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

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the 2	$2021$ calendar year, or tax year beginning ${ t OCT 1, 2021}$ and ending	SEP 30, 202	2
<b>B</b> 0	heck if	C Name of organization	D Employer ident	fication number
a	pplicable:			
X	Address	SAVE THE BAY		
	Name change	Doing business as	94-6078	420
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s		
	Final return/	560 14TH STREET 400	510-463	
	termin- ated □Amended	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,053,464.
L	_return _Applica-	OARLAND, CA 94012	H(a) Is this a group	
	tion pending	F Name and address of principal officer: DAVID LEWIS		es? Yes X No
_		SAME AS C ABOVE	H(b) Are all subordinates	
				a list. See instructions
		▶ WWW.SAVESFBAY.ORG         roanization:       X Corporation       Trust       Association       Other ▶       L y	H(c) Group exempt	
		ganization: X Corporation Trust Association Other ► L Y	rear of formation: 1904	M State of legal domicile; CA
1 6		riefly describe the organization's mission or most significant activities: SAVE THE	BYA DDUMECHO	מוא ב
ë		The strip describe the organization's mission or most significant activities: SAVE THE ESTORES SAN FRANCISCO BAY FOR PEOPLE AND WILL		
Governance	_	heck this box  if the organization discontinued its operations or disposed of m		
/err	l		1.	1
é		umber of independent voting members of the governing body (Part VI, line 1a)		
∞ ∞		otal number of individuals employed in calendar year 2021 (Part V, line 2a)		
ties		otal number of individuals employed in calendar year 2021 (Fart V, line 2a)		
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12		
Ā		et unrelated business taxable income from Form 990-T, Part I, line 11		
			Prior Year	Current Year
	8 C	ontributions and grants (Part VIII, line 1h)	4,531,820	
Revenue	l	rogram service revenue (Part VIII, line 2g)	0	
Š		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	7,184	
æ	1	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,512	
	l	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,547,516	
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	5,600	
	l	enefits paid to or for members (Part IX, column (A), line 4)	0	
G	l	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,009,010	. 2,384,801.
Expenses	1	rofessional fundraising fees (Part IX, column (A), line 11e)	48,400	. 0.
bei	l	otal fundraising expenses (Part IX, column (D), line 25) 1,210,685.		
ũ	<b>17</b> O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	969,448	
	<b>18</b> To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,032,458	. 3,341,197.
		evenue less expenses. Subtract line 18 from line 12	1,515,058	. 712,267.
Net Assets or			Beginning of Current Yea	
sets	<b>20</b> To	otal assets (Part X, line 16)	4,624,689	
t As	<b>21</b> To	otal liabilities (Part X, line 26)	364,507	
	22 N	et assets or fund balances. Subtract line 21 from line 20	4,260,182	. 4,498,154.
		Signature Block		
	-	es of perjury, I declare that I have examined this return, including accompanying schedules and sta		my knowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
0		Signature of officer	L Date	
Sigi		DAVID LEWIS, EXECUTIVE DIRECTOR	Duto	
Her	e	Type or print name and title		
	- 1		Date Check	PTIN
Paid		Print/Type preparer's name Preparer's signature  RACY TEALE TRACY TEALE	09/26/23 self-emp	
Prep		irm's name APRIO, LLP		57-1157523
		irm's address 150 POST STREET, SUITE 200	THIIIS LIN	
500	···,	SAN FRANCISCO, CA 94108	Phone no 4	15-777-4488
Mav	the IRS	discuss this return with the preparer shown above? See instructions	11 Hone no. 4	X Yes No
		p. p. p. z.		

Form 990 (2021) SAVE THE BAY 94-6078420 Page **2** 

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WE WORK WITH TENS OF THOUSANDS OF VOLUNTEERS AND SUPPORTERS TO CREATE
	A CLEAN AND HEALTHY BAY, RINGED BY VIBRANT HABITAT AND COMMUNITIES
	RESILIENT TO CLIMATE CHANGE, WHERE RESIDENTS VALUE THE BAY AS CENTRAL
	TO THE BAY AREA'S EXCEPTIONAL QUALITY OF LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$
Ta	RESTORE BAY HABITAT
	WE RESTORE TIDAL MARSH TRANSITION ZONE HABITAT TO NURTURE WILDLIFE AND
	PROTECT COMMUNITIES FROM RISING TIDES AND CLIMATE CHANGE IMPACTS. WE
	BOOST PUBLIC FUNDING TO ACCELERATE BAY RESTORATION, AND WE CREATE
	SHORELINE HABITAT THROUGH NOVEL SCIENTIFIC TECHNIQUES, MOBILIZING
	THOUSANDS OF COMMUNITY VOLUNTEERS TO PROPAGATE NATIVE PLANTS, INSTALL
	AND MAINTAIN THEM TO IMPROVE BAY HEALTH AND UTILIZE NATURE FOR CLIMATE
	ADAPTATION.
	205 164
4b	(Code:) (Expenses \$ 395,164. including grants of \$) (Revenue \$)
	BAY SMART COMMUNITIES
	WE ADVOCATE WITH MANY PARTNERS FOR THE BAY AND ITS SHORELINE
	COMMUNITIES, SO NATURE GROWS AND PEOPLE THRIVE HERE. WE BATTLE
	POLLUTION AND PROMOTE GOVERNMENT POLICIES TO BOOST BAY AREA RESILIENCE
	TO CLIMATE CHANGE AND REDUCE STORMWATER POLLUTION, EXPANDING GREEN
	INFRASTRUCTURE THAT EMPLOYS NATURE TO PROVIDE MULTIPLE COMMUNITY
	BENEFITS. WE CAMPAIGN FOR ENFORCEMENT OF LAWS THAT PROHIBIT TRASH IN
	THE BAY AND DESTRUCTIVE SHORELINE DEVELOPMENT, AND FOR EXPANSION OF
	PUBLIC ACCESS TO THE BAY FOR EVERYONE.
	200 040
4c	(Code:) (Expenses \$ 328,849. including grants of \$ 5,000. ) (Revenue \$)
	EDUCATION AND OUTREACH
	WE EDUCATE AND MOBILIZE THE PUBLIC, PARTNERS AND POLICY-MAKERS TO BE
	ACTIVE LEADERS FOR BAY PROTECTION AND RESTORATION, ENGAGING MORE THAN
	50,000 SUPPORTERS, STUDENTS, BUSINESS AND COMMUNITY LEADERS IN ADVOCACY
	AND VOLUNTEER ACTIVITES. WE EDUCATE THOUSANDS OF STUDENTS IN SCIENCE
	AND STEWARDSHIP ON THE SHORELINE, AND WITH WATERSHED CURRICULUM AND
	ENGAGING "OUTDOOR LEARNING ONLINE" VIDEO LESSONS ACCESSIBLE TO ALL. WE
	LEAD THE REGION'S ANNUAL CELEBRATION OF BAY DAY.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,484,297.
	Form <b>990</b> (2021)

94-6078420 Page **3** 

# Form 990 (2021) SAVE THE BAY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١		<del></del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	, ,	12a		X
h	Schedule D, Parts XI and XII	IZa		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	71	x
13	Did the appropriation projection of the control of the United Otelson	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		├^
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	<b> </b>		<sub>V</sub>
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		_	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
				-

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Part IV Checklist of Required Schedules (continued	1)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			\ <b>.</b>
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			₩.
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		. v
00	"Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	, ,	32		x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
<b>5</b> 4		34	Х	
352	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
-5	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			$\Omega\Omega\Omega$	

	990 (2021) SAVE THE BAY 9	4-607842	0 г	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			_
_	5. "		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	34		
h	filed for the calendar year ending with or within the year covered by this return  [2a]  If at least one is reported on line 2a, did the organization file all required federal employment tay returns?		X	
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.		22	
За				Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			+
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		_	
14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
h	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 (FBAI	3).		
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	any contributions that were not tax deductible as charitable contributions?	ا ا	1	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	)	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	to the payor? <b>7</b> a	ı	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		)	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	;	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		,	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>1</del>	•	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re	equired? 7g	1	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	n 1098-C? <b>7</b> h	1	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	)	
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against			
b				
122	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12:		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12	и	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13	а	
_	Note: See the instructions for additional information the organization must report on Schedule O.		-	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14	а	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			L
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	<u> </u>	Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<b>i</b>	Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	,	
	If "Yes," complete Form 6069.			

6

2021.06010 SAVE THE BAY

Form 990 (2021) SAVE THE BAY 94-6078420 Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

<u></u>	Cneck if Schedule O contains a response or note to any line in this Part VI			Δ
Sec	tion 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 12	-		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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?  f "Yes." provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This occitor b requests information about policies not required by the internal nevertue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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 - 510-463-6850			
	560 14TH STREET, 400, OAKLAND, CA 94612			

Form 990 (2021) SAVE THE BAY 94-6078420 Page 7

# 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 year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box,	not cl	ss per	ition more rson is	than on the state of the state	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DAVID LEWIS	40.00			77				170 645	0	14 021
EXEC DIRECTOR	0.50			Х				172,645.	0.	14,031.
(2) ROBIN ERICKSON	40.00			х				164 740	0	0 212
CFO (3) GWENDOLYN TORNATORE	40.00			Λ				164,742.	0.	8,323.
CHIEF ADVANCEMENT OFFICER	40.00					x		143,750.	0.	2,261.
(4) JESSICA OLSON	40.00					^		143,730.	0.	2,201.
HABITAT RESTORATION DIRECTOR	40.00					X		100,181.	0.	6,631.
(5) CHRISTOPHER HOCKETT	5.00							100,101.	<b></b>	0,031.
BOARD CHAIR	3.00	х		х				0.	0.	0.
(6) MELISSA MANGINI	2.00									<u> </u>
VICE CHAIR-GOV		х		х				0.	0.	0.
(7) ARMELLO RODRIGUEZ	2.00									
VICE CHAIR-IA		Х		х				0.	0.	0.
(8) RHIANNON BAILARD	2.00									
VICE CHAIR-EA		Х		Х				0.	0.	0.
(9) CHIRAG AMIN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) STEVE DAKIN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) DENNIS DEBROECK	1.00									
DIRECTOR		Х						0.	0.	0.
(12) NANCY FEE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) DONNIE FOWLER	1.00									
DIRECTOR		Х						0.	0.	0.
(14) YOON KIM	1.00									
DIRECTOR		Х						0.	0.	0.
(15) HUGH LE	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(16) SAMUEL LUOMA	1.00									_
DIRECTOR	1 22	Х				_		0.	0.	0.
(17) JULIANA PARK	1.00								_	_
DIRECTOR		Х						0.	0.	0 <b>.</b> Form <b>990</b> (2021)

132007 12-09-21 Form **990** (2021)

Page 8 Form 990 (2021) SAVE THE BAY 94-1

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) SAVE THE BAY 94-6078420

(A) Name and title	(B) Average hours per week	box	not cl	Pos heck i ss per	more son i	than o	n an	(D)  Reportable compensation from	(E)  Reportable compensation from related		an	(F) timate nount o	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	3	com fr orga	pensat om the anizati d relate inizatio	e on ed
(18) JAY PIERREPONT DIRECTOR	1.00	х						0.		0.			0.
(19) SURESH RAMAN	1.00	22				$\vdash$		•		•			<u> </u>
DIRECTOR		х						0.		0.			0.
(20) LAUREN SWEZEY	1.00												-
DIRECTOR		Х						0.		0.			0.
(21) TERRY YOUNG	1.00												
DIRECTOR		Х						0.		0.			0.
1b Subtotal				l			<b>•</b>	581,318.		0.	3:	1,24	16.
c Total from continuation sheets to Part VI							<b>•</b>	0.		0.			0.
d Total (add lines 1b and 1c)							<b></b>	581,318.		0.	3:	1,24	16.
<ul> <li>Total number of individuals (including but no compensation from the organization</li> </ul>	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				4
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for si											3		X
4 For any individual listed on line 1a, is the su												37	
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a											5		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Schedule	9 J T	or st	icn į	oers	on					3		21
Complete this table for your five highest countries the organization. Report compensation for the organization.										ensat	tion fro	m	
(A)	ine calendar ye	Jai C	nun	ig w	ILIT	JI VVI		(B)	ear.		(C	:)	
Name and business	address	NO	ONE	S				Description of s	ervices	С	omper		า
							$\dashv$						
2 Total number of independent contractors (in	ncluding but n	ot lin	niter	t to	thos	se lie	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	•	J. 111			(				2. 3 G (G)			200 <i>(c</i>	

		Charle if Cabadula O contains a record	aa ar nata ta any lin	as in this Dort VIII			
		Check if Schedule O contains a respon	se or note to any iir	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Tovellae		business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns1a					
ran	b	Membership dues 1b					
۾, ۾		Fundraising events 1c					
ifts r A	,	d Related organizations 1d					
, Bila	,	Government grants (contributions) 1e	357,522.	-			
Sin		All other contributions, gifts, grants, and	007,0220	-			
utic e	'		3,647,308.				
ē			3,047,300.	-			
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contributions included in lines 1a-1f		4 004 020			
<u>S</u> <u>E</u>	r	1 Total. Add lines 1a-1f		4,004,830.			
			Business Code				
e	2 a	a	_				
e Čį	k	o	_				
Se	c		_				
am	c	d					
Program Service Revenue							
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, int					
	3			42,395.			42,395.
		other similar amounts)		42,333.			±2,333°
	4	Income from investment of tax-exempt bon					
	5	Royalties(i) Real					
			(ii) Personal	-			
		Gross rents 6a		-			
	t	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	d Net rental income or (loss)	<u></u>				
	7 a	Gross amount from sales of (i) Securities	s (ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
e		and sales expenses					
enı		Gain or (loss) 7c					
Revenue	,	d Net gain or (loss)	<b>•</b>				
erF		a Gross income from fundraising events (not					
Oth		including \$ of					
O		contributions reported on line 1c). See					
		• • • • • • • • • • • • • • • • • • • •	0-				
		· · · · · · · · · · · · · · · · · · ·	8a	-			
			8b				
		Net income or (loss) from fundraising event	s <u>P</u>				
	9 a	a Gross income from gaming activities. See	_				
			9a				
			9b				
		Net income or (loss) from gaming activities	<b>.</b>				
	10 a	Gross sales of inventory, less returns					
		and allowances	10a				
	b	Less: cost of goods sold	10b				
		Net income or (loss) from sales of inventory	<b>&gt;</b>				
		, ,	Business Code				
sno	11 =	oTHER	712190	6,239.	6,239.		
neo	l t		-	1,200	1,200		
Miscellaneous Revenue	'		_				
Sce			_	<del> </del>			
Ξ̈́		d All other revenue		6 220			
		Total Add lines 11a-11d	<b>)</b>	6,239.	6,239.	0.	42,395.
	12	Total revenue. See instructions	•	<b>14 . U J J . 4 U 4 。</b>	1 U.ZJJ.	ı U.	44.373.

132009 12-09-21

# Form 990 (2021) SAVE THE BAY Part IX Statement of Functional Expenses

Cooti	on F01(a)(2) and F01(a)(4) arganizations must some	loto all calumna All othe	or organizations must con	anlota aglumn (A)	-
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			пріете соіитті (А).	X
_	Check if Schedule O contains a respons	(A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	19,500.	19,500.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	365,602.	108,727.	194,672.	62,203.
6	Compensation not included above to disqualified	,	,	,	<u>,                                      </u>
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,707,013.	879,358.	241,565.	586,090.
8	Pension plan accruals and contributions (include	_,,0,,0±0•	3,3,330.		200,0301
0					
•	section 401(k) and 403(b) employer contributions)	150,564.	71,836.	31,693.	47,035.
9	Other employee benefits	161,622.	77,088.	34,033.	50,501.
10	Payroll taxes	101,022.	11,000.	34,033.	30,301.
11	Fees for services (nonemployees):				
	Management				
	Legal	45 040		22 205	22 (62
	Accounting	45,948.		23,285.	22,663.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	345,334.	71,672.	40,329.	233,333.
12	Advertising and promotion	94,464.	3,491.		90,973.
13	Office expenses	92,177.	51,687.	7,327.	33,163.
14	Information technology	124,983.	54,263.	32,125.	38,595.
15	Royalties				
16	Occupancy	70,220.	33,878.	14,110.	22,232.
17	Travel	54,561.	53,205.	667.	689.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,615.	5,301.	1,027.	11,287.
20	Interest	,	.,	,	,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,889.	12,889.		
23		23,004.	11,283.	8,746.	2,975.
23 24	Other expenses. Itemize expenses not covered	20,001.	,	5,720	2,3,3.
<b>4</b> +	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)  MISC	51,530.	28,128.	15,762.	7,640.
a	EQUIPMENT RENTAL	4,171.	1,991.	874.	1,306.
b	EZOTEMENT VENTAL	+,⊥/⊥•	1,331.	0/4•	1,300.
C					
d	All all and an area of the second and a second a second and a second a				
	All other expenses	2 2/1 107	1 404 207	646 015	1 210 605
25	Total functional expenses. Add lines 1 through 24e	3,341,197.	1,484,297.	646,215.	1,210,685.
26	<b>Joint costs.</b> 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)				000

94-6078420 Page **11** 

SAVE THE BAY

# Form 990 (2021) Part X | Balance Sheet

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			434,712.	1	415,007
	2	Savings and temporary cash investments			238,793.	2	93,202
	3	Pledges and grants receivable, net	77,359.	3	374,859		
	4	Accounts receivable, net	136,506.	4	111,119		
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual	ified per	onssons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	B			20,760.	9	17,277
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	178,768.			
	b	Less: accumulated depreciation	10b	123,057.	68,600.	10c	55,711
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		3,526,451.	12	3,650,677	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			121,508.	15	24,707
	16	Total assets. Add lines 1 through 15 (must equ	ıal line 3	3)	4,624,689.	16	4,742,559
	17	Accounts payable and accrued expenses			43,459.	17	52,450
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ဖွ	22	Loans and other payables to any current or form	ner offic	er, director,			
≝		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
-	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D			321,048.		191,955
4	26	Total liabilities. Add lines 17 through 25			364,507.	26	244,405
,,		Organizations that follow FASB ASC 958, che	eck here	e ▶ X			
Š		and complete lines 27, 28, 32, and 33.			2 225 265		4 000 000
<u> </u>	27	Net assets without donor restrictions			3,995,067.	27	4,072,206
2	28	Net assets with donor restrictions			265,115.	28	425,948
בו		Organizations that do not follow FASB ASC 9	958, che	eck here 🕨 📖			
Ĭ		and complete lines 29 through 33.					
ပ္သ	29	Capital stock or trust principal, or current funds				29	
se.	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			1 060 100	31	4 400 4=:
Se	32	Total net assets or fund balances			4,260,182.	32	4,498,154
	33	Total liabilities and net assets/fund balances			4,624,689.	33	4,742,559 Form <b>990</b> (202

94-6078420 Page **12** 

Pai	T XI Reconciliation 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)		<u>4,05</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,34	1,1	<u>97.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>67.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,26		
5	Net unrealized gains (losses) on investments	5	-47	4,2	95.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,49	8,1	54.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
		- <del></del>	Form	990	(2021)

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021
Open to Public

Inspection

Employer identification number

## SAVE THE BAY 94-6078420 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support	Боло 11, расы		,					
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and		, ,	, ,	, ,	, ,			
	membership fees received. (Do not								
	include any "unusual grants.")	3187126.	2871687.	4269151.	4531820.	4004831.	18864615.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	3187126.	2871687.	4269151.	4531820.	4004831.	18864615.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
	Public support. Subtract line 5 from line 4.						18864615.		
	ction B. Total Support	Ι			T	T	т		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	3187126.	2871687.	4269151.	4531820.	4004831.	18864615.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	10 514	00 100	12 645	- 104	40 205	0.6 0.7.5		
	and income from similar sources	12,714.	20,137.	13,645.	7,184.	42,395.	96,075.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital	100	100	0.07	0 [10	( ) ) )	15 667		
	assets (Explain in Part VI.)	198.	-108.	827.	8,512.	6,238.			
	<b>Total support.</b> Add lines 7 through 10		,				18976357.		
12	Gross receipts from related activities,	•	,			12			
13	First 5 years. If the Form 990 is for th		rst, second, third, t	ourth, or fifth tax y	ear as a section 5	01(c)(3)	<b>.</b> —		
800	organization, check this box and stop ction C. Computation of Publi		centage	• • • • • • • • • • • • • • • • • • • •			<b>P</b>		
	•			volume (f)\		14	99.41 %		
	Public support percentage for 2021 (I					15	20 56		
15 16a	Public support percentage from 2020 33 1/3% support test - 2021. If the o								
10a	stop here. The organization qualifies						<b>.</b> 37		
h	33 1/3% support test - 2020. If the o		~		line 15 is 33 1/3%				
	and <b>stop here.</b> The organization qual								
170	10% -facts-and-circumstances test								
17 a	and if the organization meets the fact	-							
	· ·		•	-	•	ū	$\sim$		
<b>L</b>	meets the facts-and-circumstances test	-	•	• • •	-	7a and line 15 is			
O	10% -facts-and-circumstances test	-					1070 UI		
	more, and if the organization meets the organization meets the facts-and-circumstance or the facts of the fac				-		ightharpoonup		
10			-		•				
10	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) 2021

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						<b>.</b> —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

94-6078420 Page 4

Schedule A (Form 990) 2021

SAVE THE BAY

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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 Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	2-		
	3a		
	3b		
	0.0		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	46.		
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			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part 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 officers, 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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		'	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the 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?	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	l' I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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	OI-		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or ito supported organizations: [[- fes. describe    Fait VI the fole biaved by the organization in this regard.	UU		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 ( explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_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		
Sect	ion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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 0.015 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 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ılly integrat	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	 S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

# SCHEDULE C (Form 990)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.		1=	
Nam	ne of organization			Emp	oloyer identification number
_	SAVE TH				94-6078420
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c) o	or is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities		<b>&gt;</b>	\$
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3	3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	<b>&gt;</b>	\$
	If the organization incurred a section				
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.	<del> </del>	504/ )		1(0)
		anization is exempt und			
	Enter the amount directly expended				\$
2	Enter the amount of the filing organ		· ·		
	exempt function activities				\$
3	Total exempt function expenditures		,		Φ.
4	line 17b  Did the filing organization file <b>Form</b>				
4 5	Enter the names, addresses and em				
3	made payments. For each organization				
	contributions received that were pro	•			•
	political action committee (PAC). If	additional space is needed, prov	ride information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

			SAVE THE BA				078420 Page 2
Pa	art II-A	Complete if the org	anization is exer	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
		section 501(h)).					
A (	Check 🕨	if the filing organiza	ition belongs to an affi	iliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
		expenses, and sha	re of excess lobbying	expenditures).			
<b>B</b> (	Check 🕨	if the filing organiza	tion checked box A a	nd "limited control" pro	visions apply.		
			ts on Lobbying Expe ditures" means amou	nditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1	a Total lo	bbying expenditures to infl	uence public opinion (	grassroots lobbying)			
	<b>b</b> Total lo	bbying expenditures to infl	uence a legislative boo	dy (direct lobbying)		1,145.	
	c Total lo	bbying expenditures (add li	nes 1a and 1b)			1,145.	
	<b>d</b> Other e	xempt purpose expenditure	es			3,340,052.	
	e Total ex	kempt purpose expenditure	s (add lines 1c and 1c	d)		3,341,197.	
	<b>f</b> Lobbyir	ng nontaxable amount. Ent	er the amount from the	e following table in both	n columns.	317,060.	
	If the an	nount on line 1e, column (a) c	or (b) is: The lob	bying nontaxable am	ount is:		
	Not ove	er \$500,000	20% of	the amount on line 1e.			
	Over \$5	500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
	Over \$1	1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
	Over \$1	,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
	Over \$1	7,000,000	\$1,000,	,000.			
	<b>g</b> Grassro	oots nontaxable amount (er	ter 25% of line 1f)			79,265.	
	h Subtrac	ct line 1g from line 1a. If zer	o or less, enter -0-			0.	
	i Subtrac	ct line 1f from line 1c. If zero	o or less, enter -0			0.	
	j If there	is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	tion file Form 4720		
	reportin	ng section 4911 tax for this	year?				Yes No
			4-Year Av	eraging Period Under	Section 501(h)		
		(Some organizations t				of the five columns be	low.
			See the separ	ate instructions for lin	es 2a through 2f.)		
			Lobbying Expe	nditures During 4-Yea	r Averaging Period		
		Calendar year al year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	( <b>d)</b> 2021	(e) Total

307,297. 317,060. 317,568. 301,623. 1,243,548. 2a Lobbying nontaxable amount **b** Lobbying ceiling amount 1,865,322. (150% of line 2a, column(e)) 5,555. 3,706. 8,761. 1,145. 19,167. c Total lobbying expenditures 79,392. 76,824. 75,406. 79,265. 310,887. d Grassroots nontaxable amount e Grassroots ceiling amount 466,331. (150% of line 2d, column (e)) 1,013. 3,011. 914. 1,084. f Grassroots lobbying expenditures

Schedule C (Form 990) 2021

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	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?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	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				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- F04/a\/E\		dia.	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	n 501(c)(5)	, or sec	ction	
	501(c)(6).			V	NI.
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	e prior year?	3	otion	
ı aı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		-		3 ie
	answered "Yes."	110 011 (1	<i>5)</i> 1 a. c	iii A, iiiic	0, 13
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		.		
_	expenses for which the section 527(f) tax was paid).	,ui			
а	Current year		2a		
	Carryover from last year				
	Total				
	4				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3, what portion of the exceeds the				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
			4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par			5		
	de 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-Δ	lines 1 s	and 2 (See	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	iist, i ait ii A	, 11103 1 6	110 Z (OCC	
1113616	belons), and that the firm of the firm of the firm of the firm and additional information.				

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization SAVE THE BAY	Employer identification number $94-6078420$
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	
organization answered "Yes" on Form 990, Part IV, line 6.	Complete if the
	o) Funds and other accounts
1 Total number at end of year	.,
Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
Aggregate value of grants from (during year)      Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fundamental forms and donor advisors in writing that the assets held in donor advised fundamental fundamental forms.	
are the organization's property, subject to the organization's exclusive legal control?	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV,	line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
	rically important land area
Protection of natural habitat Preservation of a certif	•
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	servation easement on the last
day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	ation during the tax
year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
<b>&gt;</b>	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	ements during the year
<b>▶</b> \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii	i)
and section 170(h)(4)(B)(ii)?	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	ent and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	t describes the
organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si	milar Accate
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	illiai Assets.
	noo shoot works
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balar	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	ce of public
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	shoot works of
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
provide the following amounts relating to these items:	or public sorvice,
(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	
the following amounts required to be reported under FASB ASC 958 relating to these items:	.535
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	<b>&gt;</b> \$
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	following that	make sig	nificant u	se of its		-	
	collection items (check all that apply):										
а	Public exhibition	(	d	Loan or exc	hange progra	am					
b	Scholarly research	•	е 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arrang		lete if the	organizatio	n answered '	'Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contributions	s or other ass	sets not in	cluded		_		_
	on Form 990, Part X?							<u> </u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
<b>2</b> a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabilit	y?	L	Yes	L	No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete i										
		(a) Current year	(b) P	rior year	(c) Two year	rs back (	<b>d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	g, column (a)	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	•									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	t are held ar	nd administer	ed for the	organiza	ition	г	1	
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.							
Pai	t VI Land, Buildings, and Equipm		0 David IV	/ Iima dda O		Dart V. II	10				
	Complete if the organization answered										
	Description of property	(a) Cost or o		` '	or other		cumulate	ed	(d) Bool	k valu	е
		basis (investr	ment)	Slasia	(other)	аер	reciation				
_	Land				0 622		E1 F/	) E	A /	2 1	20
b	Buildings			9	9,633.		51,50	12.	48	3,1	40.
С.	Leasehold improvements	I		7	0 125		71 [	-	-	7 = 4	0 2
	Equipment			/	9,135.		71,55	14.		7,5	03.
	Other	•						<del>.  </del>	E 0	5,7	1 1
ı ota	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	x colum	nn (R) line 1	UC )				J:	J . I .	

Schedule D (Form 990) 2021

Dort VIII Investments Other Securities		7=	0070420 Page
Part VII Investments - Other Securities.  Complete if the organization answered "Yes" o	n Form 990 Part IV line 1:	1h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of vear market value
(4) Financial desirations	(b) Book value	(c) Method of Valuation. Cost of end-	Oryear market value
1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A) OTHER INVESTMENTS	3,650,677.	END-OF-YEAR MARKET	VALUE
(B)	3703070771		V1111011
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,650,677.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	E 000 B 1 N/ II 4	4 L O . E	
Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	/h) Daalaasha
· · · · · · · · · · · · · · · · · · ·	escription		(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.	10.)		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OTHER LIABILITIES			191,955
(3)			•
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25)	<b>&gt;</b>	191,955

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

10,910. SAVE THE BAY ACTION FUND EXPENSES

Schedule D (Form 990) 2021 SAVE THE BAY	94-6078420 Page 5
Schedule D (Form 990) 2021 SAVE THE BAY  Part XIII Supplemental Information (continued)	
10000000	

# **SCHEDULE G** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SAVE THE BAY

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 94-6078420

Part I Fundraising Activ	ities. Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not			
required to complete th	nis part.								
1 Indicate whether the organization	on raised funds through any of the followin	ng activ	ities. (	Check all that apply.					
a X Mail solicitations e X Solicitation of non-government grants									
b X Internet and email solicitations f X Solicitation of government grants									
c X Phone solicitations g Special fundraising events									
d X In-person solicitations									
	ritten or oral agreement with any individual	(includ	ina of	ficers, directors, trus	tees. or				
	990, Part VII) or entity in connection with p				X Yes	No			
	d individuals or entities (fundraisers) pursu								
compensated at least \$5,000 I		ant to	ag. 00.	monto andor willon a	To runaralour to to be	•			
	y the organization.	1		ı	Г				
(2) Norman and address of traditions		(iii) fundr	Did	(1.)	(v) Amount paid	(vi) Amount paid			
<ul><li>(i) Name and address of individu or entity (fundraiser)</li></ul>	(ii) Activity	have c	ustody	(iv) Gross receipts from activity	to (or retained by) fundraiser	to (or retained by)			
or entity (lundraiser)		or cor contrib	trol of utions?	ITOTTI activity	listed in col. (i)	organization			
ELIZABTH SLOAN CONSULTING	- CONSULTING AND WRITING	Yes	No						
346 BLANDFORD BOULEVARD,	SERVICES ON VARIOUS		Х	0.	53,800.	-53,800.			
LETICIA STRABLEY - 98 S. 3RI					7				
STREET, CAMBELL, CA 95008	RELATED TO MAILING APPEALS		х	0.	28,624.	-28,624.			
VESPARQ - 4 BATES BLVD,	PLANNING AND MICRO WEBSITE			· ·	20,021.	20,021.			
ORINDA, CA 94563	BUILD FOR CAMPAIGN		х	0.	9,298.	-9,298.			
OKINDA, CA 94303	BUILD FOR CAPITATION		Λ	0.	5,250.	7,250.			
					01 700	01 700			
					91,722.	-91,722.			
	nization is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration			
or licensing.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups are the contributions.				
		or idital along event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
40			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
Reve	1	Gross receipts				
	2	Logo: Contributions				
		Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		Cook wines				
	4	Cash prizes				
	5	Noncash prizes				
ses						
ben	6	Rent/facility costs				
Direct Expenses	7	Food and hoverages				
)irec	′	Food and beverages				
٦	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Pa		Net income summary. Subtract line 10 from li				
Pa	וונו		answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
an			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						( ) ( )
Ä	1	Gross revenue				
S	2	Cash prizes				
ense		Managalandan				
Direct Expenses	3	Noncash prizes				
ect	4	Rent/facility costs				
Ē	·					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	L No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
	'	birect expense summary. Add lines 2 through	15 II1 column (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
10a	<u></u>	ere any of the organization's gaming licenses re	woked suspended or te	rminated during the tax v	/ear?	Yes No
		Yes," explain:				163140
-	_					
13208	32 10	D-21-21			Sche	edule G (Form 990) 2021

Schedule G (Form 990) 2021 SAVE THE BAY	94-60/8420 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form	med
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
<b>b</b> An outside facility	13b  %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	I records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	e? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and t	he amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	_
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
organization's own exempt activities during the tax year  \$\$	Sport in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) :	and (v): and Part III lines 9, 9b, 10b
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUN	DRAISERS:
(I) NAME OF FUNDRAISER: ELIZABTH SLOAN CONSULTING	
(I) ADDRESS OF FUNDRAISER: 846 BLANDFORD BOULEVARD, REDWO	OD CITY, CA 94062
(II) ACTIVITY: CONSULTING AND WRITING SERVICES ON VARIOUS	CAMPAIGNS

Schedul ( Grom 990) SAVE THE BAY 94-6078420 Page 4 Part ( V ) Supplemental Information (continued)	Schedule G	(Form 990) SAV	THE BAY	94-6078420	Page 4
	Part IV	Supplemental Information	(continued)		
			1		
	-				
	í-				
	í-				
	-				
	-				
	r				

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization							Employer identification number
SAVE THE							94-6078420
Part I General Information on Grants ar							
<b>1</b> Does the organization maintain records to							
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro					:1:	/    F 000 Dt	IV. Fra Od. fav. and
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RESTORE AMERICAS ESTUARIES 2300 CLARENDON BOULEVARD, SUITE 603 ARLINGTON, VA 22201	54-1965304	501C3	4,500.	0.			GENERAL
HIP HOP FOR CHANGE 515 55TH STREET SUITE A OAKLAND, CA 94609	46-3005727		5,000.	0.			genearl
SOGOREA TE' LAND TRUST 2501 HARRISON STREET OAKLAND, CA 94612	82-4415931	501C3	5,000.	0.			general
ASSOCIATION OF RAMAYTUSH 2 MARINA BLVD. BUILDING C, SUITE 26 SAN FRANCISCO , CA 94123	86-3991594	501C3	5,000.	0.			GENERAL
·							
<ul> <li>Enter total number of section 501(c)(3) ar</li> <li>Enter total number of other organizations</li> </ul>	-		e line 1 table				4.
3 Enter total number of other organizations	noted in the line	ı ıa∪l <del>∪</del>					

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

94-6078420 SAVE THE BAY Schedule I (Form 990) 2021 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (c) Amount of (e) Method of valuation (book, FMV, appraisal, other) (b) Number of (d) Amount of non-(a) Type of grant or assistance (f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: FUNDS ARE ACCOUNTED FOR AS RECEIVED AND DETAIL IS MAINTAINED AS TO DONOR/GRANTOR, RESTRICTIONS (IF ANY), REPORTING REQUIREMENTS (IF ANY), ETC.

40

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

ZUZ I

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

e organization

SAVE THE BAY

Questions Regarding Compensation

Employer identification number
94-6078420

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	<u>4a</u>		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Out to a 11 or 504(-)(0) 504(-)(4) and 504(-)(00) are a 1-all are a smallest lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	5a		х
	The organization?  Any related organization?	5b		X
D	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ü	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		Х
~	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6/c)?	9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID LEWIS	(i)	172,645.	0.	0.	0.	14,031.	186,676.	0.
EXEC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBIN ERICKSON	(i)	164,742.	0.	0.	0.	8,323.	173,065.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

# SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

SAVE THE BAY

Employer identification number 94-6078420

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS REVIEWED

BY THE ORGANIZATION'S MANAGEMENT AND THE EXECUTIVE DIRECTOR. THIS GROUP OF

INDIVIDUALS DISCUSSES THE CONTENTS 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 REPRESENTATIVE

OF MANAGEMENT AUTHORIZES THE FINAL RETURN WHICH IS THEN E-FILED WITH THE

INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD OF DIRECTORS REVIEW ALL POTENTIAL CONFLICTS OF

INTEREST AT LEAST ANNUALLY. THE EXECUTIVE DIRECTOR AND ALL BOARD MEMBERS

ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED

PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF

MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS

FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR

APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE

ORGANIZATION'S POLICIES AND PROCEDURES.

FORM 990, PART VI, SECTION B, LINE 15:

MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF THE EXECUTIVE

DIRECTOR PERIODICALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS

ARE MADE TO SECURE COMPENSATION 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.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2** 

Name of the organization SAVE THE BAY

Employer identification number 94-6078420

COMPENSATION OF OTHER PERSONNEL AND KEY EMPLOYEES IS REVIEWED PERIODICALLY
BY MEMBERS OF MANAGEMENT (GENERALLY BY THE EXECUTIVE DIRECTOR). EFFORTS ARE
MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO
DETERMINE COMPETITIVENESSAND APPROPRIATENESS OF SALARIES AND ALL RELATED
BENEFITS. ALL DECISIONS ARE THEN REVIEWED AND APPROVED BY THE BOARD OF
DIRECTORS AND DOCUMENTATION IS PLACED IN PERSONNEL FILES.

FORM 990, PART VI, SECTION C, LINE 19:

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND
OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD
AVAILABLE FOR INSPECTION BY TAX AUTHORITIES 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 BY REQUEST FROM THE ORGANIZATION'S OFFICE
IN OAKLAND, CALIFORNIA.

FORM 990, PART IX, LINE 11G, OTHER FEES:

FUNDRAISING:

PROGRAM SERVICE EXPENSES	1,110.
MANAGEMENT AND GENERAL EXPENSES	206.
FUNDRAISING EXPENSES	122,090.
TOTAL EXPENSES	123,406.

PROFESSIONAL SERVICES - OTHER:

PROGRAM SERVICE EXPENSES	70,562.
MANAGEMENT AND GENERAL EXPENSES	22,243.

FUNDRAISING EXPENSES 111,243.

2 11-11-21 Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** SAVE THE BAY 94-6078420 TOTAL EXPENSES 204,048. BANK FEES: PROGRAM SERVICE EXPENSES 17,880. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. TOTAL EXPENSES 17,880. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 345,334. FORM 990, PART XII, LINE 2C: NO CHANGE FROM PRIOR YEAR.

### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

SAVE THE BAY

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

94-6078420

Part I Identification of Disregarded Entities. Com	plete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-year		Direct controlling entity		
Part II Identification of Related Tax-Exempt Organorganizations during the tax year.	nizations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one o	or more related tax-ex	empt		
(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	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?	
		, , ,		501(c)(3))		Yes	No	
SAVE THE BAY ACTION FUND - 46-5304696								
560 14TH STREET, SUITE 400 OAKLAND, CA 94612	PROTECT AND RESTORE SF BAY	CALIFORNIA	501C4				х	
For Paperwork Reduction Act Notice, see the Instruct	tions for Form 990.				Schedule F	(Form 9	90) 2021	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	redominant income   Share of total   Share of   Dispressitionate		Code V-UBI	General o	Percentage		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	l	l	l .	l .		l			I	-	

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

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

Page 3

X

Yes No

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

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

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
					1b		X		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
	d Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)				1e		X		
	Dividends from related organization(s)				1f		X		
	Sale of assets to related organization(s)				<b>1</b> g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
							v		
K	Lease of facilities, equipment, or other assets from related organization(s)	· · · · · · · · · · · · · · · · · · ·			1k	$\vdash$	X		
	Performance of services or membership or fundraising solicitations for related organization(s)				11		X		
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	_		
0	Sharing of paid employees with related organization(s)				10				
a	Reimbursement paid to related organization(s) for expenses				1p		Х		
q	Reimbursement paid by related organization(s) for expenses				1q	Х			
·									
r	Other transfer of cash or property to related organization(s)				1r		Х		
s					1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete th	nis line, including covered re	lationships and transaction thresholds.					
	Name of related organization Trans	(b) saction e (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved				
(1)									
(2)									
(3)									
<u>(U)</u>									
(4)									
(5)									
(6)									
132163	3 11-17-21	<b>4</b> 9		Schedule I	R (For	n 990)	) 2021		

Schedule R (Form 990) 2021 SAVE THE BAY 94-6078420 Page 4

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) Percentage ownership