriculum. Thousands of people accessed the Bay Classroom on our web site. Our Discover The Bay program continued to provide fun and inspiring adventures on the Bay to thousands of adult and family participants, and we offered customized trips for corporate and private groups. Save The Bay's Watershed Education and Restoration programs won the Friends of the San Francisco Estuary Outstanding Project Award.

Total expenses	\$363,555
Grants and allocations	\$0

c. Bay Protection - Save The Bay launched a Keep It Clean! campaign showing residents how to reduce Bay pollution from cities and neighborhoods – thousands of residents participated in our on-line survey and visited www.ikeepitclean.org. Working in partnership with local agencies and businesses, we collected 2000 mercury thermometers from Bay Area residents, preventing potential contamination of ten billion gallons of water. Save The Bay secured state funding for Bay Area counties to monitor Bay beaches for bacteria contamination, giving them the resources to implement a new state beach monitoring law we helped craft in 2004. 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.

Total expenses	\$208,198
Grants and allocations	\$0

d. 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 enhanced our web site and calendar of outings and volunteer events. Our presence in the regional news media increased, with significant print, radio and television coverage of our work on many issues, and our education and restoration programs. Membership in the organization grew by 1,000 households.

Total expenses	\$102,022
Grants and allocations	\$0

Save San Francisco Bay Association
 EIN: 94-6078420
 Year Ended September 30, 2006
 Schedules Attached to 2005 Form 990

Schedule 6 - 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
Jody London 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	President 2 hours/week	0	0	0
John Wise 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Vice President 0.5 hour/week	0	0	0
Bruce Beyaert 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Second Vice President 0.5 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
Donald Bartlow 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 0.5 hour/week	0	0	0
Carolyn Brown 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 0.5 hour/week	0	0	0
Curtis Buckley 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
John Carlstroem 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 0.5 hour/week	0	0	0
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

Save San Francisco Bay Association
 EIN: 94-6078420
 Year Ended September 30, 2006
 Schedules Attached to 2005 Form 990

Schedule 6 - 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
Sandy Linder 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
Stephen Thompson 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Director 0.5 hour/week	0	0	0
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
David Lewis 350 Frank Ogawa Plaza, Suite 900 Oakland, CA 94612	Executive Director 40 hours/ week	117,820	3,892	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. ☒ **X**
- 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.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	Save San Francisco Bay Association	94-6078420
	Number, street, and room or suite no. If a P.O. box, see instructions	
	350 Frank H. Ogawa Plaza, Ste. 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 5/15/2007 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 10/1/2005, and ending 9/30/2006

- 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.