DLN: 93493215014177

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at www.IRS.gov/foim990

OMB No 1545-0047

Open to Public Inspection

A F	or the	2015 ca	lendar year, or tax year be	eginning 10-01-2015 , and ending 09	-30-2016	ı			
B Ch	eck ıf a	pplicable	C Name of organization Save The Bay				D Employ	er identifi	cation number
	ddress d	change	Save The Bay				94-607	8420	
·	ame ch	_	Doing business as						
	nitial ret	turn							
	ınal /termın	nated		box if mail is not delivered to street address)	Room/suite	9	E Telephon	e number	
_	nended		1330 Broadway				(510)4	63-685	0
M _{Ap}	plication	n pending	City or town, state or provin Oakland, CA 94612	ce, country, and ZIP or foreign postal code					
			Oaklaliu, CA 94012				G Gross re	eipts \$ 3,1	188,432
			F Name and address of	principal officer		H(a) Is th	- ıs a group r	eturn for	
			David Lewis 1330 Broadway 1800				rdınates?		☐ Yes 🗸
			Oakland, CA 94612			No No	all subordın	ates	
I Ta	x-exen	npt status	√ 501(c)(3)	() ◀ (insert no)	527	inclu			⊤Yes 🗸 No
J W	ebsite	e:▶ ww	w savesfbay org				o," attach a ip exemptic	,	e instructions)
K For	m of or	ganızatıor	Corporation Trust	Association			rmation 196		te of legal domicile CA
Pa		Sum							
				nission or most significant activities s San Francisco Bay for people and wild	dlife by n	e-establishi	ng tidal ma	rsh. prev	entina
				water qualify, and building an effective	•		-		
Ce	_								
Ē	_								
Vel	2 (Check th	nis box 🕨 🗀 if the organiza	ition discontinued its operations or dis	nosed of	more than	25% of its	net asset	
Activities & Governance	- `	oncen ci	no box F If the organiza	ction discontinued its operations of dis	posca o	more enam.	23 70 01 103 1	100 4330	
≈ 5	3 1	Number	of voting members of the g	overning body (Part VI, line 1a)				3	15
ties	4 1	Number	of independent voting men	nbers of the governing body (Part VI, li	ıne 1b)		🗀	4	15
3	5 7	Total nu	mber of individuals employ	ed ın calendar year 2015 (Part V, line	2a) .		[5	35
Ac	6 7	Total nu	mber of volunteers (estima	ate if necessary)			[6	6,500
	7a ⊺	Total un	related business revenue f	rom Part VIII, column (C), line 12 .			[7a	-2,124
	b N	et unrel	ated business taxable inco	ome from Form 990-T, line 34			. [7b	-2,124
						Pric	r Year		Current Year
	8	Contr	ributions and grants (Part \	/III, line 1h)			2,776,0	33	3,147,300
€	9	Progr	am service revenue (Part \	/III, line 2g)					0
Ravenue	10	Inves	tment income (Part VIII,	column (A), lines 3, 4, and 7d)			8,3	75	6,556
æ	11	Other	revenue (Part VIII, colum	nn (A), lines 5, 6d, 8c, 9c, 10c, and 11	.e)		3,1	8	3,452
	12		revenue—add lines 8 throu	ugh 11 (must equal Part VIII, column	(A), line		2,787,5	56	3,157,308
	13	12)	s and similar amounts have	d (Part IX, column (A), lines 1-3).			5,0	20	204,750
	14		•	(Part IX, column (A), line 4)			3,01	,,,	204,/30
	15		•	mployee benefits (Part IX, column (A),					
8	15	5-10		improved benefits (Furt 1x, column (x),	, illics		1,983,4	34	1,958,952
Expenses	16 a	Profe	ssional fundraising fees (P	art IX, column (A), line 11e)			250,6	9	89,646
ੜੇ	ь	Total f	undraising expenses (Part IX, col	lumn (D), line 25) ▶670,914					
ш	17	Other	expenses (Part IX, colum	n (A), lines 11a-11d, 11f-24e)			914,1	36	842,159
	18	Total	expenses Add lines 13-1	.7 (must equal Part IX, column (A), line	e 25)		3,153,2	29	3,095,507
	19	Rever	nue less expenses Subtra	ct line 18 from line 12			-365,6	53	61,801
ces ces						Beginning	of Current Ye	ear	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)				2,225,5	53	2,262,420
ASS HB	21		•				2,223,3	_	2,202,420
₹				http://www.line.au				_	·
	22 rt III		nature Block	btract line 21 from line 20	• •		1,996,2	ادر	2,059,178
Unde my k	er pena nowled	alties of dge and	perjury, I declare that I ha	ove examined this return, including acc nd complete Declaration of preparer (o					
		***					017-08-03		
Sigr		Sign	ature of officer			D	ate		
Her	e		id Lewis Executive Director						
		17	e or print name and title	To the state of th	T =				
			Print/Type preparer's name Douglas W Regalia	Preparer's signature Douglas W Regalia	Da	Che	eck Inf	PTIN P00186389	
Pai		H	Firm's name				-employed n's EIN ►		
	pare	ar ⊦	Firm's name Regalia & Asso Firm's address > 103 Town Cour				ne no (925)	314-0390	
Use	e On	ly ˈ	Danvillo CA Q	•			110 (323)	514-0350	

. √Yes No

Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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 2	3		No
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	Yes	
5	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 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	, 10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b	Yes	
	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 2	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investment valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	s 14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Par IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		Yes	
18	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		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	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 Schedule J	23		No
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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 Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
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	36		No
37	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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 20		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
·	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
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		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
6 -	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a	Yes	
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	Oa	165	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).		163	
_	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No.
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No.
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
		1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No.
8	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
_	· ·	8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		No
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	1		
	facilities		! !	! !
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O	13a		No
	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	_		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h	i	I

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		Νο
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, 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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	<u>event</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
La	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
ļ	Did the organization have a written document retention and destruction policy?	14	Yes	
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
5a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
7	List the States with which a copy of this Form 990 is required to be filed▶			
8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ✓ Own website. ✓ Another's website. ✓ Upon request. ☐ Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
0	State the name, address, and telephone number of the person who possesses the organization's books and record •Robin Erickson 1330 Broadway 1800 Oakland, CA 94612 (510) 463-6850	S		

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section 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 employee"
- 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, or 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han ersoi cer	not one n is and rust			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			1			E				
(1) Samuel Luoma Board Chair	3 00	х		x				0	0	0
(2) Henry Manayan	0 50									
Vice Chair-Gov		X		×				0	0	0
	0 00 2 00									-
(3) William Leimbach		X		×				0	0	0
Vice Chair-IA	0 00									
(4) Lynda Sullıvan	2 00	×		X				0	0	0
Vice Chair-EA	0 00	^		^					o o	U
(5) Donnie Fowler	0 50									
Director	0 00	X						0	0	0
(6) Michael Gallagher	2 00									
Director		Х						0	0	0
	0 00 1 00									-
(7) Ron Gonzales		×						0	0	0
Director	0 00									
(8) Lisa Hoyos	0 50	×						0	0	0
Director	0 00	^						Ü	9	· ·
(9) Michael Katz	1 00									_
Director	0 00	X						0	0	0
(10) Sandy Linder	1 00									_
Chairman	0.00	X						0	0	0
(11) Dean Meniktas	1 00									
		Х						0	0	0
Director	0 00 1 00									
(12) Christopher Richard		X						0	0	0
Director	0 00									
(13) Stephen Thompson	0 50	×						0	0	0
Director	0 00	L^								
(14) Anne Toth	0 50	,.								
Director	0 00	X						0	0	0
							•			Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-		(E) Reportable compensation from related organizations (W- 2/1099- MISC)		Estir amoi ot compe	F) nated unt of her nsation n the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	M]					ization elated zations
(15) : Direct	Sinclair White	1 00	×							0		0		0
	Robin Enckson	35 00 0 00			х					94,463		0		6,726
	David Lewis	40 00			×					126,163		0		8,518
Exec	Director	0 00												
1b c	Sub-Total			•	•									
d	Total (add lines 1b and 1c)	•	<u> </u>	<u>. </u>	>			22	20,626					15,244
2	Total number of individuals (including but n \$100,000 of reportable compensation from			ed a	bov€	e) w	ho red	eiv	ed more	e than				
3	Did the organization list any former officer, on line 1a? If "Yes," complete Schedule J for							ghes	st comp	ensated	employee	3	Yes	No No
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual	ter than \$150,0									n the	4		No
5	Did any person listed on line 1a receive or services rendered to the organization? If "Y				•				_		ıvıdual for	5		No
Se	ection B. Independent Contractors													
1	Complete this table for your five highest co compensation from the organization Repor		-										tax year	
	(A) Name and busine	ess address								(B Description			(C Comper	•
	man Cubine Adams Hussey								consulti	ng services				292,202
	15th St N ton, VA 22201											_		
												\Rightarrow		
	Total number of independent contractors (ind \$100,000 of compensation from the organiz		mıted	to th	nos e	lıst	ed ab	ove) who re	eceived m	ore than			_

Part V	/111	Statement of Revenue								
		Check if Schedule O contains a respon	nse or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b					312 311			
. Gr.	c	Fundraising events 1c								
ffs.	d	Related organizations 1d								
	e	Government grants (contributions) 1e	158,790							
ons Sir	f	All other contributions, gifts, grants, and 1f	2,988,510							
buti the		similar amounts not included above			-					
i j	g	Noncash contributions included in lines 1a-1f \$	62,735							
Contand	h	Total. Add lines 1a-1f	· · · •	3,147,300						
Program Service Revenue	2a		Business Code							
£ ₹	b									
<u>ء</u>	c									
ŽĘ.	d									
an E	e									
rogr	f	All other program service revenue								
<u>~</u>	g	Total. Add lines 2a-2f		0						
	3	Investment income (including dividence and other similar amounts)		6,556			6,556			
	4	Income from investment of tax-exempt bond i	proceeds ►	0						
	5	Royalties	•	0						
	6a	Gross rents (1) Real 29,000	(II) Personal							
	ь	Less rental 31,124								
	С	expenses Rental income -2,124								
	d	or (loss) Net rental income or (loss)		-2,124		-2,124				
		(ı) Securities	(II) O ther							
	7a	Gross amount from sales of assets other than inventory								
	b	Less cost or other basis and sales expenses Gain or (loss)								
	d	Net gain or (loss)		0						
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18								
ther	 b	a Less direct expenses b								
0	c	Net income or (loss) from fundraising	events 🕨	0						
	9a	Gross income from gaming activities See Part IV, line 19 a								
	1	Less direct expenses b Net income or (loss) from gaming activ	vities	0						
	10a	Gross sales of inventory, less returns and allowances .	886							
	b c	Less cost of goods sold b Net income or (loss) from sales of inve	entory ►	886	886					
		Miscellaneous Revenue	Business Code							
	11a	O ther		4,690	4,690					
	b c									
	d	All other revenue								
	e	Total. Add lines 11a-11d	•	4,690						
	12	Total revenue. See Instructions	🔎	3,157,308	5,576	-2,124	6,556			
	1			3,137,300	3,3/0	-2,124	امددره			

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)

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	204,750	204,750		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	201,7.00		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15	0			
4	and 16	0			
5	Compensation of current officers, directors, trustees, and key employees	220,626	105,351	86,548	28,727
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	103,331	00,540	20,727
7	Other salaries and wages	1,433,955	930,616	183,406	319,933
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	163,699	103,287	26,063	34,349
10	Payroll taxes				
		140,672	88,619	22,610	29,443
11	Fees for services (non-employees)				
а	Management	0			
Ь	Legal	12,643	2,113	10,530	
С	Accounting	34,895		34,895	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	89,646			89,646
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	161,298	159,107	2,191	
12	Advertising and promotion	81,525	43,412		38,113
13	Office expenses	36,304	31,559	2,275	2,470
14	Information technology	95,686	67,385	10,305	17,996
15	Royalties	0			
16	Occupancy	190,458	127,823	28,037	34,598
17	Travel	31,692	30,557	342	793
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	7,624	3,940	2,896	788
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	13,571	10,747	1,264	1,560
23	Insurance	19,049	11,080	6,446	1,523
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Printing and Publications	64,129	35,459	5,632	23,038
b	Miscellenous expense	53,258	15,130	5,719	32,409
c	Postage and Shipping	26,810	13,641	5,044	8,125
d	Dues, licenses, service fees	18,003	11,914	1,473	4,616
е	All other expenses	-4,786	10,870	-18,443	2,787
25	Total functional expenses. Add lines 1 through 24e	3,095,507	2,007,360	417,233	670,914
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ►	233,936	150,719	5,500	77,717
		233,936	150,/19	<i>'</i>	orm 990 (2015)

Part X Balance Sheet

	LA	Check if Schedule O contains a response or note to any line	e in this	s Part X			
	_				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			719,560	1	386,880
	2	Savings and temporary cash investments			128,940	2	174,383
	3	Pledges and grants receivable, net			500,500	3	965,711
	4	Accounts receivable, net			185,602	4	24,541
	5	Loans and other receivables from current and former offic key employees, and highest compensated employees Co Schedule L			5	0	
Assets	6	Loans and other receivables from other disqualified perso section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of s voluntary employees' beneficiary organizations (see instr II of Schedule L	c)(3)(B ection), and 501(c)(9)		6	0
SS		Natara and large granustic mat				7	
Ø	7	Notes and loans receivable, net					
	8	Inventories for sale or use		ŀ	40.004	8	
	9	Prepaid expenses and deferred charges			46,231	9	26,523
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	233,313			
	b	Less accumulated depreciation	10b	147,900	93,413	10 c	85,413
	11	Investments—publicly traded securities			11	0	
	12	Investments—other securities See Part IV, line 11 .		533,913	12	538,333	
	13	Investments—program-related See Part IV, line 11 .			13	0	
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			17,394	15	60,636
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,225,553	16	2,262,420
	17	Accounts payable and accrued expenses			64,215	17	62,400
	18	Grants payable		18			
	19	Deferred revenue	28,341	19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability Complete Part IV of		21			
jabilities.	22	Loans and other payables to current and former officers, of key employees, highest compensated employees, and dis					
<u>.</u>		persons Complete Part II of Schedule L				22	
<u>:</u>	23	Secured mortgages and notes payable to unrelated third p	parties			23	
	24	Unsecured notes and loans payable to unrelated third par	ties .	[24	_
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relate	d third parties,			
					136,792	25	140,842
	26	Total liabilities. Add lines 17 through 25			229,348	26	203,242
s e s		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	re ▶ 「	and complete			
<u>a</u>	27	Unrestricted net assets			1,706,255	27	1,268,493
Ba	28	Temporarily restricted net assets			289,950	28	790,685
Þ	29	Permanently restricted net assets			,	29	· · ·
Ξ		Organizations that do not follow SFAS 117 (ASC 958), ch	eck her	re. ▶ □ and			
or Fund Balances		complete lines 30 through 34.	CCA HEI	and			
ets	30	Capital stock or trust principal, or current funds				30	
1881	31	Paid-in or capital surplus, or land, building or equipment f	und .	[31	
Net Assets	32	Retained earnings, endowment, accumulated income, or o	ther fu	nds		32	
Se	33	Total net assets or fund balances		[1,996,205	33	2,059,178
	34	Total liabilities and net assets/fund balances		[2,225,553	34	2,262,420

Form	1 990 (2015)			1	Page 12
Pai	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,:	157,308
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,0	095,507
3	Revenue less expenses Subtract line 2 from line 1	3			61,801
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1.9	996,205
5	Net unrealized gains (losses) on investments	5			1,172
6	Donated services and use of facilities	6			1,1,2
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,(059,178
Par	rt XIII Financial Statements and Reporting		I		
	Check if Schedule O contains a response or note to any line in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revalue a separate basis, consolidated basis, or both	iewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	parate			
	Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Vec." to line 22 or 26 does the organization have a committee that accumes recognitivity for overs	aht			

Additional Data

Software ID: 15000324

Software Version: 2015v3.0

EIN: 94-6078420

Name: Save The Bay

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 1,030,123 including grants of \$ 154,750) (Revenue \$)

Restore Bay Habitat - We supported the research and outreach efforts of the San Francisco Bay Restoration Authority, a regional agency pursuing public funding for wetland restoration. Save The Bay is working with partners to re-establish 100,000 acres of restored tidal marsh habitat around San Francisco Bay, through policy measures and a strong science-based program that enlists volunteers to replant key sites with native vegetation. Our Community-based Restoration Program assists federal, state and local landowners of shoreline parcels to improve vital wetland habitat for endangered species and adapt the shoreline to climate change, including ecotione transition areas at former salt ponds in Hayward and Menlo Park, and at shoreline sites in Corte Madera, Oakland and Palo Alto. Participants engage in hands-on wetland restoration and stewardship activities (continued on Schedule O).

Form 990, Part III, Line 4b

(Code

(Expenses \$

Education and Outreach - Save The Bay provided information on San Francisco Bay and actively engaged the general public and our members to advance our mission, through mail and email communications, social networking, educational events and volunteer opportunities. Thousands of people accessed educational information about the Bay on our web site, and we introduced many individuals and businesses to the Bay through our calendar of events. Our presence in the regional news media remains high, with significant print, radio and television coverage of our work on many issues, and on our education and restoration programs. Interest and participation in the organization continues to grow, with more than 50,000 members and supporters. We continue to upgrade our technology to improve the effectiveness and efficiency of our data management and customer relations. (continued on Schedule O)

including grants of \$

(Revenue \$

711.989

Form 990, Part III, Line 4c

(Code

(Expenses \$ 265.248 including grants of \$ 50.000) (Revenue \$ Bay Smart Communities - Save The Bay provided information to local and regional residents about threats to fill in more of the bay for development on restorable

salt ponds in Redwood City, and on diked historic Baylands in Newark. We provided information to state and federal agencies regarding applicable regulations and policies, including the Federal Clean Water Act, sea level rise and adaptation to climate change. Save The Bays Clean Bay Project helped to reduce Bay pollution from cities and neighborhoods encouraging municipalities throughout the region to adopt pollution prevention best practices. Our work with municipalities significantly reduced distribution of single-use plastic bags and polystyrene food packaging, two of the largest components of trash entering the bay through stormwater. We provided information to regulators regarding cities progress (continued on Schedule O)

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As Filed Data -

DLN: 93493215014177

SCHEDULE A (Form 990 or 990EZ)

Internal Revenue Service

Name of the organization

Department of the

Treasury

Save The Bay

Part I

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.

at

94-6078420

Employer identification number

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Open to Public Inspection

OMB No 1545-0047

The	rganı	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)	
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	b)(1)(A)(i).	
2		A school described in	section 170(b)(1)(A)(ii).(Attach So	hedule E (Form	n 990 or 990-E	Z))	
3	Ė	A hospital or a cooper	atıve hospıtal	service organization o	lescribed in sec	tion 170(b)(1))(A)(iii).	
4	Ė	A medical research or	ganızatıon ope	erated in conjunction v	with a hospital d	lescribed in se	ction 170(b)(1)(A)(iii). Enter the
_		hospital's name, city,						
5		An organization opera 170(b)(1)(A)(iv). (Co			iversity owned	or operated by	a governmental unit o	lescribed in section
6		A federal, state, or loc	•	,	described in se	ection 170(b)(:	L)(A)(v).	
7	 	An organization that n	-	-				ieneral public
	•	described in section 1	•	•		3	_	, Р
8		A community trust des			• •	•		
9		An organization that r	•	` ,				, ,
		from gross investmen		s exempt functions—s				
				ee section 509(a)(2). (,		1 tax/ Holli busiliesse	.s acquired by the
10		An organization organi					n 509(a)(4).	
11	Ė	An organization organ	ized and opera	ted exclusively for the	e benefit of, to p	erform the fun	ctions of, or to carry o	ut the purposes of
	•	one or more publicly s			, ,	, , ,	. , . ,	, ,, ,
а	_	the box in lines 11a th Type I. A supporting o		, ,		-		
•	ı	supported organization						
		organization You mus	t complete Pa	rt IV, Sections A and I	в.	,		., ,
b		Type II. A supporting						
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) You
С	_	must complete Part IN Type III functionally i			n operated in c	onnection with	. and functionally integ	arated with, its
-	I	supported organization						J. 4.0 4 111011, 110
d		Type III non-function		2 2	•		• • • • • • • • • • • • • • • • • • • •	` '
		not functionally integra		- ·	•	•	ement and an attentiv	eness requirement
e	_	(see instructions) You Check this box if the o					s a Type I. Type II. T	vne III functionally
_	ı	integrated, or Type III	-				5 d , , p c 1, , , p c 11, ,	, po III rame croman,
f	Ente	r the number of support	ed organizatio	ns			<u></u>	
g		Provide the following i	nformation abo	out the supported orga	nızatıon(s)			
							_	
	,	(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
wan	ne or s	supported organization		Type of organization	Is the organ		A mount of monetary support	A mount of other support (see
				(described on lines	docume	-	(see instructions)	instructions)
				1- 9 above (see			(0000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				ınstructions))				
							-	
					Yes	No		
Tota								

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.)

S	ection A. Public Support		•		, ,			
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2	015	(f) Total
(or	fiscal year beginning in) 🕨	(a)2011	(6)2012	(0)2013	(u)2014	(6)2	010	(1) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do	3,025,301	3,724,908	3,219,174	2,776,083		3,147,300	15,892,766
_	not include any unusual grants)						+	
2	Tax revenues levied for the							
	organization's benefit and either							· ·
3	paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit							
	to the organization without							(
	charge							
4	Total. Add lines 1 through 3	3,025,301	3,724,908	3,219,174	2,776,083		3,147,300	15,892,766
5	The portion of total contributions	. ,	, ,					· · · · · ·
,	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							2,026,481
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)						\longrightarrow	
6	Public support. Subtract line 5							13,866,285
	from line 4							· ·
	ection B. Total Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2	015	(f)Total
-	fiscal year beginning in)	3,025,301	3,724,908	3,219,174	2,776,083		3,147,300	15,892,766
7	A mounts from line 4 Gross income from interest.	3,023,301	3,724,908	3,219,174	2,770,063		3,147,300	13,692,700
8	, ,							
	dividends, payments received on securities loans, rents, royalties	19,607	16,672	9,529	8,375		6,556	60,739
	and income from similar sources							
9	Net income from unrelated							
,	business activities, whether or							_
	not the business is regularly							C
	carried on							
10	Other income Do not include							
	gain or loss from the sale of	4,703	3,844 2,508 2,267		2,267 4,69		18,012	
	capital assets (Explain in Part	4,703	3,044	2,300	2,207		7,050	10,012
	VI)						\longrightarrow	
11	Total support. Add lines 7							15,971,517
	through 10						\vdash	
12	Gross receipts from related activity	ties, etc. (see inst	ructions)			12		117,135
13	First five years.If the Form 990 is	for the organization	on's first, second,	third, fourth, or fi	fth tax year as a	section	501(c)(3)	organization,
	check this box and stop here						<u>.▶ </u>	
S	ection C. Computation of Pu	ıblic Support F	Percentage					
14	Public support percentage for 201	5 (line 6, column	(f) divided by line	11, column (f))		14		86 820 %
15	Public support percentage for 201	4 Schedule A, Pai	rt II, line 14			15		92 560 %
16a	33 1/3% support test—2015.If the	e organization did i	not check the box	on line 13, and li	ne 14 is 33 1/3%	or more	, check th	nis box
	and stop here. The organization qu	ualifies as a public	ly supported orga	nızatıon				▶▽
b	33 1/3% support test-2014.If the	e organization did	not check a box o	n line 13 or 16a,	and line 15 is 33	1/3% or	more, ch	eck this
	box and stop here. The organization	on qualifies as a p	ublicly supported	organization				▶□
17a	10%-facts-and-circumstances tes	•		-	e 13, <mark>1</mark> 6a, or 16b	, and lin	e 14	•
	is 10% or more, and if the organiz	ation meets the fa	cts-and-circumst	ances test, checl	k this box and st e	p here.	Explain	
	in Part VI how the organization me	eets the "facts-and	d-cırcumstances"	test The organiz	zation qualifies as	a publi	cly suppor	ted
	organization			-				▶□
b	10%-facts-and-circumstances tes	t—2014. If the orga	nızatıon dıd not c	heck a box on line	e 13, 16a, 16b, o	r 17a, a	nd line	•
	15 is 10% or more, and if the orga							
	Explain in Part VI how the organiz	ation meets the "f	acts-and-circums	tances" test The	e organization qu	alıfıes as	a publich	у
	supported organization							▶ [
18	Private foundation.If the organiza	tion did not check	a box on line 13,	16a, 16b, 17a, o	r 17b, check this	box and	lsee	•
	instructions							▶□

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	1 fails to qualify	y under the tes	ts listed below	<u>, piease compie</u>	ete Part .	11.)	
_Se	ction A. Public Support	T	1	1	1			_
/ a = 6	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) ⊤otal
(OF 1	iscal year beginning in) ► 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							
4	Tax revenues levied for the							
	organization's benefit and either							
5	paid to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit							
	to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2,							
	and 3 received from disqualified							
	persons							
b	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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
_	from line 6)							
	ction B. Total Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) Total
9	iscal year beginning in) ► A mounts from line 6							
10a	Gross income from interest,							
10a	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated							
	business activities not included							
	ın lıne 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							
	VI)							
13	Total support. (Add lines 9, 10c,							
	11, and 12)	ion the commit	l nia fir-t - '	threat formal	64h +a		017.30	
14	First five years.If the Form 990 is f	or the organization	on's first, second	, tnira, fourth, or	ππ tax year as a	section	01(c)(.	· · · · · · · · · · · · · · · · · · ·
	check this box and stop here	lia Cummant D						<u>▶</u>
	ction C. Computation of Pub			4.2 1 (0)				
15	Public support percentage for 2015			13, column (f))		15		
16	Public support percentage from 20:	14 Schedule A, P	art III, line 15			16		
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colur	mn (f))	17		
18	Investment income percentage from	n 2014 Schedule	A, Part III, line 1	١7		18		
	33 1/3% support tests—2015. If the				t line 15 is more t		3% and	lline 17 is not
1 7 a	more than 33 1/3%, check this box	•		•			•	↑ IIIIe 17 is not
h	33 1/3% support tests—2014. If the							•
	18 is not more than 33 1/3%, check	-						
20	Private foundation. If the organization		-	· ·		•	_	▶ □

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?			
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^2$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Par	rt IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) to operated, supervised or controlled the supporting organization			
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors of trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same per that controlled or managed the supported organization(s)			
Se	ection D. All Type III Supporting Organizations			
	·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prictax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies the organization's governing documents in effect on the date of notification, to the extent not previously provided.	of		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 b	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how to organization determined that these activities constituted substantially all of its activities			
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or truster each of the supported organizations? <i>Provide details in Part VI</i>	es of 3a		
ь	• Did the organization exercise a substantial degree of direction over the policies, programs and activities of ear of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

CI	neck here if the organization satisfied the Integral Part Test as a qualifying tr	ust on N	ov 20,1970 See inst	ructions. All other
Τy	pe III non-functionally integrated supporting organizations must complete S	ections	A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	A verage monthly value of securities	1a		
)	A verage monthly cash balances	1b		
5	Fair market value of other non-exempt-use assets	1 c		
t	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	neck here if the current year is the organization's first as a non-functionally-i	ntegrate	d Type III supporting (organization (see

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (co	ontinued)						
Section D - Distributions			Current Year						
1 Amounts paid to supported organizations to accom	plish exempt purposes								
2 Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in							
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons							
4 Amounts paid to acquire exempt-use assets	4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval re-									
6 Other distributions (describe in Part VI) See instru									
7 Total annual distributions. Add lines 1 through 6									
8 Distributions to attentive supported organizations to details in Part VI) See instructions	esponsive (provide								
9 Distributable amount for 2015 from Section C, line	6								
10 Line 8 amount divided by Line 9 amount									
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015						
1 Distributable amount for 2015 from Section C, line 6									
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)									
3 Excess distributions carryover, if any, to 2015									
a									
b									
C									
d From 2013									
f Total of lines 3a through e									
g Applied to underdistributions of prior years									
h Applied to 2015 distributable amount									
i Carryover from 2010 not applied (see instructions)									
j Remainder Subtract lines 3g, 3h, and 3i from 3f									
4 Distributions for 2015 from Section D, line 7									
\$									
Applied to underdistributions of prior years									
b Applied to 2015 distributable amount									
c Remainder Subtract lines 4a and 4b from 4									
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)									
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)									
7 Excess distributions carryover to 2016. Add lines 31 and 4c									
8 Breakdown of line 7									
a									
c Excess from 2013									
d From 2014									
e From 2015									
		l							

DLN: 93493215014177

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. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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" on 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

•		• •		Employer iden	tification number
	ve The Bay				
Par	t I-A Complete if the or	he organization ay 94-607 Complete if the organization is exempt under section 501(c) or is a section de a description of the organization is exempt under section 501(c) or is a section de a description of the organization's direct and indirect political campaign activities in Part IV cal expenditures Complete if the organization is exempt under section 501(c)(3). The amount of any excise tax incurred by the organization under section 4955 The amount of any excise tax incurred by organization managers under section 4955 The amount of any excise tax incurred by organization managers under section 4955 The amount of any excise tax incurred by organization managers under section 4955 The amount of any excise tax incurred by organization managers under section 4955 The amount of any excise tax incurred by organization managers under section 4955 The amount of the grant IV Complete if the organization is exempt under section 501(c), except section the amount directly expended by the filing organization for section 527 exempt function activities The amount of the filing organization's funds contributed to other organizations for section 527 pt function activities The amount of the filing organization's funds contributed to other organizations for section 527 The amount of the filing organization is exempt under section 527 political organization made payments. For each organization listed, enter the amount paid from the filing organization of political contributions received that were promptly and directly delivered to a separate political rate segregated fund or a political action committee (PAC). If additional space is needed, provide in filing organization filing organization filing organization.			
1	•		<u> </u>	-	
2	Political expenditures	gamzacion's aneet and maneet poin	near campaign act	▶	¢
3	V olunteer hours			·	*
Dar	rt I-B Complete if the or	anization is avamnt unda	soction FO1/	c)/2)	
1 1	-				
2	·				\$
3	·	· -	-	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	T Yos T No
4a	Was a correction made?		,		
b	If "Yes," describe in Part IV				1es V 110
Par	rt I-C Complete if the or	Employer identification number 94-6078420 Complete if the organization is exempt under section 501(c) or is a section 527 organization. a description of the organization's direct and indirect political campaign activities in Part IV all expenditures eer hours Complete if the organization is exempt under section 501(c)(3). The amount of any excise tax incurred by the organization under section 4955 The amount of any excise tax incurred by organization managers under section 4955 The amount of any excise tax incurred by organization managers under section 4955 The amount of any excise tax incurred by organization managers under section 4955 The amount of any excise tax incurred by organization managers under section 4955 The amount of any excise tax incurred by organization managers under section 4955 The amount of the filing organization is exempt under section 501(c), except section 501(c)(3). The amount directly expended by the filing organization for section 527 exempt function activities The amount of the filing organization's funds contributed to other organizations for section 527 to function activities The amount of the filing organization is exempt under organizations for section 527 to function activities The amount of the filing organization is exempt under organizations for section 527 to function activities The amount of the filing organization organization is exempt function activities The amount of the filing organization is exempt under organization for section 527 political organizations to which the filing organization file form 1120-POL for this year? The names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization is exempt under the tof political contributions received that were promptly and directly delivered to a separate political organization, such as a te segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV			
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	rganization's funds contributed to o	other organization	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	e and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No
5	organization made payments I amount of political contribution	For each organization listed, enter t ns received that were promptly and	he amount paid fro directly delivered	om the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
2					
			+		
3					
4					
5					
6					
					-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check Fight if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

		ying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots	30,000	
b	Total lobbying expenditures to influence a legis	lative body (direct lobbying)	268,667	
c	Total lobbying expenditures (add lines 1a and	1 b)	298,667	
d	Other exempt purpose expenditures	2,796,840		
e	Total exempt purpose expenditures (add lines	3,095,507		
f	Lobbying nontaxable amount Enter the amount	from the following table in both columns	304,775	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount 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 \$1,500,000	\$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 over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of I	76,194		
h	Subtract line 1g from line 1a If zero or less, er	ter - 0 -		
i	Subtract line 1f from line 1c If zero or less, en	ter -0-		
	If there is an amount other than zero on either	line 1 h or line 1 i did the organization file Form		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

> Yes ✓ No

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Exper	nditures During 4	-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	347,572	336,382	307,662	304,775	1,296,391
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,944,587
_с	Total lobbying expenditures	14,125	38,093	19,537	298,667	370,422
d	Grassroots nontaxable amount	86,893	84,096	76,916	76,194	324,099
e 	Grassroots ceiling amount (150% of line 2d, column (e))					486,149
f	Grassroots lobbying expenditures	8,580	25,489	5,302	30,000	69,371

Return Reference

filed Form 5768 (election under section 501(h)).		(a)		(b)	
r each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying tivity	g	No		A moun	ıt
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 referendur through the use of	m,				
Volunteers?			_		
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			4		
d Mailings to members, legislators, or the public?		-	+		
e Publications, or published or broadcast statements?		1	-		
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?			_		
j Total Add lines 1c through 1i					
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 4013 tay, did it file Form 4730 for this year?					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					n
, ,	ection 501(c)(5),	or s		
art III-A Complete if the organization is exempt under section 501(c)(4), so 501(c)(6).	ection 501(c)(5),		Yes	No.
Complete if the organization is exempt under section 501(c)(4), so 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	ection 501(c)(5),	1		
Complete if the organization is exempt under section 501(c)(4), so 501(c)(6). 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?	ection 501 (c)(5),	1 2		
Complete if the organization is exempt under section 501(c)(4), so 501(c)(6). 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 carry over lobbying and political expenditures from the prior year?	<u> </u>		1 2 3	Yes	N
Complete if the organization is exempt under section 501(c)(4), so 501(c)(6). 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 carry over lobbying and political expenditures from the prior year?	ection 501(c)(5),	1 2 3	Yes	n
Complete if the organization is exempt under section 501(c)(4), so 501(c)(6). 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 carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), so 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	ection 501(c)(5),	1 2 3	Yes	n
Complete if the organization is exempt under section 501(c)(4), so 501(c)(6). 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 carry over lobbying and political expenditures from the prior year? TITI-B Complete if the organization is exempt under section 501(c)(4), so 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 3, is answered "Yes." Dues, assessments and similar amounts from members	ection 501(wered "No"	c)(5),	1 2 3	Yes	n
Complete if the organization is exempt under section 501(c)(4), so 501(c)(6). 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 carry over lobbying and political expenditures from the prior year? THILB Complete if the organization is exempt under section 501(c)(4), so 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answeline 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). Current year	ection 501(wered "No"	c)(5),	1 2 3	Yes	n
Complete if the organization is exempt under section 501(c)(4), so 501(c)(6). 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 carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), so 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answeline 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). Current year	ection 501(wered "No"	c)(5),	1 2 3	Yes	n
Complete if the organization is exempt under section 501(c)(4), so 501(c)(6). 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 carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), so 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answeline 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). Current year Carryover from last year	ection 501(wered "No"	c)(5),	1 2 3	Yes	n
Complete if the organization is exempt under section 501(c)(4), so 501(c)(6). 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 carry over lobbying and political expenditures from the prior year? The complete if the organization is exempt under section 501(c)(4), so 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answeline 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	ection 501(wered "No" litical 2a 2b 2c	c)(5),	1 2 3	Yes	n
Complete if the organization is exempt under section 501(c)(4), so 501(c)(6). 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 carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), so 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answeline 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) do If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures of nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid).	ection 501(wered "No" litical 2a 2b 2c ues 3 excess nd	c)(5),	1 2 3	Yes	n
Complete if the organization is exempt under section 501(c)(4), so 501(c)(6). 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 carry over lobbying and political expenditures from the prior year? The complete if the organization is exempt under section 501(c)(4), so 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answeline 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	ection 501(avered "No" litical 2a 2b 2c ues excess	c)(5),	1 2 3	Yes	n

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493215014177

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

SCHEDULE D

(Form 990)

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Inspection

OMB No 1545-0047

	me of the organization ve The Bay			Employer Identifica	ation number	r
Pa	art I Organizations Maintaining Dono	r Advised Funds or O	ther Similar Fu	94-6078420 nds or Accounts	 S.	
	Complete if the organization answer			nas or Account		
		(a) Donor advised funds		(b)Funds and oth	er accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to			r advised	Yes	□No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				┌ Yes	□No
Pa	rt II Conservation Easements. Comple	ete if the organization ar	nswered "Yes" on	Form 990, Part I	_	1 110
1	Purpose(s) of conservation easements held by the			,	•	
	Preservation of land for public use (e.g., recreducation)	reation or		historically importa		
	Protection of natural habitat		Preservation of a c	ertified historic stru	icture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation	n contribution in th	e form of a conserva	ation	
	easement on the last day of the tax year		Г	Held at th	e End of the	Vear
а	Total number of conservation easements		-	2a	e Liid of the	rear
ь	Total acreage restricted by conservation easem	ents		2b		
c	Number of conservation easements on a certified		lin (a)	2c		
d	Number of conservation easements included in (c) acquired after 8/17/06, a	and not on a			
	historic structure listed in the National Register		L	2d		
3	Number of conservation easements modified, tra tax year ▶	nsferred, released, extingui	shed, or terminated	by the organization	during the	
4	Number of states where property subject to cons	ervation easement is locate	ed ▶			
5	Does the organization have a written policy regard violations, and enforcement of the conservation	ding the periodic monitoring	·	_	∕es	1
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of viola	ations, and enforcin	g conservation ease	ements during	g the
	-					
7	A mount of expenses incurred in monitoring, insp \$	ecting, handling of violation	s, and enforcing cor	nservation easemen	ts during the	year
8	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satisfy the re	quirements of secti	ion 170(h)(4)	∕es	,
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ear	of the footnote to the organ				
Par	rt III Organizations Maintaining Collec	ctions of Art, Historic		r Other Similar	Assets.	
	Complete if the organization answer					
1a	If the organization elected, as permitted under S works of art, historical treasures, or other similal service, provide, in Part XIII, the text of the foot	assets held for public exhi	bition, education, o	r research in further		с
b	If the organization elected, as permitted under S works of art, historical treasures, or other similal service, provide the following amounts relating to	assets held for public exhi				с
	(i) Revenue included on Form 990, Part VIII, line	1	,	> \$		
	ii) Assets included in Form 990, Part X		•	\$		
2	If the organization received or held works of art, following amounts required to be reported under:	•	rsımılar assets for			
а	Revenue included on Form 990, Part VIII, line 1			▶ \$		

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	toric	al Trea	sures,	or Ot	her Simi	ilar As	sets	
3		the organization's acquisition, accertion items (check all that apply)	ession, and other rec	ords, ch	neck a	ny of the	following	that ar	e a sıgnıfıc	ant use	of its	
а		Public exhibition		d		Loan or	exchange	progra	ams			
b	Γ :	Scholarly research		e	Г	Other						
c		Preservation for future generations										
4	Provi Part >	de a description of the organization's	s collections and exp	olaın hov	w they	further th	ne organiz	zation's	exempt p	urpose ı	n	
5		g the year, did the organization solid s to be sold to raise funds rather th								┌ Yes	_ No	o o
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990, I	Part IV,	line 9, o	r repo	orted an a	amount	on For	m 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other inter	mediary	for co	ntributio	ns or othe	erasse	ts not	┌ Yes	∏ No	o
ь	If"	Yes," explain the arrangement in Pa	art XIII and complet	e the fol	lowing	table				A mo	unt	
c		jinning balance	·		_			1c				
d		ditions during the year						1d				
e		tributions during the year						1e				
f		ding balance						1f				
2 a		ne organization include an amount o	n Form 990, Part X, I	lıne 21,	for es	crow or c	ustodial a	ccount	liability?			
		3		,					,	163	140	,
b	If"Ye	s," explain the arrangement in Part	XIII Check here if t	he expl	anatio	n has bee	en provide	ed in Pa	art XIII .			
Pa	rt V	Endowment Funds. Comple										
			(a)Current year	(b) Pr	or year	b (c)	Two years	back (d) Three year	rs back	(e)Four ye	ears back
1 a	Begir	nning of year balance										
b	Cont	ributions										
c	Netı losse	nvestment earnings, gains, and										
d		ts or scholarships										
e	O the	r expenditures for facilities irograms										
f	A dmi	nistrative expenses										
g		of year balance										
2	Provi	de the estimated percentage of the	current year end bala	ance (lin	ne 1 a. i	column (a	a)) held a					
– a		designated or quasi-endowment	carrette year ena bate	ance (iiii	10 197	corumn (c	a), nera a	-				
_		-										
Ь		anent endowment ▶										
С		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%									
3а	organ	nere endowment funds not in the pos ization by	•		that ar	e held ar	nd adminis	stered	for the		Yes	No
		related organizations					•			3a(i		
ь	٠,	lated organizations		red on 9	 Schedi	 Je D2	•			. 3b		
4		ribe in Part XIII the intended uses of	· ·								<u>, </u>	
	rt VI	Land, Buildings, and Equip		*****								
		Complete if the organization a		Form 9	90, Pa	art IV, lı	ne 11a.	See Fo			line 10	<u> </u>
		Description of property		С	ost or c	a) other basis otment)	Cost or o	ther basi		imulated reciation	(d)Bo	ok value
1 a	Land			· [_								
b	Buildin	gs		[_				99,63	3	21,93	36	77,697
c	Lease	nold improvements		· [_								
d	Equipn	nent						133,68	0	125,96	64	7,716
				<u> </u>								
Tota	ıl. A dd 🛚	ines 1a through 1e (Column (d) mus	t equal Form 990, Par	t X, colu	mn (B)	, line 10(d	<i>:</i>))			. ▶		85,413

	(a) Description of security or category(including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
	derivatives			
	neld equity interests			
) O ther				
al. (Columr	(b) must equal Form 990, Part X, col (B) line 12) >	538,333	3
	Investments—Program Related.			
	Complete if the organization answer	ed 'Yes' on Form 990,		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
				Cost of the of year market value
	(b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organiza	ation answered 'Ves' on Fe	orm 990 Part IV line 1	Id See Form 990 Part V line 15
GI G EX		scription	om object are regime r	(b) Book value
tal. (Colum	nn (b) must equal Form 990, Part X, col (B) lii	ne 15)		
Part X	Other Liabilities. Complete if the o			▶ Part IV, line 11e or 11f.
art X	Other Liabilities. Complete if the o See Form 990, Part X, line 25.	rganization answered		▶ Part IV, line 11e or 11f.
art X	Other Liabilities. Complete if the o		'Yes' on Form 990, F	▶ Part IV, line 11e or 11f.
art X	Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	rganization answered		▶ Part IV, line 11e or 11f.
deral incor	Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value		▶ Part IV, line 11e or 11f.
art X	Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	rganization answered		▶ Part IV, line 11e or 11f.
art X	Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value		▶ Part IV, line 11e or 11f.
art X	Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value		▶ Part IV, line 11e or 11f.
deral incor	Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value		▶ Part IV, line 11e or 11f.
deral incor	Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value		▶ Part IV, line 11e or 11f.
deral incor	Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value		▶ Part IV, line 11e or 11f.
Part X	Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value		Part IV, line 11e or 11f.
Part X	Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value		▶ Part IV, line 11e or 11f.
Part X	Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value		Part IV, line 11e or 11f.
Part X	Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value		Part IV, line 11e or 11f.
Part X	Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value		Part IV, line 11e or 11f.
deral Incol	Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value		▶ Part IV, line 11e or 11f.

	(1 4 9 6 1
Par		nue per Audited Financial Station answered 'Yes' on Form 990,			per Reti	urn
1	·	pport per audited financial statements		<u>'</u>	1	3,949,737
2	A mounts included on line 1 but no	t on Form 990, Part VIII, line 12				· · · · · · · · · · · · · · · · · · ·
а	Net unrealized gains (losses) on ir	·	2a	1,172		
ь	Donated services and use of facili		2b	,		
с	Recoveries of prior year grants .		2c			
d	Other (Describe in Part XIII) .		2d	791,257	1	
e	Add lines 2a through 2d				2e	792,429
3	Subtract line 2e from line 1				3	3,157,308
4	A mounts included on Form 990, P	art VIII, line 12, but not on line 1				· · · · · · · · · · · · · · · · · · ·
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b		1	
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4c.	(This must equal Form 990, Part I, line	12)		5	3,157,308
Part		nses per Audited Financial St			s per Re	eturn.
		tion answered 'Yes' on Form 990,				
1	Total expenses and losses per au	dited financial statements			1	3,831,105
2	Amounts included on line 1 but no	t on Form 990, Part IX, line 25		1		
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
C	Other losses		2c			
d	Other (Describe in Part XIII) .		2d	735,598		
е	Add lines 2a through 2d				2e	735,598
3	Subtract line $\bf 2e$ from line $\bf 1$				3	3,095,507
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b .	. 4a			
b	Other (Describe in Part XIII) .		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 and 4	c. (This must equal Form 990, Part I, li	ne 18)	5	3,095,507
Dari	XIII Supplemental Inform	nation				
	• • •					
		t II, lines 3, 5, and 9, Part III, lines 1a es 2d and 4b, and Part XII, lines 2d an				any additional
	mation	,	u	noo comprote and part t	о р. от. а о	
	Return Reference	Explanation				
See A	dditional Data Table					

Page 5	chedule D (Form 990) 2015		
	ormation <i>(continued)</i>	Supplemental Info	Part XIII
	Explanation	Return Reference	
	1	L	

Additional Data

Software ID: 15000324

Software Version: 2015v3.0 **EIN:** 94-6078420

Name: Save The Bay

Supplemental Information

Return Reference	Explanation
Part X FIN48 Footnote	Income TaxesFinancial statement presentation follows the recommendations of ASC 740, Income Taxes. Under ASC 740, the Organization is required to report information regarding its exposure to various tax positions taken by the Organization and requires a two-step process that separates recognition from measurement. The first step is determining whether a tax position has met the recognition threshold, the second step is measuring a tax position that meets the recognition threshold. Management believes that the Organization has adequate ly evaluated its current tax positions and has concluded that as of September 30, 2016 the Organization does not have any uncertain tax positions for which a reserve or an accrual for a tax liability would be necessary. The Organization has received notification from the Internal Revenue Service and the State of California that it qualifies for tax-exempt status under Section 501(c)(3) of the Internal Revenue Code and Section 23701d of the California Revenue and Taxation Code. This exemption is subject to periodic review by the federal and state taxing authorities and management is confident that the Organization continues to satisfy all federal and state statutes in order to qualify for continued tax exemption status. The Organization receives unrelated business income (sublease rental income) which requires the Organization to file separate tax returns under federal and state statutes. Tax liabilities, if any exist, are accrued at the statutory tax rates in effect at the end of the fiscal year.

Supplemental Information				
Return Reference	Explanation			
Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	Contributions on Action Fund 990 \$760131 Interest Income on Action Fund 990 \$2 Form 990-T expenses \$31124			

Supplemental Information				
Return Reference	Explanation			
Part XII, Line 2d Other expenses and losses per audited F/S	Save The Bay Action Fund Expenses \$704474 Form 990-T expenses \$31124			

SCHEDULE G

Total

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

DLN: 93493215014177

Inspection

Name of the organization **Employer identification number** Save The Bay 94-6078420

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations Solicitation of non-government grants ▼ Internet and email solicitations ▼ Solicitation of government grants Special fundraising events ▼ Phone solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising ✓Yes No services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization col (i) control of contributions? Yes No Direct Mail Chapman Cubine 2000 15th St N Νo 533,696 179,419 354,277 Arlington, VA 22201

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

533,696

179,419

354,277

Pa	rt II Fundraising Events. Complete if the organization fundraising event contribution	ns and gross income				
	receipts greater than \$5,000	(a)Event #1	(b) Event #2	(c)O ther events	(d) Total events	
		(event type)	(event type)	(total number)	(add col (a) through col (c))	
me	_					
Reverne	1 Gross receipts					
	2 Less Contributions					
	Gross income (line 1 minus					
	4 Cash prizes					
	5 Noncash prizes					
Se	6 Rent/facility costs					
Expenses	7 Food and beverages					
	8 Entertainment					
Direct	9 Other direct expenses					
۵	10 Direct expense summary Add lines 4	through 9 in column (d	i)			
	11 Net income summary Subtract line 1	0 from line 3, column (d	d)	•		
Par	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	19, or reported mor	re than \$15,000 on	
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))	
 	1 Gross revenue					
nses	2 Cash prizes					
Expen	3 Noncash prizes					
Direct E	4 Rent/facility costs					
<u> </u>	5 Other direct expenses					
	6 Volunteerlabor					
	8 Net gaming income summary Subtra	ct line 7 from line 1, co	lumn (d)			
9	Enter the state(s) in which the organization conducts gaming activities					
а	Is the organization licensed to conduct gaming activities in each of these states? Yes No					
b	If "No," explain					
10a	Were any of the organization's gaming li				Yes No	

SCHE	dule G (Form 990 or 990-EZ) 2	015		Page
11	Does the organization conduct	gaming activities with nonmem	bers?	Yes No
12	Is the organization a grantor, b	peneficiary or trustee of a trust o	or a member of a partnership or other	entity
	formed to administer charitable	e gamıng?		Yes No
13	Indicate the percentage of gam	ning activity conducted in		
а	The organization's facility			13a 9
b	An outside facility			13b
14	Enter the name and address of	the person who prepares the or	ganızatıon's gamıng/specıal events l	books and records
	Name ▶			
	Address ►			
15a			hom the organization receives gami	
	revenue?			Yes No
b	If "Yes," enter the amount of g	aming revenue received by the	organization 🕨 \$	and the
	amount of gaming revenue reta	nined by the third party $ hildsymbol{ hinspace}$ \$		
c	If "Yes," enter name and addre	ess of the third party		
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation	n ▶ \$		
	Description of services provide	ed		
	Director/officer	Employee	☐ Independent contracto	r
17	Mandatory distributions			
а	Is the organization required un	ider state law to make charitable	e distributions from the gaming proce	eeds to
	retain the state gaming license	e?		□Yes □No
b	Enter the amount of distributio	ns required under state law dist	ributed to other exempt organization	· ·
	in the organization's own exem	pt activities during the tax year	> \$	
Par		10b, 15b, 15c, 16, and 17b,	anations required by Part I, line as applicable. Also complete th	
		(5555557.		

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493215014177 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Save The Bay 94-6078420 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of valuation (h) Purpose of grant **(b)** EIN (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government other) assistance (1) Save The Bay Action Fund 46-5304696 501c4 200,000 Bay preservation 1330 Broadway 1800 Oakland, CA 94612 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

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DLN: 93493215014177

SCHEDULE M (Form 990)

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 2015

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Save The Bay

Employer identification number 94-6078420

Pa	rt I	Types of Property							
			(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of do noncash contrib	etermı	_	ts
1	Art-V	Works of art			-				
2	Art-H	Historical treasures .							
3	Art-F	ractional interests							
4	Books	s and publications							
5		ing and household							
_	goods	and other vehicles	X	9	12.200	Net Proceeds			
		and planes	^	9	12,300	Net Proceeds			
		ectual property							
		rities—Publicly traded .	Х	14	50,435	FMV			
		rities—Closely held stock .			,				
	Secur	rities—Partnership, LLC, st interests							
L2	Secur	rities—Miscellaneous							
L3	contri	fied conservation ibution—Historic tures							
L4	Q ualıt	fied conservation ibution—Other							
L5		estate—Residential .							
L 6	Reale	estate—Commercial							
L7	Reale	estate—Other							
L8	Collec	ctibles							
L 9	Food	inventory							
20	Drugs	and medical supplies .							
		ermy							
		rıcal artıfacts							
		tific specimens							
		eological artifacts							
		► () ► ()							
		► () ► ()							
		► ()							
		er of Forms 8283 received	bv the orga	inization during the tax vea	r for contributions				
		iich the organization comple				29			
								Yes	No
30a	Durir	ng the year, did the organiza	tion receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that			
	ıt mu	ist hold for at least three yea	ars from the	e date of the initial contribu	ition, and which is not requi	red to be used			
	for ex	xempt purposes for the entir	e holding p	period ⁷			30a		Νo
b	If"Y	es," describe the arrangeme	ent in Part I	II					
31	Does	the organization have a gift	t acceptano	ce policy that requires the r	review of any non-standard	contributions?	31	Yes	
32a	Does	the organization hire or use	e third parti	ies or related organizations	to solicit, process, or sell i	noncash			
	contr	ributions?					32a	Yes	_
b	If"Y	es," describe in Part II							
33	Ifthe	e organization did not report	an amount	: in column (c) for a type of	property for which column (a) is checked,			
	desc	ribe in Part II						1 1	

Schedule M (Form 990) (2015)	Page 2
ın Part I, column (b	ormation. Ition required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting), the number of contributions, the number of items received, or a combination of both. Deart for any additional information.
Return Reference	Explanation
	Vehicle DonationsSave The Bay is a participant in a vehicle donation program operated by a third-party agency which physically collects and subsequently sells donated vehicles and shares the proceeds with the Organization The third-party agency is Car Donation Services,

Inc , 4971 Pacheco Blvd, Martinez, CA 94553, 925-229-5444 During the year ended September 30, 2016, Save The Bay received \$12,300 in net proceeds from vehicle donations

Schedule M (Form 990) (2015)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Supplemental Information to Form 990 or 990-EZ

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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493215014177

2015

Open to Public Inspection

<u>service</u>	
Name of the organization Save The Bay	Employer identification number
	94-6078420

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Restore Bay Habitat (continued) at these shoreline restoration s ites. This year they grew more than 30,000 plants in our two native plant nurseries, plant ed them in priority restoration sites, and removed invasive plants and trash. We enlisted 6,150 volunteers in these activities, including more than 1,500 middle and high school stu dents and teachers and thousands of adults from community groups, businesses, and the gene rall public. In addition, we grew and planted 70,000 plants for installation at a major sci entific demonstration projects site, Oro Loma's horizontal levee. Save The Bay conducted e ducational Bay shoreline stew ardship experiences and classroom preparation for students and teachers, including many from low-income households. We provided a variety of deeper sci ence learning programs and continued to make our Watershed Education Curriculum available free to teachers on-line. OTHER PROGRAM SERVICES 5 Education and Outreach (continued) external communications, cultivation of supporters and development of resources. OTHER PROGRAM M SERVICES 6 Bay Smart Communities (continued) complying with regulatory requirements to reduce trash entering the Bay through storm water, and made recommendations for improving the effectiveness of those regulations to reach the mandated goal of zero trash in stormwater flowing to the Bay by 2022.

990 Schedule O, Supplemental Information

Revenue Service

Return

Reference	
Form 990, Part	FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL THE FORM IS REVIEWED BYTHE ORGANIZATI
VI, Line 11b	ON'S MANAGEMENT AND THE EXECUTIVE DIRECTOR THIS GROUP OF INDIVIDUALS DISCUSSES THE CONTEN
Form 990	TS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL After a full review, the final version
Review	of the tax return is provided to all members of the organization's voting body. A represe
Process	ntative of management authorizes the final return which is then e-filed with the Internal

Explanation

990 Schedule O, Supplemental Information

Return

Reference	
Form 990, Part	MEMBERS OF THE BOARD OF DIRECTORS REVIEW ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNU
VI, Line 12c	ALLY THE EXECUTIVE DIRECTOR AND ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) P

Explanation

Explanation of OTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS LOANS BETWEEN THE ORGANIZATION AND Monitoring and MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED THE ORGANIZATION SEEKS FULL T Enforcement of RANSPARENCY ON ALL RELATIONSHIPS ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISC Conflicts USSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES

990 Schedule O. Supplemental Information Return

Reference Form 990, Part MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF THE EXECUTIVE DIRECTOR PERIOD. LICALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. FEFORTS ARE MADE TO SECURE COMPENSATI. ON DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND A PPROPRIATENESS OF SALARIES EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN

Explanation

Compensation Review & Approval ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES Process - CEO. Top

VI. Line 15a

Management

990 Schedule O. Supplemental Information Return

COMPENSATION OF OTHER PERSONNEL AND KEY EMPLOYEES IS REVIEWED PERIODICALLY BY MEMBERS OF M. ANAGEMENT (Generally by the Executive Director) EFFORTS ARE MADE TO SECURE COMPENSATION D

Explanation

Compensation Review and Approval of Directors and DOCUMENTation is placed IN PERSONNEL FILES Process for Officers and Key Employees

Reference Form 990, Part

VI. Line 15b

ATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND A PPROPRIATENESS OF SAL ARIES AND ALL RELATED BENEFITS ALL DECISIONS ARE THEN reviewed and approved by the Board

Return
Reference
Form 990, Part ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGALFILINGS

990 Schedule O, Supplemental Information

Available

VI, Line 19
Other
Organization
Documents
Publicly

ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY TAX AUTHORITIE
S AND THE GENERAL PUBLIC TAX RETURNS ARE POSTED ANNUALLY TOWWW GUIDESTAR ORG (WHERE THEY
ARE AVAILABLE FOR VIEWING AS ELECTRONIC COPIES) AND ARE ALSO AVAILABLE FOR A PHYSICAL INSP
ECTION AT THE ORGANIZATION'S OFFICE IN OAKLAND, CALIFORNIA

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
SCHEDULE R | Related Or

DLN: 93493215014177OMB No 1545-0047

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at $\underline{www.irs.qov/form990}$.

Name of the organization Save The Bay				Employer i	dentifi	cation number		
Save the bay				94-60784	20			
Part I Identification of Disregarded Entities Complete	e if the organization	answered "Yes" or	n Form 990, Pa	rt IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets]	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during the	itions Complete if t tax year.	he organization an	swered "Yes" o	n Form 990, Pa	rt IV,	line 34 because it l	nad one	2
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	on Public charity s (if section 501((f) Direct controlling entity	Section (13) co ent	ntrolled ity?
(1)Save The Bay Action Fund 1330 Broadway 1800	Support entity	CA	501c4			Save The Bay	Yes	No No
Oakland, CA 94612 46-5304696								
			1					

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990	, Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General or managing		General or managing partner?		General or managing partner?		(k) Percentage ownership
				314)			Yes	No		Yes	No							
											<u> </u>							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes

$oldsymbol{1}$ During the tax year, did the organization engage in any of the following transactions with one or more	e related organizations li	sted in Parts II-IV	7			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1 b	Yes	
c Gift, grant, or capital contribution from related organization(s)				1 c		No
d Loans or loan guarantees to or for related organization(s)				1d	Yes	
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1 f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
${f m}$ Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1 q		No
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1 s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must compl		· ·		s		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount I	nvolved	d
1)Save The Bay Action Fund	b	200,000	Cost Basis			
2)Save The Bay Action Fund	d	43,492	Cost Basis			

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
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													<u></u>
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