

Form **990****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)

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2006**Open to Public
Inspection**

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

A For the 2006 calendar year, or tax year beginning 10/1/2006 , and ending 9/30/2007	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> 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) Room/suite 350 Frank Ogawa Plaza 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	
G Website: www.savesfbay.org	
J Organization type (check only one) <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 3,147,319	
H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(c) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number _____	
M Check <input type="checkbox"/> 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 the instructions)

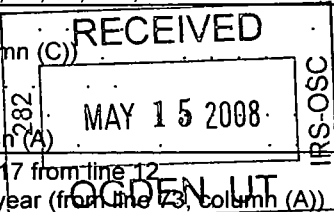
Expenses	1 Contributions, gifts, grants, and similar amounts received					
	a Contributions to donor advised funds	1a		0		
	b Direct public support (not included on line 1a)	1b		2,194,933		
	c Indirect public support (not included on line 1a)	1c		0		
	d Government contributions (grants) (not included on line 1a)	1d		406,949		
	e Total (add lines 1a through 1d) (cash \$ 2,601,882 noncash \$ 0)	1e			2,601,882	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			132,685	
	3 Membership dues and assessments	3			0	
	4 Interest on savings and temporary cash investments	4			37,179	
	5 Dividends and interest from securities	5			0	
	6a 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	
	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	b Less: cost or other basis and sales expenses	8a	0	0		
	c Gain or (loss) (attach schedule)	8b	0	0		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	0	0			
8d				0		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
a Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a		0			
b Less: direct expenses other than fundraising expenses	9b		0			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			0		
10a 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			375,573		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			3,147,319		
13 Program services (from line 44, column (B))	13			1,635,169		
14 Management and general (from line 44, column (C))	14			214,269		
15 Fundraising (from line 44, column (D))	15			369,331		
16 Payments to affiliates (attach schedule)	16			0		
17 Total expenses. Add lines 13 and 14, column (A)	17			2,218,769		
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			928,550		
19 Net assets or fund balances at beginning of year (from line 20, column (A))	19			882,313		
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			1,810,863		

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

Form **990** (2006)

(HTA)

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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 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 a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22 b Other grants and allocations (attach schedule) See Statement 1 (cash \$ <u>7,375</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 7,375	7,375		
23 Specific assistance to individuals (attach schedule)	23 0	0		
24 Benefits paid to or for members (attach schedule)	24 0	0		
25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a 122,841	107,358	6,367	9,116
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b 0	0	0	0
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b, and c	26 1,035,470	837,623	108,710	89,137
27 Pension plan contributions not included on lines 25a, b, and c	27 12,313	9,742	1,542	1,029
28 Employee benefits not included on lines 25a - 27	28 106,108	85,471	12,066	8,571
29 Payroll taxes	29 98,839	80,740	9,942	8,157
30 Professional fundraising fees	30 97,949	0	0	97,949
31 Accounting fees	31 0	0	0	0
32 Legal fees	32 0	0	0	0
33 Supplies	33 40,457	37,400	1,809	1,248
34 Telephone	34 15,922	13,572	1,553	797
35 Postage and shipping	35 60,921	13,722	544	46,655
36 Occupancy	36 95,379	76,069	11,605	7,705
37 Equipment rental and maintenance	37 0			
38 Printing and publications	38 138,845	48,609	1,439	88,797
39 Travel	39 50,086	49,771	86	229
40 Conferences, conventions, and meetings	40 0	0	0	0
41 Interest	41 0	0	0	0
42 Depreciation, depletion, etc. (attach schedule) See Stmt 2	42 33,706	31,732	1,186	788
43 Other expenses not covered above (itemize):				
a Insurance	43a 27,517	20,682	4,777	2,058
b Dues, licenses, service fees	43b 5,143	3,889	196	1,058
c Other professional services	43c 224,003	180,251	41,821	1,931
d Events, food, facilities	43d 16,630	16,469	28	133
e Promotion	43e 2,162	2,162	0	0
f Towing and other selling expenses	43f 3,153	0	0	3,153
g Miscellaneous	43g 23,950	12,532	10,598	820
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 2,218,769	1,635,169	214,269	369,331

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 \$ 56,748, (ii) the amount allocated to Program services \$ 40,973, (iii) the amount allocated to Management and general \$ 2,140, and (iv) the amount allocated to Fundraising \$ 13,635

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

What is the organization's primary exempt purpose? ► Natural resource conservation		Program Service Expenses
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)		(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a See Statement 3		
(Grants and allocations \$ 7,375) If this amount includes foreign grants, check here ► <input type="checkbox"/>		1,635,169
b		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
c		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
d		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
e Other program services (attach schedule)		
(Grants and allocations \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>		0
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		1,635,169

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	131,968	45	96,414
	46 Savings and temporary cash investments	363,817	46	1,103,980
	47 a Accounts receivable	47a 182,650		
	b Less: allowance for doubtful accounts	47b 0	52,150	47c 182,650
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	0	48c 0
	49 Grants receivable	319,185	49	364,588
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	50b	
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use	0	52	
	53 Prepaid expenses and deferred charges	26,236	53	46,992
	54 a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
55 a Investments—land, buildings, and equipment basis	55a 0			
b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0	
56 Investments—other (attach schedule)	0	56	0	
57 a Land, buildings, and equipment basis	57a 248,227			
b Less: accumulated depreciation (attach schedule) See Stmt 2	57b 181,362	78,297	57c 66,865	
58 Other assets, including program-related investments (describe <input checked="" type="checkbox"/> Deposits)	13,745	58	10,082	
59 Total assets (must equal line 74). Add lines 45 through 58	985,398	59	1,871,571	
Liabilities	60 Accounts payable and accrued expenses	92,360	60	55,418
	61 Grants payable	0	61	0
	62 Deferred revenue	10,725	62	5,290
	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	103,085	66	60,708	
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	574,539	67	1,189,863
	68 Temporarily restricted	307,774	68	621,000
	69 Permanently restricted	0	69	0
	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 and column (B) must equal line 21).	882,313	73	1,810,863	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	985,398	74	1,871,571	

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	3,341,879
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	194,560	
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4		b	194,560
c	Subtract line b from line a		c	3,147,319
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	3,147,319

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

a	Total expenses and losses per audited financial statements		a	2,413,329
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	194,560	
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	194,560
c	Subtract line b from line a		c	2,218,769
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	2,218,769

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 See Stmt 4 Str City ST ZIP	Title Hr/WK			0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
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Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A 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 the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	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 (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str				
City <u>ST</u> ZIP				
Name <u>N/A</u> Str				
City <u>ST</u> ZIP				
Name <u>N/A</u> Str				
City <u>ST</u> ZIP				
Name <u>N/A</u> Str				
City <u>ST</u> ZIP				
Name <u>N/A</u> Str				
City <u>ST</u> ZIP				
Name <u>N/A</u> Str				
City <u>ST</u> ZIP				
Name <u>N/A</u> Str				
City <u>ST</u> ZIP				
Name <u>N/A</u> Str				
City <u>ST</u> ZIP				

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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 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	X

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?	82a 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 194,560	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b N/A	
85 501(c)(4), (5), or (6) organizations. a	Were substantially all dues nondeductible by members?	85a 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.	85b 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 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a 501(c)(3) organizations. Enter:	Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0; section 4912 <input type="checkbox"/> 0; section 4955 <input type="checkbox"/> 0		
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	89c N/A	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	89d N/A	
e All organizations.	At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations.	Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds.	Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> CA		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b 30	
91 a	The books are in care of <input type="checkbox"/> Name The Organization Telephone no. <input type="checkbox"/> 510-452-9261 Located at <input type="checkbox"/> 350 Frank Ogawa Plaza, Ste 900 City Oakland ST CA ZIP + 4 <input type="checkbox"/> 94612		
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 <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

Part VI Other Information (continued)

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

91c

Yes

No

X

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

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

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

92 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 for service					132,685
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	37,179	
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Lawsuit settlements		0	01	375,175	0
b Miscellaneous		0	01	398	0
c		0		0	0
d		0		0	0
e		0		0	0
104 Subtotal (add columns (B), (D), and (E))		0		412,752	132,685
105 Total (add line 104, columns (B), (D), and (E))					545,437

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Fees received in exchange for educational canoe and kayak trips

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

X

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

Yes No

X

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

Part XI

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

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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	N/A			
b				
c				
Totals				0

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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	N/A			
b				
c				
Totals				0

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

Yes	No
	X

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: David Lewis Date: 5/6/08

Type or print name and title: David Lewis Exec. Dir.

Paid Preparer's Use Only

Preparer's signature: Crosby & Kaneda Date: 1/30/2008 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: Crosby & Kaneda, Certified Public Accountants EIN: 94-3243888

1611 Telegraph Ave. Suite 318 Oakland, CA 94612 Phone no: 510-835-2727

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.)

OMB No 1545-0047

2006

▶ **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 2 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 Ogawa Plaza, Ste 900 Oakland, CA 94612	Deputy Director for Policy 40	85,575	4,924	0
Andrea Geurts, 350 Frank Ogawa Plaza, Ste 900 Oakland, CA 94612	Deputy Director for CE 40	79,569	5,012	0
Marilyn Latta, 350 Frank Ogawa Plaza, Ste 900 Oakland, CA 94612	Habitat Restoration Director 40	67,240	4,807	0
Jessica Castelli, 350 Frank Ogawa Plaza, Ste 900 Oakland, CA 94612	Communication Manager 40	54,602	5,046	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 Marwick & Associates, 2550 Ninth St., Ste 103 Berkeley, CA 94710	Membership and fundraising consultant	100,868
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
None		
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) 2006

(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 ► \$ 5,436 (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)

1 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?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **See 990 Part V-A**

2d X

e Transfer of any part of its income or assets?

2e X

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

3a X

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

3b X

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

3c X

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

3d X

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

4a X

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

4b X

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

4c X

d Enter the total number of donor advised funds owned at the end of the tax year ► 0

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► 0

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

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

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,515,955	1,805,323	1,588,747	2,006,048	6,916,073
16 Membership fees received	0	0	0	0	0
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	331,740	159,985	138,958	108,946	739,629
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	8,562	5,854	8,987	9,271	32,674
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	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	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	1,441	0	0	0	1,441
23 Total of lines 15 through 22	1,857,698	1,971,162	1,736,692	2,124,265	7,689,817
24 Line 23 minus line 17	1,525,958	1,811,177	1,597,734	2,015,319	6,950,188
25 Enter 1% of line 23	18,577	19,712	17,367	21,243	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 139,004
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 703,956
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 6,950,188
d Add: Amounts from column (e) for lines 18 32,674 19 703,956					26d 738,071
e Public support (line 26c minus line 26d total)					26e 6,212,117
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 89.38%
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.				
(2005) 0 (2004) 0 (2003) 0 (2002) 0					
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.					
(2005) 0 (2004) 0 (2003) 0 (2002) 0					
c Add: Amounts from column (e) for lines 15 16 17 20					27c 0
d Add: Line 27a total and line 27b total					27d 0
e Public support (line 27c total minus line 27d total)					27e 0
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 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 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?	29	
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?	30	
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)	31	
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	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?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	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?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768)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)	0	0
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	0	5,436
38	Total lobbying expenditures (add lines 36 and 37)	0	5,436
39	Other exempt purpose expenditures	0	1,844,002
40	Total exempt purpose expenditures (add lines 38 and 39)	0	1,849,438
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		
41		0	242,472
42	Grassroots nontaxable amount (enter 25% of line 41)	0	60,618
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	0	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0	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 13 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount	242,472	0	0	0	242,472
46 Lobbying ceiling amount (150% of line 45(e))					363,708
47 Total lobbying expenditures	5,436	0	0	0	5,436
48 Grassroots nontaxable amount	60,618	0	0	0	60,618
49 Grassroots ceiling amount (150% of line 48(e))					90,927
50 Grassroots lobbying expenditures	0	0	0	0	0

Part VI-B Lobbying Activity by Nonelecting Public Charities(For reporting only by organizations that did not complete Part VI-A) (See page 13 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

Save San Francisco Bay Association

#94-6078420

Year Ended September 30, 2007

Statement 1

Form 990

Part II

Line 22b

Grants and allocations

Restore America's Estuaries
2020 N. 14th Street, Ste 210
Arlington, VA 22201
Granted: \$4,500 for restoration project

Friends of Redwood City
c/o Peggy Bruggman
330 Alden Street
Redwood City, CA 94063
Granted: \$2,500 for bay protection

Friends of the San Francisco Estuary
P.O. Box 791
Oakland, CA 94604
Granted: \$375 towards conference expenses

Save San Francisco Bay Association

#94-6078420

Year Ended September 30, 2007

Statement 2

Part II, Line 42

Part IV, Line 57b

Fixed Asset Schedule

Date of Purchase	Description	Cost	Depreciation Method	Accumulated depreciation, beginning of year	Current year depreciation	Accumulated Depreciation @ 9/30/2007	Net Book Value @ 9/30/07
08/01/01	1995 Ford Ranger-CBR	7,999	5 yrs/SL	7,999	-	7,999	-
09/01/01	Truck Top for 1995 Ford Rang	1,629	5 yrs/SL	1,629	-	1,629	-
05/07/02	First Choice Canopies (DIS)	1,542	5 yrs/SL	1,362	180	1,542	-
03/31/03	ESRI Mapping Software (In-kind)	22,980	5 yrs/SL	16,093	4,598	20,691	2,299
12/18/03	1 Dell-OptiPlex GX60 CBR	821	5 yrs/SL	452	164	616	205
02/23/04	1997 Ford F150XCAB-CBR	8,428	5 yrs/SL	4,354	1,686	6,040	2,388
04/16/04	Campquest-Blue Trucktop	1,552	5 yrs/SL	750	310	1,061	492
08/12/97	1997 Toyota Pickup-Inkind	22,095	5 yrs/SL	22,095	-	22,095	-
05/24/98	Trucktop 1997 Toyota Pickup-	1,696	5 yrs/SL	1,696	-	1,696	-
09/30/03	1998 Ford F150 XCAB-CIS	7,703	5 yrs/SL	4,622	1,541	6,162	1,541
11/20/03	Truck Top for 1998 Ford F150	1,500	5 yrs/SL	850	300	1,150	350
03/01/99	Long Ranger Canoe Trailer-CI	3,008	5 yrs/SL	3,008	-	3,008	-
05/16/00	2000 Ford F150-CIS	18,872	7 yrs/SL	16,634	2,238	18,872	-
06/01/00	Trucktop 2000 Ford F150	1,792	7 yrs/SL	1,549	243	1,792	-
12/01/00	Long Ranger Canoe Trailer-CI	3,008	5 yrs/SL	3,008	-	3,008	-
12/01/00	CA Canoes & Kayak - 8 Canoe	7,524	7 yrs/SL	6,190	1,075	7,264	260
03/19/03	CA Canoes & Kayak - 3 Canoe	2,598	7 yrs/SL	1,299	371	1,671	927
05/15/03	Fabncate 1 Canoe Trailer-CIS	4,449	5 yrs/SL	3,040	890	3,930	519
07/31/03	Single Kayak-(3) Used	2,343	7 yrs/SL	1,060	335	1,395	948
07/31/03	Grannett II's (6) double Kayak	3,594	7 yrs/SL	1,626	513	2,140	1,454
09/19/03	CA Canoes & Kayak - (11) Can	8,757	7 yrs/SL	3,753	1,251	5,004	3,753
08/12/04	Canoes(19) from CA Canoe &	15,910	5 yrs/SL	6,763	3,182	9,945	5,965
11/01/04	Canoe (1) In-kind from CCK	837	5 yrs/SL	335	167	502	335
01/12/06	Fabricate Custom Canoe Trail	6,471	5 yrs/SL	971	1,294	2,265	4,206
06/23/06	Canoes(13) from CA Canoe &	12,636	7 yrs/SL	451	1,805	2,256	10,379
10/23/06	1995 Toyota Pickup Truck	7,500	5 yrs/SL	-	1,375	1,375	6,125
02/23/07	Campershell for 1995 Toyota F	2,480	5 yrs/SL	-	289	289	2,191
11/01/95	Reception Desk	770	5 yrs/SL	770	-	770	-
02/01/96	HP Laser Printer 5MP	1,190	5 yrs/SL	1,190	-	1,190	-
02/01/99	1 HP 4000 Printer - Memb	1,156	5 yrs/SL	1,156	-	1,156	-
04/01/99	Panasonic Voicemail	3,683	5 yrs/SL	3,683	-	3,683	-
04/01/99	DSL Router/Modem	594	5 yrs/SL	594	-	594	-
07/01/99	NT -SBS Backoffice Software	1,867	5 yrs/SL	1,867	-	1,867	-
04/01/00	Dell Inspiron Laptop	2,790	5 yrs/SL	2,790	-	2,790	-
09/01/00	HP Pavilion, Camera, Printer(I	4,428	5 yrs/SL	4,428	-	4,428	-
09/01/01	Dell Precision 340-1 5 GHz/25	1,169	5 yrs/SL	1,169	-	1,169	-
09/01/01	Dell Precision 340-1 5 GHz/25	1,436	5 yrs/SL	1,436	-	1,436	-
12/01/01	Poweredge server 1400SC 93	1,265	5 yrs/SL	1,265	-	1,265	-
12/01/01	Dell-Optiplex GX240, p4, 1 5 C	1,056	5 yrs/SL	1,021	35	1,056	-
12/06/01	Dell Precision 340-1 70GHz/25	1,325	5 yrs/SL	1,281	44	1,325	-
05/01/02	Dell-Optiplex GX240, P4, 1 6 C	1,034	5 yrs/SL	913	121	1,034	-
05/01/02	Dell-Optiplex GX240, P4, 1 6 C	1,034	5 yrs/SL	913	121	1,034	-
06/17/02	CDW-Dantz Retrospect SRVR	478	5 yrs/SL	414	64	478	-
07/10/02	Metafile Info	6,496	5 yrs/SL	5,521	974	6,496	-
07/10/02	Metafile Info (Dis)	2,371	5 yrs/SL	2,015	355	2,371	-

09/08/02	Dell-40G External Travan 40 t:	504	5 yrs/SL	411	93	504	-
09/30/02	Dell Powervault 100G (in-kind)	2,000	5 yrs/SL	1,633	367	2,000	-
01/02/03	CDW - LP290 Projector	2,177	5 yrs/SL	1,633	435	2,069	108
01/03/03	Optiplex GX260, P4,2.4 (Kirk)	1,615	5 yrs/SL	1,211	323	1,534	81
03/02/03	Dell-Optiplex GX60T DL	913	5 yrs/SL	654	183	836	77
03/17/03	Dell-Lapton-Ispiron 1100 PR	1,516	5 yrs/SL	1,061	303	1,364	151
05/01/03	Non-profit Tech-MIP Software	3,889	5 yrs/SL	2,657	778	3,435	454
06/05/03	Dell-PowerEdge 600sc Svr	905	5 yrs/SL	603	181	784	121
09/21/03	2 Dell Dimension 2400 2.2 Gh:	1,217	5 yrs/SL	730	243	974	243
11/20/03	Broadway Photo-Digital Camer	770	3 yrs/SL	727	43	770	-
04/20/04	Panasonic PBX Phone box	5,374	5	2,598	1,075	3,672	1,702
05/14/04	Cooperative Digital-phone box	2,037	5	985	407	1,392	645
06/03/04	Dell-Optiplex 170L-AM	1,197	5	559	239	708	399
06/03/04	Dell-Optiplex 170L-FM	1,197	5	559	239	798	399
11/01/04	Dell Precision 371 Minitower	944	5	378	189	566	378
03/18/05	SB Tech-25 Office User lic.	652	5	196	130	326	326
09/08/06	(7) Dell 5150 Desktops	4,448	5	74	890	964	3,485
09/08/06	PowerEdge 1800 Server	3,795	5	63	759	822	2,973
12/31/07	FD100 Credit Card Machine	898	5		135	135	764
01/26/07	Projector	999	5		133	133	866
03/07/07	Dell Optiplex 320 -AH	660	3		128	128	532
03/17/07	Dell Optiplex 740 Minitower-Bs	1,576	3		263	263	1,314
05/08/07	(5) Dell Demension E520-DL,F	3,094	3		430	430	2,664
05/31/07	1 Dell Dimension E520-LW	619	3		69	69	550
06/19/07	Digital Medica Equipment	674	5		34	34	640
06/19/07	Digital Medica Equipment	1,590	5		80	80	1,511
09/13/07	Digital Medica Equipment	2,182	5		36	36	2,146

Furniture and equipment:	<u>261,319</u>	<u>160,749</u>	<u>33,706</u>	<u>194,455</u>	<u>66,864</u>
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Save San Francisco Bay Association

#94-6078420

Year Ended September 30, 2007

Statement 3

Form 990

Part III

Statement of Program Service Accomplishments

a. Restoration Campaigns – Save The Bay is working to re-establish 100,000 acres of restored tidal marsh habitat around San Francisco Bay through policy measures and a strong science-based program enlisting volunteers to revegetate key sites. We published *Greening the Bay Financing Wetland Restoration in San Francisco Bay*, a case statement to advance this goal. Our Community-based Restoration Program assists federal, state and local landowners of shoreline parcels to improve vital wetland habitat for endangered species, including former salt ponds in Hayward and Redwood City. We supported ambitious habitat restoration plans for Bair Island in Redwood City and the South Bay Salt Pond Project, and helped win their adoption by the U.S. Fish and Wildlife Service. We helped to secure greater state funding for Bay restoration in a natural resources bond that won statewide voter approval. Save The Bay is a leader in the Restore America's Estuaries coalition, which is working for federal action on estuary restoration nationwide.

Total expense	\$675,123
Grants and allocations	\$4,500

b. Watershed Education- Save the Bay's Canoes In Sloughs on-the-water education program works to educate the next generation of Bay stewards, helping them to learn about the Bay by experiencing it directly. 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.

Total expenses	\$355,364
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c. Bay Protection - Save The Bay's Keep It Clean! campaign shows residents how to reduce Bay pollution from cities and neighborhoods – hundreds of thousands of residents saw our pollution prevention advertisements and visited www.ikeepitclean.org. We alerted the entire Bay Area to the problem of trash clogging the Bay and its shoreline, and secured a commitment to significant trash reductions from a key regulatory agency. We won improved signage, bacteria monitoring and public sharing of information on beach health for Bay Area residents. 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	\$467,611
Grants and allocations	\$2,875

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 continue to enhance our web site and calendar of outings and volunteer events. Our presence in the regional news media is consistently high, with significant print, radio and television coverage of our work on many issues, and on our education and restoration programs. Membership in the organization continues to grow, now more than 10,000 households.

Total expenses	\$331,627
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Save San Francisco Bay Association

#94-6078420

Year Ended September 30, 2007

Statement 4

Form 990

Part V

List of Officers, Directors, Trustee, and Key Employees

	<u>Title and average</u> <u>hours per month</u>	<u>Compensation</u>	<u>Contributions to</u> <u>emp. Benefits</u>	<u>Expense</u> <u>Accounts</u>
Jody London	President 2 hours/week	0	0	0
John Wise	Vice President .5 hour/week	0	0	0
Bruce Beyaert	Second Vice President .5 hour/week	0	0	0
Michael Katz	Secretary/CFO .5 hour/week	0	0	0
Carolyn Brown	Director .5 hour/week	0	0	0
Curtis Buckley	Director .5 hour/week	0	0	0
John Carlestroem	Director .5 hour/week	0	0	0
Allison Geballe	Director .5 hour/week	0	0	0
Sylvia Gregory	Director .5 hour/week	0	0	0
Sandy Linder	Director .5 hour/week	0	0	0
Christopher Richard	Director .5 hour/week	0	0	0
Dirk Rosen	Director .5 hour/week	0	0	0
Stephen Thompson	Director .5 hour/week	0	0	0
Brian Dunn	Director .5 hour/week	0	0	0
David Lewis	Executive Director 45 hours/week	116,954	5,887	0

Address for all directors and officers is:
350 Frank Ogawa Plaza Suite 900
Oakland, CA 94612

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

▶ File a separate application for each return.

OMB No 1545-1709

- 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).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

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 Ogawa Plaza, Room No. 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 ▶ The Organization

Telephone No. ▶ 510-452-9261FAX No ▶ 510-452-9266

- 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 section 501(c) corporation required to file Form 990-T) extension of time until 5/15/2008 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 10/1/2006 and ending 9/30/2007

- 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.	3a	\$
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.	3b	\$
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.	3c	\$ 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. 4-2007)

(HTA)