Department of the Treasury

DLN: 93493221004498

2016

OMB No 1545-0047

Open to Public

### **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

nternal	Reven	ue Service							Inspection
A Fo	or the	<b>2016</b> c		inning 10-01-2016 , and endi	ng 09-30-	-2017			
		plicable	C Name of organization Save The Bay				D Employ	er identif	fication number
	dress c me cha	-					94-607	'8420	
	ial retu	-	Doing business as						
Fina	al n/term	unated					E Tolonbo	ne number	
	ended		Number and street (or PO box if 1330 Broadway	mail is not delivered to street address)	Room/suite	9	·		
□ App	olicatio	n pending	· ·	untry, and ZIP or foreign postal code			(510) 4	163-6850	1
			Oakland, CA 94612	untry, and ZIP or foreign postal code			6 6		125 516
			<b>F</b> Name and address of princip	and officer		117-2 2 11		eceipts \$ 3	
			David Lewis	our officer		H(a) Is this	- '	eturn for	□Yes ☑No
			1330 Broadway 1800 Oakland, CA 94612			H(b) Are all	dınates? subordına	tes	
Tax	-exem	pt status				includ	ed?		☐ Yes ☑No
				(insert no ) 4947(a)(1) or		H(c) Group		•	instructions)
We	ebsite	e:► ww	w savesfbay org			rice) Group	exemption	i number	•
( Form	of or	anization.	✓ Corporation ☐ Trust ☐ Ass	ecciation Other	T i	L Year of forma	tion 1964	M State	of legal domicile CA
• 1 0111	i oi oig	garnzacion	E Corporation E Trast E As.	other P					
Pai	rt I	Sum	-		•				
			scribe the organization's mission	or most significant activities ancisco Bay for people and wildlif	e by re-est	tablishing tid:	al march in	reventin	a development and
ین				ing an effective constituency of Ba			ai illaisii, p	revending	g development and
<u> </u>	_								
Ě	_								
Š	2 (	Check thi	s box • 🗖 if the organization d	iscontinued its operations or dispo	nsed of mo	re than 25%	of its net a	assets	
5				ing body (Part VI, line 1a)			or its fiet (	3	13
š	4 1	Number o	of independent voting members of	4	13				
	5	Total nun	nber of individuals employed in c	alendar year 2016 (Part V, line 2a	a)			5	40
Activities & Governance	6 -	Total nun	nber of volunteers (estimate if ne		6	5,291			
۹	7a -	Total unr	elated business revenue from Pa		•	7a	2,692		
	<b>b</b> i	Net unrel	ated business taxable income fro	om Form 990-T, line 34			•	7b	
						Pric	or Year		Current Year
<u>a</u>			ions and grants (Part VIII, line 1	•			3,147,	300	3,288,254
Ravenue		-	` '	2g)					(
å			ent income (Part VIII, column (A)	•	6,556			8,663	
			venue (Part VIII, column (A), line	•	40)		3, 3,157,	452	79,809 3,376,726
				ust equal Part VIII, column (A), l	•				
				column (A), lines 1–3)			204,	/50	6,300
		•		column (A), line 4)			1.050	053	1 002 064
Expenses				penefits (Part IX, column (A), lines umn (A), line 11e)	•		1,958,	646	1,982,860 99,040
£					•		05,	040	
3			raising expenses (Part IX, column (D),	s 11a-11d, 11f-24e)			842,	150	1,072,820
			, , , , , , , , , , , , , , , , , , , ,	qual Part IX, column (A), line 25)	•		3,095,		3,161,020
			•	from line 12				801	215,700
× %		TC V C I I G C	TOS EXPENSES SUBTRICE INTO TO			Beginning	of Current		End of Year
Net Assets or Fund Balances									
Bat	20 -	Total ass	ets (Part X, line 16)				2,262,	420	2,492,593
2 2	21	Total liab	ılıtıes (Part X, line 26)				203,	242	217,709
		Vet asset	s or fund balances Subtract line	21 from line 20	•		2,059,	178	2,274,884
	t II		ature Block						
				mined this return, including accom e Declaration of preparer (other					
any kr	nowle	dge							
		*****	*			2018	3-08-09		
Sign		Signati	ure of officer			Date			
lere		David I	_ewis Executive Director						
			r print name and title						
			rint/Type preparer's name	Preparer's signature	Dat	te		PTIN	
Paic	1		ouglas W Regalia	Douglas W Regalia			ck LJ ıf   employed	P0018638	9
	are	• ⊢	ırm's name 🕨 Regalıa & Associates			1	ı's EIN ▶		
-	Onl	1 -	ırm's address ► 103 Town Country Dr	Ste K		Pho	ne no (925)	314-0390	
			Danville, CA 94526						
1ay ti	ne IRS	discuss	this return with the preparer sho	own above? (see instructions) .				. 🗹 v	Yes 🗌 No

FOITH	990 (2016)					Page <b>2</b>
Par	t IIII Statement	of Program Service	e Accomplis	hments		
	Check If Sche	dule O contains a respo	nse or note to a	any line in this Part III		🗹
1		organization's mission		·		
	ngage more than 40,0 atıng thousands of stu		es and voluntee	ers to protect the Bay,	and inspire the next generation of o	environmental leaders by
2	Did the organization	undertake any significar	nt program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	•	ese new services on Sch				
3	Did the organization					
						🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule	e O			
4	Section $501(c)(3)$ an		ns are required	to report the amount	largest program services, as meas of grants and allocations to others,	
4a	(Code	) (Expenses \$	938,407	including grants of \$	) (Revenue \$	)
	See Additional Data					,
4b	(Code	) (Expenses \$	842,317	ıncludıng grants of \$	6,300 ) (Revenue \$	)
	See Additional Data					
4c	(Code	) (Expenses \$	333,473	including grants of \$	) (Revenue \$	)
	See Additional Data					
4d	Other program servi					
	(Expenses \$	ınclu	ding grants of	\$	) (Revenue \$	)
4e	Total program serv	vice expenses ▶	2,114,1	97		

or X as applicable

Page 3

No

Nο

Nο

Nο

Nο

No

Nο

Form **990** (2016)

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, lıne 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**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 investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

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 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦 . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Yes

Yes

Yes

Yes

21

23

29

Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	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?			

)a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Νo

Νo

Nο

Page 4

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 . . . . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

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," 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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 🥞

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Form 990 (2016)

Par	rt 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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	23		
	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 gam (gambling) winnings to prize winners?	ıng 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	40		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?			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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicitiany contributions that were not tax deductible as charitable contributions?		Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts w not tax deductible?	ere 6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			١.,
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
·	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	0		
e	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 For 1098-C?	m <b>7h</b>		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 duit the year?	ring 8		No
Qa	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No No
	Did the sponsoring organization make any taxable distributions and advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			<del>-</del>
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	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.	$\dashv$		
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm 00	<b>0</b> (2016)

orm 9	990 (2016)			Page <b>6</b>
Part	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to l	
	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>
Sec	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 11		res	NO
	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 13			
	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
	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		No
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
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	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
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	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			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
	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)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	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		
	ction C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed ►  CA			
	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)			
	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			

20 State the name, address, and telephone number of the person who possesses the organization's books and records
►Robin Erickson 1330 Broadway 1800 Oakland, CA 94612 (510) 463-6850

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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 • 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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne bo	ox, ι n of or/t	t ch unle ficei rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
(1) Samuel Luoma	3 00										
Board Chair	0 00	X		Х				0	0	0	
(2) Anne Toth	0 50										
Vice Chair-Gov	0 00	X		Х				0	0	0	
(3) William Leimbach	2 00										
Vice Chair-IA	0 00	Х		Х				0	0	0	
(4) Lynda Sullivan	2 00										
Vice Chair-EA		Х		Χ				0	0	0	
(5) Donnie Fowler	0 00 1 00										
	***************************************	х						0	0	0	
Director	0 00 1 00				_						
(6) Ron Gonzales		х						О	0	0	
Director	0 00										
(7) Christopher Hockett		х						0	0	0	
Director	0 00										
(8) Mıchael Katz	1 00	x						0	0	0	
Director	0 00										
(9) Henry Manayan	1 00	x						0	0	0	
Director	0 00								3		
(10) Dean Menıktas	1 00										
Chairman	0 00	X						0	0	0	
(11) Christopher Richard	1 00										
Director	0 00	X						0	0	0	
(12) Stephen Thompson	1 00										
Director	0 00	Х						0	0	0	
(13) Andrew Williams	1 00										
Director		Х						0	0	0	
(14) Robin Erickson	0 00 35 00										
				Х				97,588	0	6,965	
CFO	0 00 40 00										
(15) David Lewis				Х				132,419	0	9,486	
Exec Director	0 00										

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		hours per week (list any hours	than one box, unless person is both an officer and a director/trustee)						compensation from the organization (W-	from related organizations (V	v-	amount o compens from t	ation :he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		organizati relate organiza	≘d
											$\bot$		
											$\perp$		
											$\perp$		
											$\bot$		
											$\perp$		
								_			$\perp$		
16	Sub-Total										$\bot$		
c ·	Total from continuation sheets to Particle (add lines 1b and 1c)	•					<b>*</b>		230,007				16,451
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos				e) who	rece	eived more than \$1	00,000			
										. г		Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> 2			ee, k •				or hi	- '	employee on	3		No

a	otal (add lines 1b and 1c)	
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\blacktriangleright$ 1	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization. Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

individual .

Chapman Cubine Adams Hussey

2000 15th St N Arlington, VA 22201

Section B. Independent Contractors

compensation from the organization ▶ 1

	Fotal from continuation sheets to Part VII, Section A       ▶         Fotal (add lines 1b and 1c)			16,451
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\blacktriangleright$ 1			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

(D) (A) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated

Form 990 (2016)

No

Νo

162,300

(C)

Compensation

5

(B)

Description of services

consulting services

Part		Statement of	Revenue							rage <b>3</b>
		<del></del>		a respo	onse or note to any	/ line in th	ııs Part VIII			🗆
						Total re	4)	(B) Related or exempt function	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campaigr	ns	1a				revenue		512-514
nts Ints		<b>b</b> Membership dues .		1b	<u> </u>					
ira nou		c Fundraising events		1c	<u> </u>					
s. ( An		<b>d</b> Related organization			<u> </u>					
Gift		e Government grants (co		1e	97,580					
. E		f All other contributions,		l re	] 37,300 ]					
ion r S		and similar amounts no above		1f	3,190,674					
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution	ns included							
들을		in lines 1a-1f \$		161	<u>,365</u>					
Cont and	F	n Total.Add lines 1a-1	f		•	3,	288,254			
<u> 1</u>					Busines	s Code				
H-M	2a			_						
Service Revenue	ь	) —————————————————————————————————————		_						
٩٥	c	:		_						
<u> </u>	d	l								
E	е	· ————								
Program	f	All other program se	rvice revenue	!		0		I		
Δ	g	<b>Total.</b> Add lines 2a-2f			<b>&gt;</b>	U				
		Investment income (ir			interest, and other		8,663			8,663
		similar amounts). Income from investme			ond proceeds	<u> </u>	0			<u>'</u>
		Royalties				•	0			
			(ı) Rea		(II) Personal	<u> </u>				
	6a	Gross rents				7				
		Less rental expenses		42,000 39,308		-				
		, Loos Fortal expenses		02,000						
	•	Rental income or (loss)		2,692						
		Net rental income or	r (loss)		· · · <b>•</b>	-	2,692		2,692	
			(ı) Securit		(II) Other	+				
	7a	Gross amount	.,		. ,	7				
		from sales of assets other								
		than inventory								
	Ŀ	Less cost or other basis and								
	,	sales expenses Gain or (loss)				$\dashv$				
		l Net gain or (loss)			<b>-</b>	-	0			
		Gross income from fu		ents		1				
ne		(not including \$ contributions reporte		of						
Other Revenue		See Part IV, line 18		a	85,500	o				
Re	Ŀ	Less direct expenses	s	b	19,482	2				
er		: Net income or (loss)			ents		66,018			
<b>₽</b>	9a	Gross income from g See Part IV, line 19		ies						
				а	1					
	Ŀ	Less direct expenses	s	b						
	(	Net income or (loss)	from gaming	activit	ies		0			
	10	aGross sales of invent returns and allowanc	ory, less							
				а	2,266	5				
	Ł	Less cost of goods s	old	b						
	•	Net income or (loss)	from sales of	invent	tory ►		2,266	2,266	5	
		Miscellaneous	Revenue		Business Code	_				
	11	La Other					8,833	8,833	3	
	Ł	)								
	•									_
		All other revenue .								
	•	Total. Add lines 11a	-11d		•		8,833		<u></u>	
	12	<b>2 Total revenue.</b> See	Instructions				3,376,726		2,692	8 663
							3,370,720	11,095	2,092	8,663 Form <b>990</b> (2016)

**17** Travel . . . . . . . .

**19** Conferences, conventions, and meetings **20** Interest . . . . . . .

21 Payments to affiliates . . . .

expenses on Schedule O )

**b** Printing and Publications

d Dues, licenses, service fees

c Miscellenous expense

e All other expenses

23 Insurance . . .

a In-kind xpenses

federal, state, or local public officials .

22 Depreciation, depletion, and amortization .

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e 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 ▶ ☑ If following SOP 98-2 (ASC 958-720)

Form 990 (2016)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all co	-	•	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			<u> L</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,300	6,300		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	230,007	133,260	86,153	10,594
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,458,083	963,181	206,777	288,125
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	159,679	107,082	25,177	27,420
<b>10</b> Payroll taxes	135,091	90,738	21,359	22,994
11 Fees for services (non-employees)				
a Management	0			
<b>b</b> Legal	4,312	3,624	688	
<b>c</b> Accounting	39,771		39,771	
<b>d</b> Lobbying	0			
e Professional fundraising services See Part IV, line 17	99,040			99,040
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)	244,229	227,017	17,212	
12 Advertising and promotion	57,598	40,804		16,794
13 Office expenses	39,178	32,523	3,127	3,528
<b>14</b> Information technology	128,822	88,303	15,663	24,856
15 Royalties	0			
<b>16</b> Occupancy	246,870	165,922	39,118	41,830

34,507

5,077

7,442

17,089

110,471

64,149

61,471

39,987

-28,153

3,161,020

183,930

0

0 0 33,061

1,015

6,635

10,808

110,471

36,118

32,977

24,358

2,114,197

117,715

369

3,351

390

4,899

8,819

6,704

7,718

-28,153

459,142

3,679

1,077

711

417

1,382

19,212

21,790

7,911

587,681

62,536

Form 990 (2016)

Page **11** 

0

0

16.874

88,934

128.775

217,709

1.709.124

565,760

2,274,884

2.492.593

Form **990** (2016)

2,492,593

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

60.636

62,400

140.842

203,242

1.268,493

790.685

2,059,178

2,262,420

2,262,420

	beginning or year		End of year
1 Cash-non-interest-bearing	386,880	1	111,84
2 Savings and temporary cash investments	174,383	2	323,655
3 Pledges and grants receivable, net	965,711	3	817,040
4 Accounts receivable, net	24,541	4	80,219
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	:	5	C

	4	Accounts receivable, net			24,541	4	80,219
S	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa II of Schedule L		5	0		
	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations ( Part II of Schedule L	n 4958 tions c	(c)(3)(B), and of section 501(c)(9)		6	0
et	7	Notes and loans receivable, net				7	0
Assets	8	Inventories for sale or use		8	0		
⋖	9	Prepaid expenses and deferred charges			26,523	9	23,626
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	184,737			
	ь	Less accumulated depreciation	<b>10</b> b	106,766	85,413	10c	77,971
	11	Investments—publicly traded securities .				11	0
	12	Investments—other securities See Part IV, line	538,333	12	1,041,367		

	24	Unsecured notes and loans payable to unrelated third parties
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)  Complete Part X of Schedule D
	26	Total liabilities. Add lines 17 through 25
Balances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets
Bal	28	Temporarily restricted net assets
Ĕ	29	Permanently restricted net assets
Fund		Organizations that do not follow SFAS 117 (ASC 958),
ō	30	check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds
ssets	31	Paid-in or capital surplus, or land, building or equipment fund
As	32	Retained earnings, endowment, accumulated income, or other funds

33

34

13

14

15

16

17

18

19

20

21

Liabilities

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Intangible assets . . . .

Grants payable . .

Deferred revenue .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

persons Complete Part II of Schedule L .

Form 990 (2016)

Form	990 (2016)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	,376,726
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	161,020
3	Revenue less expenses Subtract line 2 from line 1	3			215,706
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	,059,178
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
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	274,884
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ 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 separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За

Νo

Form **990** (2016)

3b

#### **Additional Data**

Software ID: 16000303

**Software Version:** 2016v3.0 **EIN:** 94-6078420

Name: Save The Bay

Form 990 (2016)

Schedule O)

Form 990, Part III, Line 4a:

Education and Outreach - Save The Bay is pursuing ecologically sound and equitable development policies, to meet the challenge of a growing Bay Area in ways that benefit the Bay and build support for the Bay among the regions fastest growing populations. To promote Bay Smart communities we will lead cities to meet new standards for sustainability and employ green infrastructure. This is our path toward a healthy Bay and vibrant Bay Area Save The Bay provided information to regional residents and key policymakers about threats from new federal officials to the Bay and the laws that protect the Bay and vits fish and wildlife. To promote Bay Smart communities, we began

developing a primer on best practices for urban development of infrastructure, including transportation and housing, that protects the Bay from impacts of (continued on

## Restore Bay Habitat - Save The Bay is working with partners to restore Bay habitat on a grand scale, through effective policies and sound science, by securing the necessary funding and enlisting volunteers. This is how we will re-establish 100,000 acres of restored tidal marsh and key transition zones to benefit endangered species and shoreline communities. This is our path to a San Francisco Bay that is resilient to climate change. We continued to support the outreach and organizational efforts of the San Francisco.

Bay Restoration Authority, a regional agency preparing to allocate public funding for wetland restoration from proceed of regional measure AA. We provided information to policymakers and the public about additional Bay wetland restoration needs, and opportunities to accelerate restoration in advance of (continued on Schedule O)

Form 990, Part III, Line 4b:

# Form 990, Part III, Line 4c: 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)

efile GRAPHIC print - DO NOT			<u>nt - DO NOT PROCES</u>	S As Filed Data -		DLN: 93493221004			
SCH	IED	ULE A	Public	c Charity Statu	s and Pul	olic Supp	ort	OMB No 1545-0047	
(Fori	n 990			organization is a sect				2016	
990E	Z)			4947(a)(1) nonexe  ▶ Attach to Form				2010	
•		the Treasury	► Information al	oout Schedule A (Form			uctions is at	Open to Public Inspection	
Name	of th	<del>ue Service</del> ne organiza	tion	<u>www.m.s.g</u>	<u>00/10/11/990</u> .		Employer identific	<u> </u>	
ave II	he Bay						94-6078420		
Par			for Public Charity St a private foundation beca				See instructions.		
1 1	yanızı		onvention of churches, or	`	•		(A)(i)		
2		•	scribed in section 170(t			. , , ,	(4)(1).		
3			or a cooperative hospital s		,	•	'iii'\		
4		·	esearch organization ope	-				nter the hospital's	
•	Ш		and state		a nospital descri	Ded III Section	170(b)(1)(A)(III). L		
5			ition operated for the ber ( <b>iv).</b> (Complete Part II )	nefit of a college or unive	rsity owned or op	perated by a gov	vernmental unit descri	bed in <b>section 170</b>	
6			tate, or local government	or governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)(	A)(v).		
7	<b>✓</b>		ation that normally receiv <b>0(b)(1)(A)(vi).</b> (Compl		s support from a	governmental (	unit or from the gener	al public described in	
8		A communi	ty trust described in <b>sect</b>	ion 170(b)(1)(A)(vi)	(Complete Part I	I)			
9			ural research organization ant college of agriculture					ege or university or a	
LO		from activit	ation that normally receivites related to its exempt income and unrelated busies section 509(a)(2).	functions—subject to cer isiness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross	
11		•	ation organized and opera		r public safety S	ee section 509	)(a)(4).		
12		more public	ation organized and opera ly supported organization through 12d that describ	ns described in <b>section 5</b>	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509</b> (a		
а		Type I. A so	supporting organization of n(s) the power to regular Part IV, Sections A and	perated, supervised, or c ly appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by		
b		Type II. A manageme	supporting organization s nt of the supporting organizations	supervised or controlled i nization vested in the sar					
С		Type III fo	unctionally integrated. organization(s) (see instru	A supporting organizatio				ted with, its	
d		functionally	on-functionally integra integrated The organiza ) You must complete I	ition generally must satis	fy a distribution	requirement and			
e		Check this	box if the organization re- or Type III non-functiona	ceived a written determir	nation from the I		ype I, Type II, Type II	I functionally	
f	Enter		of supported organization		organization				
g	Provid	de the follow	ing information about the	supported organization(	(s)				
(i)Na	ime of	f supported (	organization (ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	Is the organiz	v) ation listed in ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No	1		
			L						
Total			tion Act Notice, see the		Cat No 11285		 Schedule A (Form 9	00 000 57\ 0015	

	(or fiscal year beginning in) ▶	(-)	(-)	(3)=3= .	(4,2010	(0,2020	(1).000.
1	Gifts, grants, contributions, and						
	membership fees received (Do not	3,724,908	3,219,174	2,776,083	3,147,300	3,288,254	16,155,719
	include any "unusual grant ")						
2	Tax revenues levied for the						_
	organization's benefit and either paid						0
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						0
	the organization without charge						
4	Total. Add lines 1 through 3	3,724,908	3,219,174	2,776,083	3,147,300	3,288,254	16,155,719
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						2,315,235
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						12.040.404
	from line 4						13,840,484
_ :	Section B. Total Support	•					
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	(f)Total
	(or fiscal year beginning in) 🕨	(4)2012	(0)2013	(0)201-	(4)2013	(0)2010	(1)10tai
7	Amounts from line 4	3,724,908	3,219,174	2,776,083	3,147,300	3,288,254	16,155,719
Q	Gross income from interest						

6	<b>Public support.</b> Subtract line 5 from line 4						13,840,484
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total
7	Amounts from line 4	3,724,908	3,219,174	2,776,083	3,147,300	3,288,254	16,155,719
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,672	9,529	8,375	6,556	8,663	49,795
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital	3,844	2,508	2,267	4,690	8,833	22,142

Amounts from line 4	3,724,908	3,219,174	2,776,083	3,147,300	3,288,254	16,155,719
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,672	9,529	8,375	6,556	8,663	49,795
Net income from unrelated business activities, whether or not the business is regularly carried on						0
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	3,844	2,508	2,267	4,690	8,833	22,142
<b>Total support.</b> Add lines 7 through 10						16,227,656
		<b>\</b>			1 1	

12 25,294

12 Gross receipts from related activities, etc (see instructions)

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 

14

Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 85 290 % 15 Public support percentage for 2015 Schedule A, Part II, line 14 15 86 820 %

16a 33 1/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

▶ ☑ and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 h 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2016

Section A. Public Support										
the organization fails to qualify under the tests listed below, please complete Part II.)										
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT									

Se	ection A. Public Support						
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	<b>(e)</b> 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	( <b>d)</b> 2015	<b>(e)</b> 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b  Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
	11, and 12 )  First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and <b>stop here</b>	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, <b>►</b> □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f	))	17	
18	Investment income percentage from 2			,(	••	18	
	331/3% support tests—2016. If the			on line 14, and lir	e 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

ightharpoons

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V ) Section 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	1 - '		l

	(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or (2)	L
	W 20010 305 (4)(1) 01 (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	Ĺ
	below	ſ
•	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 <b>Part VI</b> when and how the organization made the	

	III Section 309(a)(1) or (2)	2	i
3a	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	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> 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?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	Ī

	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 <b>Part VI</b> when and how the organization made the		
	determination	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below	4a	
	Did the eventualities have obtained and discussion in deciding whather to make make to the fewer or comparted	$\Box$	

		30	l
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	
a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın 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 <b>Part VI</b> 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)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support		

	to the foleigh supported organization was used exclusively for section 170(e)(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 <b>Part VI</b> , 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	
С	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	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	11c		
C-	ection B. Type I Supporting Organizations			
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 of	ır 🗆	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	<b>VI</b> 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 or restrictions, if any, applied to such			
	powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [	res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		Τ.,	
	Did the appropriate analysis to each of the growth of annual to the last the second of the second of the	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported	n 1		
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 <b>Part VI</b> how the organization	"		
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
			1	
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (	see instru	ictions)	)
2	Activities Test Answer (a) and (b) below.	_	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supporte</b> organizations and explain how these activities directly furthered their exempt purposes, how the organization was	<b>3</b>		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of 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	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of <b>3a</b>		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3b		
		,	1	

-	Add lifles 1 till odgif 5			
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .



**SCHEDULE C** (Form 990 or 990-

EZ)

### **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

OMB No 1545-0047

DLN: 93493221004498

Open to Public Inspection

Department of the Treasury www.irs.gov/form990.

Interna	al Revenue Service							
• S	ection 501(c)(3) org Section 501(c) (othe	ganizations Con er than section 5	n Form 990, Part IV, Line 3, or Form inplete Parts I-A and B Do not complete 01(c)(3)) organizations Complete Parts and Applied Applied to the parts of the parts	e Part I-C	·		·	nen
If the • S • S If the (Prox	Section 501(c)(3) of Section 501(c)(3) of corganization ans xy Tax) (see sepai	wered "Yes" or rganizations that rganizations that wered "Yes" or rate instruction	n Form 990, Part IV, Line 4, or Form have filed Form 5768 (election under have NOT filed Form 5768 (election under n Form 990, Part IV, Line 5 (Proxy Ta	section 501(h)) Co	omplete Par i)) Comple	rt II-A Do not o te Part II-B Do	complete Part I o not complete	Part II-A
Nar	ne of the organizat e The Bay	ion	·			94-6078420	entification nu	ımber
Par	t I-A Complet	e if the orga	nization is exempt under secti	on 501(c) or is	a section	n 527 orgar	nization.	
1 2 3	Political expenditi		ızatıon's dırect and ındırect political ca	mpaign activities ir	n Part IV	•	\$	
	Volunteer hours	e if the orga	nization is exempt under secti	on 501(c)(3)				
1			x incurred by the organization under s					
2		•	x incurred by organization managers i				\$ \$	
3		•	tion 4955 tax, did it file Form 4720 for			,	* <u> </u>	
4a	Was a correction			,				
							☐ Yes	☑ No
	If "Yes," describe	in Part IV e if the organ	nization is exempt under secti	on 501(c), exce	ent sectio	on 501(c)(3	31.	
1			ed by the filing organization for section				\$	
2		of the filing org	anization's funds contributed to other	•			\$	
3	Total exempt fund	ction expenditure	es Add lines 1 and 2 Enter here and o	on Form 1120-POL,	line 17b	<b>&gt;</b>	\$	
4	Did the filing orga	anızatıon file <b>For</b> ı	n 1120-POL for this year?				⊤ Yes	
5	organization mad of political contrib	e payments For outions received	employer identification number (EIN) o each organization listed, enter the am that were promptly and directly delive se (PAC) If additional space is needed	nount paid from the red to a separate p	filing orga olitical orga	nızatıon's fund anızatıon, such	ds Also enter th	
	(a) Nam	e	(b) Address	(c) EIN	filing o	ount paid from irganization's If none, enter -0-	contributio and pror directly de separate organizatio	nt of political ons received mptly and elivered to a e political on If none, er -0-
2								
3								
4								
5								
6 Eor B	anorwork Roduction	Act Notice ace	he instructions for Form 000 or 000 E7		N 5000:	Call III o		200 57) 2015
יטו ר	aperwork Reduction	i aci nolice, see t	he instructions for Form 990 or 990-EZ.	Cat	No 500849	s schedule C	C (Form 990 or 9	/9U-EZ] 2016

84,096

25,489

76,916

5,302

76,194

30,000

77,013

31,655

Schedule C (Form 990 or 990-EZ) 2016

314,219

471.329

92,446

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Grassroots ceiling amount

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

#### Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 3 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493221004498

OMB No 1545-0047

Open to Public

## **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.

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

Inspection

	<b>me of the organization</b> e The Bay					- -	ntification	numb	er
	Our ainstinus Nationalista December		\	Cincile of Free d		5078420			
126	Organizations Maintaining Donor Complete if the organization answere				IS OF ACC	counts.			
	· •	(a) Donor advised	d funds	3	(b)	Funds and	other accou	ınts	
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			'es	 □ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?					urpose		'es	□ No
Pa	rt III Conservation Easements. Complet	te if the organization a	answe	red "Yes" on F	orm 990	, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by th	e organization (check all	that ap	oply)					
	Preservation of land for public use (e g , red	creation or education)		Preservation of	f an histor	ically impo	ortant land a	rea	
	Protection of natural habitat			Preservation of	f a certifie	d historic s	structure		
	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 conserva	tion co	ntribution in the	e form of a		tion t the End of	f the `	Year
а	Total number of conservation easements				2a				
b	Total acreage restricted by conservation easemen	nts			2b				
С	Number of conservation easements on a certified		•	•	2c				
d	Number of conservation easements included in (c structure listed in the National Register	:) acquired after 8/17/06,	and n	ot on a historic	2d				
3	Number of conservation easements modified, tra tax year ▶	nsferred, released, exting	juished	l, or terminated	by the or	ganızatıon	during the		
4	Number of states where property subject to cons	ervation easement is loca	ated 🕨						
5	Does the organization have a written policy regar and enforcement of the conservation easements		rıng, ır	spection, handli	ing of viola	ations,	☐ Yes		lo
6	Staff and volunteer hours devoted to monitoring,	, inspecting, handling of v	riolatio	ns, and enforcin	g conserv	ation ease	ments during	g the y	year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violati	ons, aı	nd enforcing cor	servation	easement	s during the	year	
8	Does each conservation easement reported on lir	ne 2(d) above satisfy the	require	ements of sectio	n 170(h)(	4)(B)(ı)			
	and section 170(h)(4)(B)(II)?	,	•			,, ,,,	☐ Yes		lo
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the or							
Par	Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historic			Other Si	milar As	sets.		
1a	If the organization elected, as permitted under S art, historical treasures, or other similar assets h provide, in Part XIII, the text of the footnote to it	eld for public exhibition,	educat	ion, or research	ın further			orks o	of
b	If the organization elected, as permitted under S historical treasures, or other similar assets held f following amounts relating to these items	FAS 116 (ASC 958), to re	port ir	ı ıts revenue sta	tement ar				
(	i) Revenue included on Form 990, Part VIII, line 1					<b>&gt;</b> \$			
(	i)Assets included in Form 990, Part X					<b>▶</b> \$			
2	If the organization received or held works of art, following amounts required to be reported under				financial g	ain, provid	le the		
а	Revenue included on Form 990, Part VIII, line 1					<b>&gt;</b> \$			
b	Assets included in Form 990, Part X					<b>▶</b> \$			_
For	Paperwork Reduction Act Notice, see the Inst	ructions for Form 990.		Cat	No 52283	BD Sche	dule D (Fo	rm 99	00) 2016

Par	3111	Organizations Ma	aintaining Coll	ections of A	Art, Histo	rical T	reası	ures, or	Other	Similar As	<u>ssets (</u>	<i>continue</i>	d)
3		the organization's acqui (check all that apply)	uisition, accessior	, and other re	cords, chec	k any of	the fo	ollowing th	nat are a	significant u	use of it	s collection	on
а		Public exhibition			d		Loan	or excha	nge prog	ırams			
b		Scholarly research			е		Othe	er					
c		Preservation for future	generations										
4	Provide Part	de a description of the o	organızatıon's coll	ections and ex	kplain how t	hey furt	her th	e organiza	ation's e	xempt purpo	se in		
5	Durin	g the year, did the orga s to be sold to raise fur								nılar	□ Ye	es 🗆	No
Pai	t IV	Escrow and Custon Complete of the organization (Complete of the Organization)			n Form 99	00, Pari	t IV, I	ine 9, or	reporte	ed an amou	ınt on '	Form 99	0, Part
1a		e organization an agent ded on Form 990, Part X		an or other inte	ermediary fo	or contr	ibution	ns or othe	r assets	not	☐ Ye	es 🗆	No
b	If "Y∈	es," explain the arrange	ement in Part XIII	and complete	the followin	g table		Γ		А	mount		
c	Begin	ning balance		•				Ī	1c				
d	_	ions during the year						ľ	1d				
e		butions during the year	-					ľ	1e				
f	Endın	ig balance							1f				
<b>2</b> a		ne organization include	an amount on Fo	rm 990. Part X	(, line 21, fc	r escro	w or cu	ustodial ad	ccount lia	ability?	□ Ye		No
b	If "Ye	es," explain the arrange	ment in Part XIII	Check here if	the explana	ation ha	s been	provided	l ın Part i	XIII			
Pa	rt V	Endowment Fund	<b>ds.</b> Complete ıf	the organıza	ition answ	ered "Y	'es" o	n Form 🤉	990, Pai	t IV, line 1	.0.		
				(a)Current ye	ear (b	Prior yea	ar	(c)Two ye	ars back	(d)Three yea	ars back	(e)Four	years back
1a	Beginn	ing of year balance .											
b	Contrib	outions											
С	Net inv	estment earnings, gain	ns, and losses										
d	Grants	or scholarships	•										
е		expenditures for facilitie ograms	es										
f	Admını	strative expenses .											
g	End of	year balance											
2	Provid	de the estimated percei	ntage of the curre	nt year end ba	alance (line	1g, colu	ımn (a	)) held as	5				
а	Board	d designated or quasi-ei	ndowment 🟲										
ь	Perm	anent endowment 🕨											
С	Temp	orarily restricted endov	wment <b>&gt;</b>										
		ercentages on lines 2a,		d equal 100%									
3а		here endowment funds nization by	not in the posses	sion of the org	anızatıon th	at are h	neld ar	nd adminis	stered fo	r the		Ye	s No
	(i) ur	nrelated organizations										a(i)	
b		elated organizations .es" on 3a(ii), are the rel		s listed as requ	 uıred on Scl	 nedule F	۲۶.	· · ·			<u> </u>	a(ii) 3b	
4	Descr	ribe in Part XIII the inte	ended uses of the	organızatıon's	endowmen	t funds							_
Pai	rt VI	Land, Buildings,					<b>.</b>			225 -		1.6	
	Descri	Complete if the ordering	ganization answ (a) Cost or oth (investme	er basis (I	h Form 990 b)Cost or othe					m 990, Par lepreciation		ie 10. (d)Book v	alue
1a	Land												
b	Buildin	gs					99,633			31,383			68,25
С	Leaseh	old improvements											
		nent					85,104			75,383			9,72
	Other		- h		<b>D</b> =-1-12	75	\ <i>\</i>	10( ) )					
rota	u. Add	lines 1a through 1e (Co	oiumn (d) must ed	iuai Form 990.	. Part X. col	umn (B	). line	10(c)) .		<b>P</b>			77.97

Part VII Investments—Other Securities. Complete if the org	ganization ansv	vered 'Yes' on Fo	orm 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value		c)Method of valuation or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>▶</b> 1,041,367		
Part VIII Investments—Program Related. Complete if the o See Form 990, Part X, line 13.	rganization ans	swered 'Yes' on I	Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value		c) Method of valuation or end-of-year market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes'		ert IV June 11d. So	o Form 990 Part V June 15
(a) Description	0111 01111 930, Fa	iit IV, iiile IIu Se	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X  Other Liabilities. Complete if the organization answer	red 'Yes' on Fo	rm 990. Part IV	. line 11e or 11f.
See Form 990, Part X, line 25.		ook value	, into 110 or 1111
1. (a) Description of liability  (1) Federal income taxes	(6) 5	OOK VAIGE	
Accrued payroll liabilities (2)		128,775	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	b constants to the or	128,775	and ababase and the bound to the
2. Liability for uncertain tax positions In Part XIII, provide the text of the forganization's liability for uncertain tax positions under FIN 48 (ASC 740)			_

Part XI

2

3

4

5

1

2

b

d

е 3

а

b

c

Part XIII

5

4

b

Part XII

b

Schedule D (Form 990) 2016

Page 4

71,233

3,376,726

3,376,726

3,286,406

125,386

Donated services and use of facil	lities	5	
Recoveries of prior year grants			

Other (Describe in Part XIII ) . . . . .

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Other (Describe in Part XIII ) . . . . .

Supplemental Information

Add lines 4a and 4b . . .

Donated services and use of facilities .

Prior year adjustments . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Net unrealized gains (losses) on investments .

c Reco Other (Describe in Part XIII ) . d Add lines 2a through 2d . е Subtract line 2e from line 1 .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

2d Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b.

4a 4b

2a

2b

2c

2a

2b

2c 2d

4b

Explanation

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

4c

2e

3

27,300

43,933

27,300

98.086

2e

3

4c

5

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

3.161.020 3,161,020 Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2015

Page <b>5</b>	edule D (Form 990) 2015	
	ation (continued)	Part XIII Supplemental Infor
	Explanation	Return Reference

Schedule D (Form 990) 2016

#### **Additional Data**

**Software ID:** 16000303

**Software Version:** 2016v3.0 **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 the at 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, 2017 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 \$4625 Interest Income on Action Fund 990 \$0 Form 990-T expenses \$39308

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d Other expenses and losses per audited F/S	Save The Bay Action Fund Expenses \$58778 Form 990-T expenses \$39308

S

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

DLN: 93493221004498

OMB No 1545-0047

### **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.

Open to Public Inspection

Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization Save The Bay 94-6078420 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 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 e 🗹 Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants ✓ Phone solicitations ✓ Special fundraising events ✓ In-person 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 services? ✓ Yes ☐ No 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 (iv) Gross receipts (v) Amount paid to (i) Name and address of (ii) Activity (iii) Did (vi) Amount paid to fundraiser have ındıvıdual from activity (or retained by) (or retained by) custody or or entity (fundraiser) fundraiser listed in organization control of col (i) contributions? Yes No Direct Mail Chapman Cubine 100 Montgomery St Nο 162,300 San Francisco, CA 94104 2 5 8 9 10 Total 162,300 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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events Special Events (add col (a) through (event type) (total number) (event type) col (c)) Revenue 1 Gross receipts. 85,500 85,500 2 Less Contributions. 3 Gross income (line 1 minus 85,500 85,500 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 19,482 19,482 **10** Direct expense summary Add lines 4 through 9 in column (d) . . . 19,482 11 Net income summary Subtract line 10 from line 3, column (d) . . . . 66,018 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities \_ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain \_

Sche	dule G (Form 990 or 990-EZ) 2016					F	Page <b>3</b>
11	Does the organization conduct gaming	activities with nonmen	nbers?		□Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gaming		or a member of a partnership or other entity		□Yes		
13	Indicate the percentage of gaming acti	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the per	son who prepares the o	organization's gaming/special events books and re	ecords			
	Name >						
	Address >						
15a	Does the organization have a contract revenue?	with a third party from	whom the organization receives gaming		Yes	□No	
Ь	If "Yes," enter the amount of gaming ramount of gaming revenue retained by		e organization 🕨 \$ and th	ie			
С	If "Yes," enter name and address of the	e third party					
	Name ▶						
	Address ▶						
16	Gaming manager information						
	Name 🟲						
	Gaming manager compensation $ ightharpoons$						
	Description of services provided ►						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а	•	e law to make charitab	le distributions from the gaming proceeds to				
	retain the state gaming license?				☐Yes	□No	
b	·		stributed to other exempt organizations or spent				
	in the organization's own exempt activ		•		1.7.		
Par		5c, 16, and 17b, as	anations required by Part I, line 2b, columns applicable. Also complete this part to provid				
	Return Reference		Explanation				
	I, Line 2b - Fundraiser Additional mation	Save The Bay utilizes direct marketing firms	the sevices of Chapman Cubine and Hussey, Inc , $% \left\{ 1,2,3,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4$	one of	the most r	enowned	

DLN: 93493221004498 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶ 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 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number Save The Bay 94-6078420 Types of Property Part I (d) (a) (b) (c) Check if Number of contributions or Noncash contribution Method of determining items contributed applicable noncash contribution amounts amounts reported on Form 990, Part VIII, line 1g Art—Works of art . 2 Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods . . . . Cars and other vehicles Χ 16,200 Net Proceeds Boats and planes . Intellectual property Χ 34,694 FMV Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial 17 Real estate—Other . 18 Collectibles . . 19 Food inventory . 20 Drugs and medical supplies 21 Taxidermy . . . . 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . 25 Other ▶ ( 110,471 FMV Other In-Kind ) 26 Other ▶ ( \_ 27 Other ▶ ( \_ Other ► ( \_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Nο b If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . 32a Yes b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2016) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2016)	rage Z												
Part II Supplemental Info	Part II Supplemental Information.												
Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part													
I, column (b), the nי	umber of contributions, the number of items received, or a combination of both. Also complete												
this part for any add	iltional information.												
Return Reference Explanation													
Parties	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, 2017, Save The Bay received \$16,200 in net proceeds from vehicle donations												

Dage 2

Schedule M (Form 990) (2016)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493221004498 OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990 or 990-Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. EZ) ▶ Attach to Form 990 or 990-EZ. Open to Public ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Department of the Treasury Inspection www.irs.gov/form990. Name of the organization **Employer identification number** Save The Bay 94-6078420 990 Schedule O, Supplemental Information Explanation Return Reference Form 990. OTHER PROGRAM SERVICES 4 Restore Bay Habitat (continued) climate change and sea level ris Part III. Line e, including through the provision of additional state and federal funds. Our community-ba 4d Other sed restoration program assists Federal, state and local landowners of shoreline parcels t Program o improve vital wetland habitat, including replanting ecotone transition with native plant Services s areas at former salt ponds in Hayward. Redwood City and Menlo Park, and shoreline sites Description in Oakland and Palo Alto. At these sites and our native plant nurseries, participants enga ge in hands-on wetland restoration and stewardship activities. This year volunteers grew an d planted more than 30,000 plants in our nurseries and at restoration sites, also removing invasive plants and trash. We enlisted more than 6,000 volunteers in these activities, in cluding more than 1,500 middle and high school students and teachers and thousands of adul ts from community groups, businesses, and the general public. We conducted educational sho reline stewardship experiences and classroom preparation for students and teachers, with a growing percentage from low-income households. We provided a variety of deeper science le arning programs and continued to make our watershed education curriculum available free to teachers on-line OTHER PROGRAM SERVICES 5 Education and Outreach (continued) regional p opulation growth and climate change. We worked with key regulatory agencies and cities to reduce bay pollution from stormwater runoff, to meet mandated targets for reducing trash a nd other pollution flowing to the Bay, toward the ultimate goal of zero trash in stormwate r flowing to the Bay by 2022 We improved cities compliance with trash regulations and str engthened the regulations themselves. We also worked to create new public financing for ur ban stormwater pollution reduction, including enhanced street trash removal by the City of Oakland Our prior work with Bay Area municipalities to significantly reduced distributio n of single-use plastic bags ultimately led to a statewide ban on those bags, which annual ly prevents billions of tons of plastic pollution in the Bay, its tributaries and the Paci fic Ocean OTHER PROGRAM SERVICES 6 Bay Smart Communities (continued) complying with regu latory requirements to reduce trash entering the Bay through storm water, and made recomme ndations for improving the effectiveness of those regulations to reach the mandated goal o f zero trash in stormwater flowing to the Bay by 2022

Return Explanation Reference

990 Schedule O, Supplemental Information

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

11b Form 990 Review Process

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	MEMBERS OF THE BOARD OF DIRECTORS REVIEW ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNU ALLY THE EXECUTIVE DIRECTOR AND ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) P OTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED THE ORGANIZATION SEEKS FULL T RANSPARENCY ON ALL RELATIONSHIPS ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISC USSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF THE EXECUTIVE DIRECTOR PERIOD ICALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS EFFORTS ARE MADE TO SECURE COMPENSATI ON DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES

## 990 Schedule O, Supplemental Information Return Explanation

Reference	
Form 990, Part VI, Line 15b Compensation Review and	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 ATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SAL ARIES AND ALL RELATED BENEFITS ALL DECISIONS ARE THEN reviewed and approved by the Board of Directors and DOCUMENTation is placed IN PERSONNEL FILES
Approval Process for Officers and Key Employees	

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	All of the organization's governing documents, financial statements and other legal filing s are maintained in a secure environment and held available for inspection by Tax Authorit ies and the General Public Tax Returns are posted annually to Save the Bay's website (www savesfbay org) and www guidestar org (where they are available for viewing as electronic copies), and are also available for a physical inspection at the organization's office in Oakland, California

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493221004498 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2016 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Save The Bay 94-6078420 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) **(e)** End-of-year assets Total income or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>s</b> Complete if the org	anızatıon answered	"Yes" on Form 990	, Part IV, line 34 be	ecause it had one or	more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		512(b) 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							
For Paperwork Reduction Act Notice, see the Instructions for Form 99	90.	Cat No 5013	 B5Y		Schedule R (Form	990) 20	016

		1 // // //	1 4 5 1		1 45	1 40	1 .			1 ()	1 4				
(a) Name, address, and EIN of related organization		Primary activity		nary Legal vity domicile (state or foreign	Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income				Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	ral or aging ner?	(k) Percenta ownersh
					514)			Yes	No		Yes	No			
											1	1 1			
Identification of Related Organiza because it had one or more related or						zation ansv	vered "Yes	" on Fo	orm 9!	90, Part IV,	line	34			
		a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	(1	ı) ntage	Se (1	(I) ection 512 3) control entity?		
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	<ol><li>control</li></ol>		
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?		
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?		
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?		
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?		

Schedule R (Form 990) 2016		Pa	ge <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		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)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		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
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	1p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses	1q	Yes	

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
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 Ye	s
o Sharing of paid employees with related organization(s)	1o Ye	s
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses	1q Ye	s
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining am	ount involv	/ed

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

<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or g	<b>(k)</b> Percentage ownership
İ			514)	Yes	No	ļ ,		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2016

Schedule R (Form 990) 2016 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2016