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)

OMB No. 1545-0047

For the 2010 calendar	► The organization	n may have to use a copy of	this return to satisfy sta	ate reporting re	aurements.	67.3	Inspection
For the 2010 Calendar	year, or tax year begin		, 2010, and		9/30	7 2	. 2011
Check if applicable					D Employ	er iden	tification Number
change Sa	we the Bay				94-	6078	420
n IName change 14-3	30 Broadway #1	.800			E Telepho	ле пит	ber
Initial return Ua	kland, CA 9461	.2			510	-463	-6850
Terminated							
X Amended return					G Gross r	eceipts	s 2,899,636
	Name and address of principa	al officer David Le	wis		s this a group retur		iliates? Yes X N
	me As C Above				Are all affiliates incl f 'No,' attach a list.		tructions) Yes N
	501(c)(3) 501(c) () ◄ (insert no.)	4947(a)(1) or	527	i iio, blaci a iist.	(300 112	su uctions)
	savesfbay.org		······································	H(c) (Group exemption nu	mber •	-
	Corporation Trust	Association Other	L Year	of Formation.	1964 Ms	tate of	legal domicile CA
Part I Summary							
	the organization's missi	ion or most significant	activities: Save	The Ba	y protect	s <u>ar</u>	d_restores
g San Franci	sco Bay for peo	ople and wildl	<u>ife by re-es</u>	stablish	<u>ing tidal</u>	_ma_	rsh,
preventing	_development_ar	nd_till,_impro	ving_Bay_wat	er qual	ity,_and_	bui.	lding_an
2 Check this box	constituency_of	r_Bay_supporte	IS				
3 Number of voting	members of the gover	rning body (Part VI. lir	rations or disposed ne 1a)	or more in	an 25% of its	net as	sets. 1
4 Number of indep	endent voting members	s of the governing bod	y (Part VI, line 1b))		4	1
夏 5 Total number of i	indıviduals employed in	n calendar year 2010 (Part V, line 2a)			5	4
San Franci preventing effective 2 Check this box > 3 Number of voting 4 Number of indep 5 Total number of indep 6 Total number of indep	VOTATUTE UNI	necessary)				6	6,22
7 a Total diliciated b	USINGRECENTED F	Part VIII, column (C), I	line 12			7a	0
b Net unrelated bus	siness taxable income	from Form 990-1, line	34			7Ь	0
8 Contributions and	SEP 2 1 2016 grants (Part VIII, line	16\		ı 	Prior Year	67	Current Year
9 Program service	revenue (Part VIII, line	PEC	EIVED	·	3,487,2 76,9		2,885,093 550
8 Contributions and 9 Program service 10 Investment incom 11 Other revenue (P	revenue (Part VIII) Ce ne (Part VIII) CAMEN, Irr	A) lines 3 4 and 7d)	- O	· · · -	14,9		12,043
11 Other revenue (P	art VIII QGDEN, III	nes 5. 6d 3c. 9c/ 10c.	and 18916. 9		56,6		1,950
12 Total revenue -	add lines 8 through 11	(must equa Part VIII,	column (A), line	2)	3,635,7		2,899,636
13 Grants and simila	ar amounts paid (Part I	X, column (A), lines 1	-3)		4,5	00.	4,500
14 Benefits paid to d	or for members (Part IX	K, column (A), 🕡 🕼	<u>)EN, UI</u>	الم			
15 Salaries, other co	ompensation, employee	e benefits (Part IX, col	umn (A), lines 5-1	0)	1,771,9	39.	1,799,179
16a Professional fund	draising fees (Part IX, c	column (A), line 11e)			123,2	71.	73,483
b Total fundraising	expenses (Part IX, coli	umn (D), line 25) ►	660,	957.	SER AND ANGER AND	**. ž	The water than the same of the same of
.a.i	Part IX, column (A), lir	• • • • • •			917,1	52	1,071,104
	Add lines 13-17 (must e	•		,	2,816,8		2,948,266
•	penses. Subtract line 18	•	• • •		818,9		-48,630
8 8			, 		inning of Curren	$\overline{}$	End of Year
20 Total assets (Par 21 Total liabilities (P	t X, line 16)			.,	3,245,6		3,303,763
21 Total liabilities (P	Part X, line 26)				157,0	81.	263,865
22 Net assets or fun	d balances. Subtract lir	ne 21 from line 20			3,088,5	28.	3,039,898
Part II Signature E	Block						
Under penalties of penury, I declare complete Declaration of preparer (that I have examined this retu	urn, including accompanying s	schedules and statement	s, and to the be	st of my knowledge	and bel	ief, it is true, correct, and
complete Lieciaration o f prepare r (*	other than officer) is based on	all information of which prepa	irer has any knowledge.				
		<u> </u>	·		18-11-	16	
		•	~ `		Date		
Sign Signature of	officer	- F.	(~				
Sign Signature of	David Lewi	is Exec.	. D.C				
Sign Signature of Type or print	David Lewi name and title.						DTIN
Signature of Signature of Type or print Print/Type prepar	David Lewi name and title.	Preparer's signature	Dat	e	Check	J."	PTIN
Sign Signature of Type or print Print/Type prepar	David Lewi name and title.			e	Check self-employe	J."	PTIN
Signature of Signature of Type or print Print/Type prepar Paid Preparer Firm's name	David Lewi name and title.			9	self-employe	d	PTIN
Sign Signature of Type or print Print/Type prepar	David Lewi name and title.			е	self-employe	d	PTIN
Signature of Signature of Type or print Print/Type prepar Paid Preparer Firm's name	name and title. er's name	Preparer's signature	Dat	ė	self-employe	d	PTIN Yes No

For	m 990 (2010) Save the Bay	94-6078420	Page 2
Pa	ralli Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	Save the Bay protects and restores San Francisco Bay for people	and wildlife.	
2	Did the organization undertake any significant program services during the year which were not listed o	in the prior	
~	Form 990 or 990-EZ?		X No
	If 'Yes.' describe these new services on Schedule O.	les	X No
_			
3	g, and any program to	ervices? X Yes	No
_	If 'Yes,' describe these changes on Schedule O. See Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are expenses, and revenue, if any, for each program service reported.	es by expenses. Section and allocations to others,	501(c)(3) the total
4:	a (Code: \$\ 849,377. including grants of \$\ 4,500.) (F	Revenue \$	550.)
	See Schedule 0		
	pee penedate o		
	(Code: (Code: \$ 629,978. including grants of \$) (R	Davidania &	
41			
	See Schedule 0		
	100 000		
4 c	(Code: 430, 379. including grants of \$) (Recode: 430, 379.		
	See Schedule 0		
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4.	Total program contice expenses > 1 909 734		

Form 990 (2010) Save the Bay
Part IV | Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Díd the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? / 'Yes,' complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		!	
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11a	х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		<u>x</u>
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>x</u> _
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	\dashv	<u>X</u> _
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		<u> </u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15	-	<u>x</u> _
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16	\dashv	<u>x</u> _
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	х	
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		<u>x</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		<u>x</u> _
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

94-6078420 Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II...... 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25. X 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d 25a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.... 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III. 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV ... 28a X b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X Schedule L, Part IV. 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M........... 29 X 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L..... 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If 'Yes,' complete Schedule R, Part I...... 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.

Х

X

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37

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Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.....

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

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

Form 990 (2010) Save the Bay 94-6078420)	P	'age
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V	 .		. Г
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	i		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	10	x	i
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 44			i
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		- 1	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> X</u>
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь		
4a 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)?	4a		Х
b If 'Yes,' enter the name of the foreign country: >	T i		
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5Ъ		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
Co Door the avanization have annual assessment that are assessed that are assessed to the second of			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 L		
7 Organizations that may receive deductible contributions under section 170(c).	6Ь	-	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	}		
services provided to the payor?	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
Form 8282?	7c		<u>X</u>
d If 'Yes,' indicate the number of Forms 8282 filed during the year	İ	ŀ	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a co⊓tribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h	х	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	- 		
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.		Ī	
a Did the organization make any taxable distributions under section 4966?	9a	ļ	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12		- 1	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	- 1	ı	
11 Section 501(c)(12) organizations. Enter:	- 1	- [
a Gross income from members or shareholders	- 1		
		- 1	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	- 1		
	12a		
b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	T	T	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	- [- 1	
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.	Ţ	T	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	1	1	
	14a		X

	m 990 (2010) Save the Bay 94-60/8420		<u>_</u> _	'age
<u>P</u> a	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chair Schedule O. See instructions.	nges	in	
~_	Check if Schedule O contains a response to any question in this Part VI.			. X
<u>Se</u>	ction A. Governing Body and Management			
			Yes	No
	a Enter the number of voting members of the governing body at the end of the tax year 1a 15	-	Ĭ	1
	b Enter the number of voting members included in line 1a, above, who are independent 1b 15	j		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
	Did the organization make any significant changes to its governing documents	4		Х
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Does the organization have members or stockholders?	6		X
7	a Does the organization have members, stockholders, or other persons who may elect one or more members of the			
•	governing body?	7a		_X
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
o	the following:			
	a The governing body?	8a	х	
	b Each committee with authority to act on behalf of the governing body?	8b	X	
	• • • • • • • • • • • • • • • • • • • •	1		
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10	a Does the organization have local chapters, branches, or affiliates?	10a		X
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11:	a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
- 1	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
1	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
(Coboos the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is doneSee. Schedule O		Ψ,	
		12c	X	
	Does the organization have a written whistleblower policy?	13	- <u>X</u>	
	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official. See. Schedule.Q	15a	<u> </u>	
ı	Other officers of key employees of the organizationSee .Schedule .O	15 b	<u> </u>	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		- 1	
16:	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
ı	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its		\neg	
	of Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the		l	
c -	organization's exempt status with respect to such arrangements?	16b		
_				
17	List the states with which a copy of this Form 990 is required to be filed ► <u>CA</u>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) as inspection, (adjuste how you make those available. Check all that apply	ailable	e for p	ublic
	inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest polistatements available to the public. See Schedule O			ncial
	State the name, physical address, and telephone number of the person who possesses the books and records of the orgatic Robin Erickson 1330 Broadway, Ste 1800 Oakland CA 94612 510-463-6580	ınizatı	on: 	
	,			

Form 990	(2010)	Save	the	Bay	7
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Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check of Schedule O contains a response to any question in this Part VII.....

ction A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	on nor any	relate	ed or	gan	ızat	ion co	mpe	ensated any current of	officer, director, or trus	itee.
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Position (check all that apply) Highest compensaled employee Orficer Orficer Institutional trustee		Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
(1) Michael Katz	 	-	Ľ			ted.	L			
Board Chair	З 3	٠.	1 1	Ţ,				•		
(2) Michael Gallagher	3 -	Х	Н	Х		<u> </u>		0.	0.	0.
Vice Chair	1 4	X		X						•
(3) Sandy Linder		 ^	├-┤	-	-		\vdash	0.	0.	0.
Vice Chair	1 2	x		х						
(4) Brian Dunn	 	^	$\vdash \vdash$	^	_		<u> </u>	0.	0.	0.
Vice Chair	2	Х		х				0.	0.	^
(5) Allison Geballe	 	├ ^	\vdash	^				<u>U.</u>	<u>U.</u>	0.
Director	1 2	l _x i	1 1	- 1				0.	0.	0
(6) Wade Crowfoot		<u> </u>	\vdash	\dashv				<u> </u>	U.	0.
Director	1	x			- 1			0.1	0.	0.
(7) Curtis Buckley			\vdash	_	\neg			0.		
Director	1	x	1					0.	0.	0.
(8) Stephen Thompson	1	1		\dashv	-			0.	0.	<u> </u>
Director	1 1 .	х		İ	ľ			0.	0.	0.
(9) Christopher Richard			\dashv	寸	一			<u>~.</u>		
Director	1 1	x		-				0.	0.	0.
(10) Maureen Reilly				\neg	コ	1			- 0.	
Director	2	х			ı			o.l	0.	0.
(11) Sinclair White				\neg	寸		\neg			
Director	1 1	x					i	0.1	0.	0.
(12) Michael Dreyfus						j				
Director	1 0	x			ŀ	ł		0.	0.	0.
(13) John Wise			\exists	7	ヿ゙		一			
Director] 1	Х					Ì	0.	0.	0.
(14) Donnie Fowler					T					
Director	_ 1	Х							0.	0.
(15) Gautam Barua					П			-		
Director	11	<u>x</u>						0.	0.	0.
J6) David Lewis]	Ţ	T	T	T		T			
Executive Direc	41	l		x				124,974.	0.	6,262.
(17) Robin Erickson			T	T	T		\neg			
Sec / Treasurer	33			X				55,818.	0.	5,469.
BAA		TI	EEA0	107L	12/	21/10				Form 990 (2010)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)										
(A)	(B)	(B) (c)		(D)	Œ)	(F)				
Name and trile	Average hours	erage Position			n (check all that apply			Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week (describe hours for related organi- zations in Sch O)	양선	h _{stit}	Officer	€	Highest compens	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	hours for related	recto	ttor	đ	夏	ost c	훀	(2 14332,	(11 = 1333 11113 2)	organization and related
	organı- zations	* E	aal tr		Q Q	dung	ł			organizations
	Sch O)	l es	uste	ŀ	"	ESIE				
						g				
<u></u>		-		-	-	┝╌				
(19)		Н			\vdash	Н				
226		1			i 1					
(20)				-		П				
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(21)										
(22)										
(23)			1	i			ı			
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(24)			- (
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(25)										
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(26)										
MTD.			┥		-	(
(27)			ļ							
(28)	-	\dashv	Ť	-	-					
_(28)			ı							
(29)		\exists	\neg	\dashv						
<u></u>										
1b Sub-total	, ,						F	180,792.	0.	11,731.
c Total from continuation sheets to Part VII, Section A							▶	0.	0.	0.
d Total (add lines 1b and 1c)								180,792.	0.	11,731.
2 Total number of individuals (including but not limited	to thos	se lis	ted	abo	ve)	who	rec	ceived more than	\$100,000 in reporta	ble compensation
from the organization > 1										
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	еу е	emp	loye	e, o	r hi	ghest compensate	d employee	
· · ·										3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	ortable	CON	per	ısatı	on a	and	othe	er compensation f	rom	
such individual								······································		4 X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' or	mpensa	ation	fro	m a	пуι	ınre	late	d organization or i	ndividual	
	omplete	Scl	iedu	ıle J	for	SUC	h pe	erson	· · · · · · · · · · · · · · · · · · ·	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	d inden	end	ont.	cont	rac	tore	that	t received more th	an \$100 000 of	
compensation from the organization.	u macp	,cnu	em.	COII	uac	1013	ша	Teceived insie al	an \$100,000 or	
, (A)								(B) Description o		(C)
Name and business address							_	Description o	services	Compensation
Mal Warwick 2550 Nonth St, Ste 103 Berkeley,		_					_	Direct Mail		296,874.
Jackson River LLC 2535 13th St NW #005 Washin	gton,	DC	200	09				Consulting		184,894.
							_			
							_	····		
							-			
7. Total number of independent contractors (collection)		lime to				12- 1		L	al mana Abrir	
2 Total number of independent contractors (including t		umit	ea t	o the	ose	∥Ste	eo a	DOVE) WITO receive	a more than	
\$100,000 in compensation from the organization					_				l	

	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
GIFTS, GRANTS	1a Federated campaigns 1a 18,513. b Membership dues. 1b 1,309,516. c Fundraising events. 1c d Related organizations. 1d				0.2, 0.0, 0.0, 1.
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	e Government grants (contributions) 1e 308,503. 1 All other contributions, gifts, grants, and similar amounts not included above 1f 1,248,561. 9 Noncash contributions included in Ins 1a-1f: \$ 38,634.	0.005.000		14 15	
VENUE	h Total. Add lines 1a-1f Business Code 2a Fees for service	2,885,093. 550.	550.		-
MCE RE	b				
ZAM SER	de				
PROGI		550.			
	 Investment income (including dividends, interest and other similar amounts)	12,043.			12,043.
	(i) Real (ii) Personal 6a Gross Rents b Less: rental expenses. c Rental income or (loss)				
	d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory.				
	b Less: cost or other basis and sales expenses				
REVENUE	d Net gain or (loss)				
OTHER REV	b Less: direct expenses b c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19			-	
	b Less direct expenses b c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11a Miscellaneous b	1,950.			1,950.
	d All other revenue	1.050			
	e Total. Add lines 11a-11d	1,950. 2,899,636.	550.	0.	13,993.

Form 990 (2010) Save the Bay Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

_	An unier organizations must comp	(A)	(B)	(C)	(D)
Dо 6Ь,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	and organizations in the U.S. See Part IV,	4,500.	4,500.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	•	, , , , , , , , , , , , , , , , , , , ,		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4					
5	Compensation of current officers, directors, trustees, and key employees	211,176.	103,534.	80,174.	27,468.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,337,071.	931,528.	128,928.	276,615.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,547.	10,271.	1,236.	3,040.
9			77,878.	12,014.	23,000.
10	Payroll taxes	123,493.	82,777.	16,387.	24,329.
	Fees for services (non-employees):				~=,025.
	Management			[
	Legal		10,848.	967.	461.
	: Accounting	37,676.		37,676.	
	i Lobbying				
	Professional fundraising services. See Part IV, line 17	73,483.			<u>73,483.</u>
	Investment management fees				
	1 Other	334,302.	229,834.	29,158.	75,310.
12			10,627.	15 607	51.
13 14	Office expenses	142,767. 131,978.	87,056. 89,226.	15,627. 27,901.	40,084.
15	Royalties	131,970.	03,220.	21,301.	14,851.
16	Occupancy.	120,513.	80,359.	16,947.	23,207.
17	Travel	43,480.	41,082.	383.	2,015.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		_==, 562.		
19	Conferences, conventions, and meetings	11,476.	5,527.	2,730.	3,219.
20	Interest				
21	Payments to affiliates	04.000	00.000		<u> </u>
	Depreciation, depletion, and amortization	24,982.	20,339.	1,960.	2,683.
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)	14,706.	9,846.	3,211.	1,649.
2	Printing and Publications	145,349.	86,793.	887.	57,669.
b	Miscellaneous	28,282.	18,504.	1,263.	8,515.
d	Dues, license and service fees	12,639.	9,205.	126.	3,308.
e					
	All other expenses	2 040 200	1 000 724	277	CC0 057
	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ► X if following	2,948,266.	1,909,734.	377,575.	660,957.
	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	_			
BAA					Form 990 (2010)

Pa		Salance Sneet	(A) Beginning of year		(B) End of year
丁	1	Cash — non-interest-bearing	401,252.	1	212,501.
Ų	2	Savings and temporary cash investments	2,132,868.	2	1,782,356.
	3	Pledges and grants receivable, net	420,000.	3	485,750.
	4	Accounts receivable, net	171,762.	4	146,502.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).		6	
A	7	Notes and loans receivable, net		7	
A S E T S	8	Inventories for sale or use		8	
Ī	9	Prepaid expenses and deferred charges.	50,813.	9	167,009.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
- 1	ь	Less: accumulated depreciation	56,516.	10c	130,536.
	11	Investments — publicly traded securities.		11	362,175.
	12	Investments — other securities. See Part (V, line 11		12	302,173.
1	13	Investments – program-related. See Part IV, line 11.		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11.	12,398.	15	16,934.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,245,609.	16	3,303,763.
\dashv	10 17	Accounts payable and accrued expenses.	157.081.	17	160,358.
1	18	Grants payable		18	100,336.
	19	Deferred revenue.		19	103,507.
ᅵ	20	Tax-exempt bond liabilities.	 -	20	103,307.
4	20 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
î i		- · · · · · · · · · · · · · · · · · · ·			
1	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
FI	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	-
	26	Total liabilities. Add lines 17 through 25	157,081.	26	263,865.
N		Organizations that follow SFAS 117, check here X and complete lines			
Ĕ		27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets.	2,712,251.	27	2,644,823.
Š		Temporarily restricted net assets	376,277.		395,075.
Š	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here			
		lines 30 through 34.	İ	ł	
DZC+	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
የነ	32	Retained earnings, endowment, accumulated income, or other funds		32	
e I	-				
- AZCHN	33	Total net assets or fund balances	3,088,528.	33	3,039,898.

BAA Form 990 (2010)

	<u>-607842</u> 0	1	Pa	age 12
Part XI Reconciliation of Net Assets		·		
Check of Schedule O contains a response to any question in this Part XI				<u>. D</u>
•				
1 Total revenue (must equal Part VIII, column (A), line 12)				<u> 536.</u>
2 Total expenses (must equal Part IX, column (A), line 25)		2,9		
3 Revenue less expenses. Subtract line 2 from line 1	3			<u> 30.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	3,0	88 <u>,</u> 5	<u> 528.</u>
5 Other changes in net assets or fund balances (explain in Schedule O)	. 5			0.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).	6	3,03	39,8	398.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				. 🏻
		_	Yes	
1 Accounting method used to prepare the Form 990: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	- 1	X
b Were the organization's financial statements audited by an independent accountant?			\mathbf{x}	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	the audit	2c	x	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss separate basis, consolidated basis, or both:	ued on a			
X Separate basis Consolidated basis Both consolidated and separate basis			-	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the record audits, explain why in Schedule O and describe any steps taken to undergo such audits	uired audit	3b		
AA		Form	990 (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2010

Open to Public Inspection

Employer identification number

	the Bay	<u></u>							<u>07</u> 842			
Part			(All organizations) See i	nstruc	tions		
	rganization is not a priva		=	-		-	-					
1			ciation of churches des		n sectio	n 1 70 (b)	X1XAXI)).				
2			Xii). (Attach Schedule									
3			ce organization describ									
4			f in conjunction with a l	hospital	describe	ed in se	ction 17	о(ъ)(п)(A)(iii). Ei	nter the ho	spital's	
5	name, city, and state		of a college or universit									
_	<mark>— 170(b)(1)(A)(iv).</mark> (Со	mplete Part II.)		_	•	-	•	mnenta	ii uriit de	scribed in	Section	
6 7	X An organization that		overnmental unit descr substantial part of its s of II)					t or fror	n the ge	neral public	c describe	d
8			70(b)(1)(A)(vi). (Comple	ete Part	11.5							
9	=) more than 33-1/3% o			m contri	hutions	membe	ershin fe	es and are	nss recein'	łc
- 1	from activities relate investment income a June 30, 1975. See	d to its exempt functi and unrelated busines section 509(a)(2). (Co	ions — subject to certai is taxable income (less implete Part III.)	n excep section	tions, ar 511 tax	nd (2) no) from b	more i usiness	than 33- es acqu	1/3% of ired by t	its support the organiza	from gros	55
70	An organization orga	nized and operated o	exclusively to test for p	ublic saf	ety. See	e section	n 5 09(a)	(4).				
11	more publicly support describes the type of	anized and operated e rted organizations de f supporting organiza	exclusively for the bene scribed in section 509(a tion and complete lines	fit of, to a)(1) or : i 11e thr	perforn section ! ough 11	n the fur 509(a)(2 h.	nctions o	of, or ca section	rry out t 5 09(a)(3)	he purpose). Check th	s of one one that	r t
	aType i	b Type II	c 🗌 Type II		-	_			d 🗌	Type III -		
e	By checking this box other than foundation section 509(a)(2).	 I certify that the org n managers and othe 	anization is not control r than one or more pub	lled direct plicly sup	ctly or in oported	idirectly organiza	by one itions de	or more escribed	disqual in secti	ified persoi on 509(a)(1	ns I) or	
f	If the organization re	eceived a written dete	rmination from the IRS	that is	a Type I	, Type I	or Typ	e III sup	porting	organizatio	n, [٦
g			ion accepted any gift of		oution fr	om any	of the fo	ollowing	persons	;?		_
											Yes No	_
	(i) A person who obelow, the gove	directly or indirectly c erning body of the su	ontrols, either alone or pported organization?	togethe	r with pe	ersons c	lescribe	d ın (ii)	and (iii)	11 g (i)		
	(ii) A family memb	er of a person descri	bed in (i) above?							. 11g (ii)		
	(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?				. .		. 11g (iii)		_
<u> </u>	Provide the following	information about th	e supported organization	on(s).								_
	(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	column (is the ration in in income	(v) Did y the organ colum your st	ou notify szation in n (1) of apport?	organiz colur	s the ation in (1) ed in the 3.?	(vii) Amour	nt of support	
	<u>-</u>			Yes	No	Yes	No	Yes	No			_
	_		[]							
(A)												
<u>(B)</u>				ļ	<u> </u>							_
(C)												_
	-											
<u>(D)</u>					_							_
<u>(E)</u>												_
Total				ŀ								

Schedule A (Form 990 or 990-EZ) 2010 Save the Bay 94-6078420 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

<u>ie</u>	ction A. Public Support		T.				
beg	endar year (or fiscal year inning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(1) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	2,601,882.	3,333,750.	2,456,103.	3,487,267.	2,885,903.	14,764,905.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalt	_			•		0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,601,882.	3,333,750.	2,456,103.	3,487,267.	2,885,903.	14,764,905.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,676,053.
	Public support. Subtract line 5 from line 4						13,088,852.
Sec	tion B. Total Support						
Cale beg	ndar year (or fiscal year inning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	2,601,882.	3,333,750.	2,456,103.	3,487,267.	2,885,903.	14,764,905.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,179.	56,427.	35,196.	14,908.	12,043.	155,753.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		·	-			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). See . Part IV	375,573.	-40,679.	-10,994.	56,612.	1,950.	382,462.
11	Total support. Add lines 7 through 10						15,303,120.
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	380,619.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	r fifth tax year as	a section 501(c)(3	3) ▶ □
	tion C. Computation of Put	olic Support P	ercentage				
	Public support percentage for 20						85.5%
	Public support percentage from 2					<u></u>	84.7%
	a 33-1/3% support test — 2010. If the and stop here. The organization	qualities as a pub	licly supported or	ganization		•••••	► X
ŧ	b 33-1/3% support test — 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.						
	10%-facts-and-circumstances ter or more, and if the organization in the organization meets the 'facts'	neets the fracts-a -and-circumstance	nd-circumstances es' test. The orga	' test, check this a nization qualifies	box and stop hen as a publicly supp	e. Explain in Part orted organization	IV how n ►
t	o 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	st - 2009. If the oneets the 'facts-a l-circumstances'	rganization did nondecircumstances test. The organization	ot check a box on 'test, check this lation qualifies as	line 13, 16a, 16b box and stop hen a publicly support	, or 17a, and line • Explain in Part ed organization.	15 is 10% IV how the ► □
18 3AA		ation did not che	ck a box on line 1	3, 16a, 16b, 17a,			tructions ► 0 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Save the Bay Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support							
	ndar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201	0	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge				`	-		
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
ĺ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support	-						
Caler	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010		(f) Total
10:	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
	Total support. (Add ins 9, 10c, 11, and 12.)							
	First five years. If the Form 990 organization, check this box and			d, third, fourth, o	r fifth tax year as	a section 50)1(c)(3)▶∏
	tion C. Computation of Pul							
	Public support percentage for 20	•	•			-	15	
	Public support percentage from 2						16	<u> </u>
	tion D. Computation of Inv					- т		
17	•		* * *	-			17	
18							18	<u> </u>
	33-1/3% support tests — 2010. If is not more than 33-1/3%, check							
t	33-1/3% support tests — 2009. If line 18 is not more than 33-1/3%							
20	Private foundation. If the organization	zation did not che	ck a box on line 1	4, 19a, or 19b, c	heck this box and	see instruct	ions	▶∏

Schedule .	A (Form 990 or 990	<u>-EZ) 2010 Sa</u>	<u>ve the Ba</u>	<u>y </u>			94-60784	20 <u> </u>	_ Page 4
Part IV	Supplemental Part II, line 17 (See instruction	Information. a or 17b: and	Complete to Part III, lin	his part to per 12. Also	provide the e complete this	explanations re s part for any a	quired by Par additional info	t II, line 1 rmation.	0;
<u>Add</u>	itional Explanat	ion of Other	Income	-					
See	Part IV Att	achment.							
									
				·					
							-		
			~						
								 -	

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• 5	Section 501(c)(4), (5), or (6) o	organizations Complete Part III.			
Name	of organization			Employer identific	ation number
	ve the Bay			94-607842	
Pai	rt I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organi	zation.
1	Provide a description of the	organization's direct and indirect political of	campaign activities in	Part IV	
2	Political expenditures			► \$	
3	Volunteer hours				
Pai	rt I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955	> \$	0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	► \$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
	o If 'Yes,' describe in Part IV.				
Par	rt I-C Complete if the o	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3)	•
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	on activities.	
. 2	Enter the amount of the filin	g organization's funds contributed to other	organizations for sec	ction 527 exempt	
	function activities		J	► \$	
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2 Enter here and	on Form 1120-POL,	► \$;
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contributi	and employer identification number (EIN) s. For each organization listed, enter the a ions received that were promptly and direc al action committee (PAC) If additional spa	mount paid from the the	filing organization's fun- arate political organizat	ds. Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing	(e) Amount of political
	.,	,,	.,-	organization's funds If none, enter-0-	contributions received and promptly and directly delivered to a separate
					I political organization
					If none, enter 0-
(1)					
<u> </u>					
(2)					
(3)					
(4)					
(5)					
<i>(6)</i>				- "-	
(6)				I	I

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 201	O Save the Ba	<u>y</u>		94-6078	
		n is exempt under se	ction 501(c)(3) and	filed Form 5768 (ele	ection under
section 501(· · · · · · · · · · · · · · · · · · ·				
. -	5 5	ongs to an affiliated group	-tD		
B Check ► If the filing		cked box A and 'limited co	ntroi provisions apply.	23.51	a> \(\(\) \(\) \(\)
(The term		ing Expenditures ns amounts paid or incurr	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendition	ures to influence pu	blic opinion (grass roots lo	bbying)	2,904.	
b Total lobbying expendition	ures to influence a l	egislative body (direct lobb	oying)	7,148.	
c Total lobbying expenditi	· ·	nd 1b)		10,052.	<u></u>
d Other exempt purpose e	•			2,277,257.	
e Total exempt purpose e	expenditures (add lir	nes 1c and 1d)		2,287,309.	<u> </u>
f Lobbying nontaxable an both columns	nount. Enter the am	ount from the following tal	ble in	264,365.	
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable a	mount is.		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000	}	
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable a	• •	•		66,091.	<u> </u>
h Subtract line 1g from lir		•		0.	0.
i Subtract line 1f from lin	e 1c If zero or less	, enter -0-		0.	<u> </u>
j If there is an amount of section 4911 tax for this		ther line 1h or line 1i, did t	he organization file Fori	m 4720 reporting	Yes No
(Som	e organizations tha	4-Year Averaging Period L t made a section 501(h) el	Inder Section 501(h)	omplete all of the five	
	column	s below. See the instruction	ons for lines 2a through	1 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	282,43	1. 262,711.	267,097.	264,365.	1,076,604.
b Lobbying ceiling amount (150% of line 2a, column (e))		,			1,614,906.
c Total lobbying expenditures	309,47	2. 141,069.	9,059.	10,052.	469,652.
d Grassroots nontaxable amount	70,60	8. 65,678.	66,774.	66,091.	269,151.
e Grassroots ceiling amount (150% of line 2d, column (e))					403,727.

f Grassroots lobbying expenditures

BAA

2,904. 4,819. Schedule **C** (Form 990 or 990-EZ) 2010

1,915.

(election under section 501(h)). Yes 1 During the year, did the filing organization attempt to influence foreign, 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 1c through 1i)? 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 similar means? I Other activities? If 'Yes,' describe in Part IV.	(a)	Ai	(b) nount	
1 During the year, did the filing organization attempt to influence foreign, 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 1c through 1i)? 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 similar means? i Other activities? If 'Yes,' describe in Part IV.	s No	Ai		
through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 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 similar means? i Other activities? If 'Yes,' describe in Part IV				
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 similar means? i Other activities? If 'Yes,' describe in Part IV.				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912.				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) section 501(c)(6).), or 			
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? 		2	Yes	No
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Part III is answered 'Yes.'). or	-	. k	
1 Dues, assessments and similar amounts from members	. 1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a Current year. b Carryover from last year. c Total	2a 2b 2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5 Taxable amount of lobbying and political expenditures (see instructions)	5	_	_	
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part I-S, complete this part for any additional information.	rt II-B, I	line 1i.		

Schedule C (Form 990 or 990-EZ) 2010 Save The Bay	94-6078420	Page 4
Part IV Supplemental Information (continued)		
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SCHEDULE D (Form 990)

Department of the Treasury nternal Revenue Service
Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions. OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

Sa	re the Bay	94-6078420
Pa		
	the organization answered 'Yes' to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	<u></u>
5	Did the organization inform all donors and donor advisors in writing that the assets held in clauds are the organization's property, subject to the organization's exclusive legal control?	lonor advised Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur used only for charitable purposes and not for the benefit of the donor or donor advisor, or for purpose conferring impermissible private benefit?	ads can be or any other
Pai	t II Conservation Easements. Complete if the organization answered 'Yes	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of an historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in last day of the tax year.	the form of a conservation easement on the
		Held at the End of the Tax Year
ě	Total number of conservation easements	<u>2a</u>
	Total acreage restricted by conservation easements	
•	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a histo structure listed in the National Register	<u>2d</u>
3	Number of conservation easements modified, transferred, released, extinguished, or terminatax year ►	ated by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, ha and enforcement of the conservation easements it holds?	indling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation eas	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easemer ▶\$	nts during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ection Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and experinclude, if applicable, the text of the footnote to the organization's financial statements that conservation easements.	nse statement, and balance sheet, and describes the organization's accounting for
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line	Other Similar Assets.
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reverant, historical treasures, or other similar assets held for public exhibition, education, or resear in Part XIV, the text of the footnote to its financial statements that describes these items.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue	statement and balance sheet works of art.
_	historical treasures, or other similar assets held for public exhibition, education, or research following amounts relating to these items:	in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	>\$
	If the organization received or held works of art, historical treasures, or other similar assets amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1.	
l.	Assets included in Form 990. Part Y	⊾ċ.

Schedule D' (Form 990) 2010 Save	the Bay			94-607	8420	Page 2
Part III Organizations Mainta	ining Collection:	of Art, Historic	al Treasures, or C	Other Similar Ass	ets (conf	inued)
3 Using the organization's acquisit items (check all that apply): a Public exhibition		other records, check				
b Scholarly research			change programs			
c Preservation for future gener	ations		<u> </u>			
4 Provide a description of the organical Part XIV.		and explain how the	ey further the organiza	ation's exempt purpos	e in	
5 During the year, did the organiza assets to be sold to raise funds i	ition solicit or receive ather than to be mai	donations of art, his	storical treasures, or o	other similar	Yes	No_
Part IV Escrow and Custodia 9, or reported an amo	I Arrangements.	Complete if orga	nization answere	d 'Yes' to Form 9	90, Part	IV, line
1a Is the organization an agent, true included on Form 990, Part X? b If 'Yes,' explain the arrangement				assets not	Yes	No
		<u>-</u>			Amount	
c Beginning balance				1c		
d Additions during the year				1d		
e Distributions during the year				_1e		
f Ending balance						
2a Did the organization include an a	mount on Form 990,	Part X, line 21?			Yes	No
b if 'Yes,' explain the arrangement						
Part V Endowment Funds. Co	mplete if the org	anization answe	red 'Yes' to Form	990, Part IV, line	10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses			:			
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance			I			

b Permanent endowment ▶ %		
c Term endowment ► %		
3a Are there endowment funds not in the possession of the organization that are held and administered for the		
organization by:	Yes	: No
(i) unrelated organizations)	
(ii). related organizations		\Box
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?		
4 Describe in Part XIV the intended uses of the organization's endowment funds.		

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) **1a** Land..... 455. 35,918. **b** Buildings..... 36,373. c Leasehold improvements..... d Equipment..... 188,715. 94,097. 94,618.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)..... 130,536. BAA

Schedule D (Form 990) 2010 Save the Bay		94-60	78420 Page :
Part VII Investments-Other Securities. See F			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	ition: rket value
1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
<u> </u>			
Φ			
<u> </u>			
Ω	-		
<u>G)</u>			
(t)			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.).			
Part VIII Investments—Program Related. (See	Form 990, Part X. I	ine 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valua	tion:
	(=, ===================================	Cost or end-of-year mai	ket value
_(1)			
_(2)			
_(3)		····	
_(4)			
_(5)			
_(6)			
<u>(7)</u>			
(8)		···	
(9) (10)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.).			
Part IX Other Assets. (See Form 990, Part X,	line 15) N/A		
	scription		(b) Book value
(1)	· · ·		
(2)			
(3)			
(4)			
(5)			
(6)	·		
(8)			
(9)			·
(10)			
Total. (Column (b) must equal Form 990, Part X, column(B) Part X Other Liabilities. (See Form 990, Part)		······································	
			
(a) Description of liability (1) Federal income taxes	(b) Amount	-	
(2)	- 	-	
(3)		-	
(4)		-	
(5)			
(6)			
(7)			
(8)	1	7	
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	>	<u></u>	
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text organization's liability for uncertain tax positions under FIN 4	of the footnote to the or	ganization's financial statements that	reports the
organization's liability for uncertain tax positions under FIN 4	18 (ASC 740).	See Part XIV	

	dule D (Form 990) 2010 Save the Bay	94-6078420	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		2,899,636.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2,948,266.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-48,630.
4	Net unrealized gains (losses) on investments.		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments.		
8	Other (Describe in Part XIV).		
9	Total adjustments (net). Add lines 4 through 8.		
			40 (20
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.		-48,630.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe		2 000 206
1	Total revenue, gains, and other support per audited financial statements	1 2	2 <u>,980,396.</u>
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
	Net unrealized gains on investments 2a		
	Donated services and use of facilities	<u>60.</u>	
	Recoveries of prior year grants 2c		
	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	80,760.
3	Subtract line 2e from line 1	3 2	2,899,636.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b 4a	[]	
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,899,636.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		70337030.
	Total expenses and losses per audited financial statements		,029,026.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	····	7025,020.
	Donated services and use of facilities	sn	
	Prior year adjustments	/0.	
	Other losses		
		- -	
	• • • • • • • • • • • • • • • • • • • •	_	00 760
	Add lines 2a through 2d.		· 80,760.
_	Subtract line 2e from line 1	3 2	,948,266.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)	[
	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c	040.000
	XIV Supplemental Information	5 2	,948,266.
Par	Lite this parties are ide the descriptions of the Date than 2.5 and 2.5 are the second state of the second		
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also computational information.	olete this part to p	zo; rovide
	Part X - FIN 48 Footnote		
	The Internal Revenue Service and the California Franchise Tax Board	<u>d have dete</u>	rmined
	that the Organization is exempt from federal and state income taxe	<u>s under Inte</u>	ernal
	Revenue Code Section 501 (c) (3) and the California Revenue and Tag	xation Code	
	Section 23701(d). The Organization has evaluated its current tax po	ositions and	i <u>has</u>
·	concluded that as of September 30, 2010, the Organization does not	have_any	
	significant uncertain tax positions for which a reserve would be no	ecessary	

Schedule D (Form 990) 2010 Save the Bay Part XIV Supplemental Information (continued)	94-6078420	Page 5
Part XIV Supplemental Information (continued)		
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

- · · · · · · · · · · · · · · · · · · ·				1 ' -	Employer Identification number		
Sav	ave the Bay			94-607842	0		
Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1	Indicate whether the organization	raised funds thr	rough any	of the follo	owing activities. Check	all that apply.	
a	X Mail solicitations			e	X Solicitation of non-	overnment grants	
ь	H			f	X Solicitation of gover	mment grants	
		•		g g	Special fundraising	•	
C				y	opecial fundicioning	CVCIIG	
a 2a	X In-person solicitations Did the organization have a writter employees listed in Form 990, Par	or oral agreen	ment with a	any individ	ual (including officers,	directors, trustees or ki	ey XYes No
	If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or ent	ities (fund				
	Name and address of individual	(i) Activity	(iii) Did f	undrueae	(iv) Gross receipts	AA Amount paid to	(vi) Amount paid to
(1)	or entity (fundraiser)	(ii) Activity	have custod of contri	y or control	from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(or retained by) organization
			_Yes	No			
1	Mal Wassick 2550 Ninth St	Direct				' 	
	Mal Warwick 2550 Ninth St Berkeley CA 94710	Mail	-	X	571,321.	151,628.	419,693.
2	Michelson Consu 268 Bush St SF CA 94104	Fundraisin q	 	х		71,950.	
3	Earp Events 4200 Park Blvd Oakland CA 94602	Events		x		18,580.	
4	Mission Driven 1211 66th St Oakland CA 94608	Fundraisin q		х		6,495.	
5							
6		•					
7	_						
8							
9							
10							
	····	1			F71 201	240 652	410 603
Total.	List all states in which the organize	ation is register	ed or lices	sad to sal	571, 321.	248,653.	419,693.
	3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.						
	CA						
	<u> </u>						
						~	

		G (Form 990 or 990-EZ) 2010 Save ti				78 420 Page 2
Pa	<u>rt II</u>	Fundraising Events. Complete if reported more than \$15,000 of fu and 6a. List events with gross re	undraisına event co	ontributions and gro	orm 990, Part IV, I ss income on Forr	ine 18, or n 990-EZ, lines 1
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
REV			(event type)	(event type)	(total number)	through column (c)
REVENUE	1	Gross receipts	·			
Ĕ	2	Less: Charitable contributions		Ì		
	1	Gross income (line 1 minus line 2)				
	1	Cash prizes				
	í .					
D-RECT	6	Rent/facility costs				
	1	Food and beverages	ł			
EXPERSES	8	Entertainment				
N S E	9	Other direct expenses				
S	10	Direct expense summary. Add lines 4- to	hrough 9 in column (d).			
_	11	Net income summary. Combine line 3, co	olumn (d), and line 10.	<u> </u>	<u></u> <u></u>	
Pa	rt III	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye 	es' to Form 990, Pai	rt IV, line 19, or re	ported more than
R			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
REVERUE				bingo/progressive bingo		(add column (a) through column (c))
ñ	}					
	1	Gross revenue				
E	2	Cash prizes	<u> </u>			
DIRECT	3	Non-cash prizes				
C S	4	Rent/facility costs				
	5	Other direct expenses				Ì
			Yes%	Yes%	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)			
	8	Net gaming income summary. Combine I	ines 1, column (d) and	line 7		
9		er the state(s) in which the organization op ne organization licensed to operate gaming				
		o,' explain:				
		e any of the organization's gaming license es,' explain:				
BAA					Cahadida O (Tar	
			TEEA3702L 0	//// 3/]]	Schedule G (FO)	m 990 or 990-EZ) 2010

Schedule G	(Form 990 or 990-EZ) 20	010 Save the Bay		94-6078420	Page 3
11 Does t	he organization operate	gaming activities with n	onmembers?	Yes	No
12 Is the admin	organization a grantor, b ister charitable gaming?.	eneficiary or trustee of	a trust or a member of a partnersl	hip or other entity formed to	No
13 Indicat	te the percentage of gam	ning activity operated in:		[]	
				13a	8
	-				ર
14 Enter	the name and address of	f the person who prepare	es the organization's gaming/spec	ial events books and records:	
Name					
Addres	ss ►				
15a Does t	he organization have a c	ontact with a third party	from whom the organization rece	ives gaming revenue? Yes	No
b If 'Yes	,' enter the amount of ga	ming revenue received	by the organization > \$		
	ing revenue retained by	-	·		
c If 'Yes	,' enter name and address	ss of the third party:			
Name					
Addres	ss >				
16 Gamin	g manager information:				
Name	-				
Gamin	g manager compensation	n ▶ \$			
Descrip	otion of services provided	j >			
Dir	ector/officer	Employee	Independent contract	ctor	
17 Manda	tory distributions				
a Is the o	organization required und	der state law to make ch	aritable distributions from the gan	ning proceeds to retain the	_
-	_			Yes	∐No
	ne amount of distribution cation's own exempt activ	· ·	aw to be distributed to other exem · ▶ \$	npt organizations or spent in the	
	Supplemental Inforcolumns (iii) and (v	rmation. Complete to), and Part III, lines	his part to provide the explain	anations required by Part I, line nd 17b, as applicable. Also com	2b, plete
		- <u> </u>			
					
BAA			TEEA3703L 01/13/11	Schedule G (Form 990 or 990	-EZ) 2010

SCHEDULE M (Form 990)

Noncash Contributions

► Complete If the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047 2010

Open To Public Inspection

Employer identification number

Pepartment of the Treasury Itemal Revenue Service

► Attach to Form 990. Name of the organization

Sa	Save the Bay 94-6078420							
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Mett noncash	hod of	(d) determi ibution a	ning amount
1	Art—Works of art				<u> </u>			
2	Art—Historical treasures	<u> </u>			<u> </u>			
3	Art—Fractional interests		·					
4	Books and publications			<u></u>				
5	Clothing and household goods							
6	Cars and other vehicles	X	1	9,160.	FMV			
7	Boats and planes	L			<u> </u>			
8	Intellectual property				<u> </u>			
9	Securities—Publicly traded	l			<u> </u>			
10	3	 _						
11								
12	Securities-Miscellaneous	<u> </u>						
13	Qualified conservation contribution— Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate-Residential							
16	Real estate—Commercial							
17	Real estate-Other	1						
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24								
25	Other ► (Used Furniture)	X	1	25,286.				
26		X	11	4,000.	FMV			
27	Other ► (Other)	X	11	600.	FMV			
28	Other ► ()							
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Dones	on during the e Acknowledg	tax year for contributi	ons for which the	29			
]	Yes	No
20-	. Doning the constant the constant of the constant	4_:14:		D- 11 F 100 H 1				
502	During the year, did the organization receive by co hold for at least three years from the date of the in purposes for the entire holding period?	nitial contribu	tion, and which is not	required to be used for	r exempt	30 a		X
b	If 'Yes,' describe the arrangement in Part II.							
	Does the organization have a gift acceptance police		_		ns?	31	X	
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?							
	If 'Yes,' describe in Part II.		See Part II					
33	If the organization did not report an amount in col	umn (c) for a	type of property for w	rhich column (a) is che	cked,			
	describe in Part II							

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

Schedule M (Form 990) 2010

Schedule M (Form 990) 2010 Save the Bay	94-6078420	Page 2
Part II Supplemental Information. Complete this part to provide the information require and 33. Also complete this part for any additional information.	ed by Part I, lines 30b	, 32b,
Part I, Line 32 - Hire and Use of Third Parties		
Vehicle Donations are processed through Bizzarros Auto Auction, 2	2581 Spring Stree	t,
Redwood City, CA 94603.		~- -
	~- 	
	- 	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

2010

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Save The Bay

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection
Employer identification number

94-6078420

The organization identified corrections for figures reported on schedule G part 1. \$317,347 was paid to the fundraising consulting service					
vendor, Mal Warwick Associates, but \$165,719 of this was for the production costs such as printing, paper, postage, and mail-house.					
The consulting service agreement indicates that all production costs will be billed with an itemized description of the expenses.					
This amended return reflects the proper amount for fundraiser consulting fees, \$151,628.					
·					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Save the Bay 94-6078420
Form 990, Part III, Line 3 - Ceased Conducting or Significant Changes To Services
Save The Bay successfully transferred its award-winning Canoes in Sloughs program to
other regional environmental education providers who continue to engage students in
on-the-water learning.
Save The Bay continues to provide focused watershed education for students through
our wetland restoration program, and pioneered new program options during 2010-11 to
encourage repeat exposure and deeper science learning by participants. We continue
to make our Watershed Education Curriculum available free to teachers on-line.
Watershed Education expenses are now represented in Restoration Campaigns.
Form 990, Part III, Line 4a - Program Service Accomplishments
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 re-vegetate key sites. We supported the research and
outreach efforts of the San Francisco Bay Restoration Authority, a new regional
agency pursuing public funding for wetland restoration, whose creation we championed.
We encouraged more robust federal funding for San Francisco Bay protection and
restoration through the U.S. Environmental Protection Agency and for operations and
maintenance of the San Francisco Bay National Wildlife Refuge Complex.
Our Community-based Restoration Program assists federal, state and local landowners
of shoreline parcels to improve vital wetland habitat for endangered species and to
adapt to climate change, including ecotone transition areas at former salt ponds in

Save the Bay	Employer Identification number 94-6078420
Form 990, Part III, Line 4a - Program Service Accomplishments	
Hayward and Menlo Park. Participants engage in hands-on wetl	and restoration and
stewardship activities at these shoreline restoration sites.	This year they grew
26,000 plants in our two native plant nurseries, planted them	ı in priority restoration
sites, and removed 37,593 pounds of invasive plants and 4,265	pounds of trash. We
enlisted 7,500 volunteers in these activities, including more	1,900 middle and high
school students and teachers and thousands of adults from com	munity groups,
businesses, and the general public.	
Save The Bay's conducted educational Bay shoreline stewardshi	p experiences and
classroom preparation for more than 1,900 students and teache	rs, including many from
low-income households. We pioneered new program options to	encourage repeat
exposure and deeper science learning by participants, and con	tinued to make our
Watershed Education Curriculum available free to teachers on-	line. We conducted to
refine and improve these strong and popular programs though o	ngoing evaluation of
program effectiveness and impact. We also successfully trans	ferred our award-winning
Canoes in Sloughs program, including equipment, manuals and t	raining, to other
regional environmental education providers who continue to en	gage students in
on-the-water learning.	
Form 990, Part III, Line 4b - Program Service Accomplishments	
Bay Protection	
~	
Save The Bay's Clean Bay Project helps residents and their ci-	ties to reduce Bay
pollution from cities and neighborhoods - encouraging municipate	alities throughout the
region to adopt pollution prevention best practices. We assign	sted a growing number
of municipalities to enact restrictions on plastic bags and po	olystyrene food
packaging, two of the largest components of trash entering the	e bay through runoff,

Name of the organization Save the Bay	Employer Identification number 94-6078420			
Form 990, Part III, Line 4b - Program Service Accomplishments				
including California's most comprehensive plastic bag ban in Sa	n Jose. We are			
monitoring cities' progress complying with new regulatory requi	rements to reduce			
trash entering the Bay in their storm water. We identified the	Bay's worst Trash			
Hot Spots where cities are taking steps to reduce trash. We o	rganized Redwood City			
residents to protect retired salt ponds from development and en	courage their			
restoration to tidal marsh habitat, securing the support of tho	usands of city			
residents, and nearly 200 regional elected officials, cities,	labor unions,			
businesses and organizations for that outcome. We secured appr	oval of new Bay Plan			
Policies on Climate Change from the San Francisco Bay Conservat	ion and Development			
Commission. We actively promoted appropriate waterfront uses o	n public trust lands			
and greater public access to the Bay shoreline, including in co	nnection with San			
Francisco's plans to host the 34th America's Cup races in 2012 and 2013.				
Form 990, Part III, Line 4c - Program Service Accomplishments				
Public Education and Outreach				
Save The Bay continues to provide information on San Francisco	Bay and actively			
engage the general public and our members to advance our mission	n, chiefly through			
our newsletter, web site, e-mail action alerts and updates, soc	ial networking,			
educational events and volunteer opportunities. We continue to	enhance our web site			
and calendar of volunteer events. Thousands of people accessed	educational			
information about the Bay on our enhanced web site, and we intro	oduced many			
individuals and businesses to the Bay through our expanded cale	ndar of events,			
including many marking Save The Bay's 50th Anniversary. Our pro	esence in the			
regional news media is consistently high, with significant print	t, radio and			
television coverage of our work on many issues, and on our education	ation and restoration			
programs. Interest and participation in the organization contin	nues to grow, with			

Save the Bay	Employer identification number 94-6078420
Form 990, Part III, Line 4c - Program Service Accomplishments	
more than 30,000 members and supporters. We continue to upg	rade our technology to
improve the effectiveness and efficiency of our data managem	ent and customer
relations, external communications, cultivation of supporter	s and development of
resources.	
Form 990, Part VI, Line 11b - Form 990 Review Process	
An independent accounting firm is engaged annually to conduc	t an audit of the
financial statements and to assist in preparation of the 990	. The CFO and other
finance staff review the draft 990 then submit it to the ful	l Board for review and
approval. The CFO submits the finalized, approved form to the	e IRS.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of C	Conflicts
All new officers, employees, members of the Board, and other	related persons are
required to read Save The Bay's conflict of interest policy a	and acknowledge in
writing that they have done so. Each of these individuals con	mpletes a disclosure
form identifying potential conflicts of interest and submits	it to the CFO annually
and whenever a potential conflict arises. When a potential co	onflict is identified,
the CFO immediately consults with the Executive Director and	or Board Chair to
determine whether the situation qualifies as a conflict as de	efined by the policy. If
it does, the decision is taken to the Board of Directors.	
The policy is reviewed annually by the Board of Directors and	l changes are
communicated promptly to all related persons. All of these pr	cocedures are
documented.	
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO	
The Chairman of the Board performs an annual evaluation of the	e Executive Director,
compiles comparative compensation data, and submits to the Bo	eard of Directors, or
Executive Committee on its behalf, for review and approval.	

Schedule O (Form 990 or 990-EZ) 2010	Page 2
Name of the organization Save the Bay	Employer Identification number 94-6078420
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for O	fficers & Key Employees
The Executive Director performs an annual evaluation of oth	ner paid officers and key
employees, compiles comparative data, and provides to the E	Board of Directors, or
Executive Committee on its behalf, for review and approval.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Availal	
Upon request	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~