

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning JUL 01, and ending JUN 30, 17

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization SANTA MONICA BAY RESTORATION F  
 Doing business as THE BAY FOUNDATION  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
PO BOX 13336  
 City or town State ZIP code  
LOS ANGELES CA 90013  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number  
33-0420271

**E** Telephone number  
213-576-6645

**F** Name and address of principal officer: THOMAS K FORD  
1 LMU DRIVE LOS ANGELES CA 90045

**G** Gross receipts \$ 1769492.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.SANTAMONICABAY.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ 501C3 **L** Year of formation: 1990 **M** State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS TO RESTORE AND PROTECT THE SANTA MONICA BAY AND ITS 400 SQUARE MILE WATERSHED THROUGH IMPLEMENTATION OF THE SANTA MONICA BAY RESTORATION PLAN</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>7</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>7</u>
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<u>20</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>289</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>1804204.</u>	<u>1769448.</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>47.</u>	<u>44.</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1804251.</u>	<u>1769492.</u>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>967910.</u>	<u>1045626.</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>27783.</u>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>805443.</u>	<u>682816.</u>	
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>1773353.</u>	<u>1728442.</u>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>30898.</u>	<u>41050.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>1194377.</u>	<u>1216686.</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>216817.</u>	<u>198076.</u>
			<u>977560.</u>	<u>1018610.</u>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: [Signature] Date: 01/31/2018  
 Name and title: THOMAS K FORD EXECUTIVE DIRECTOR

**Paid Preparer Use Only**

Print/Type preparer's name: NICHOLAS J BATCH CPA Preparer's signature: [Signature] Date: 01/31/2018 PTIN: P00479493  
 Firm's name: BEYOND THE NUMBERS ACCOUNTIN Firm's EIN: 20-1836132  
 Firm's address: 102 WEST ROUTE 66 B GLENDORA CA 91740 Phone no.: 626-852-0321

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III. [X]

1 Briefly describe the organization's mission: THE PURPOSE OF THE SANTA MONICA BAY RESTORATION FOUNDATION IS TO PROVIDE A MECHANISM FOR ACTIVITIES THAT WILL LEAD TO THE RESTORATION AND ENHANCEMENT OF THE SANTA MONICA BAY AND ITS WATERSHED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No 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? [ ] Yes [X] No 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.

4a (Code: ) (Expenses \$ 581026. including grants of \$ ) (Revenue \$ ) THE SANTA MONICA BAY NATIONAL ESTUARY PROGRAM, SMBNEP, IS ONE OF 28 SIMILAR PROGRAMS ESTABLISHED UNDER SECTION 320 OF THE 1987 CLEAN WATER ACT AND ADMINISTERED BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY, U.S. EPA. FUNDING IS PROVIDED BY THE U.S. EPA TO IMPLEMENT THE SMBNEPS COMPREHENSIVE PLAN OF ACTION, KNOWN AS THE BAY RESTORATION PLAN, BRP, TO PROTECT AND RESTORE THE SANTA MONICA BAY. THE BRP WAS APPROVED BY THE STATE OF CALIFORNIA AND THE U.S. EPA IN 1995 AND UPDATED IN 2008 AND 2013. THE BRP INCLUDES GOALS, OBJECTIVES, AND MILESTONES TO GUIDE SMBNEPS PROGRAMS AND PROJECTS IN THREE PRIORITY AREAS, WATER QUALITY, NATURAL RESOURCES, AND BENEFITS AND VALUES TO HUMANS. THE US EPA REQUIRES YEARLY WORK PLAN IMPLEMENTED BY TBF AND ITS SMBNEP PARTNERS SEE ATTACHED SCHEDULE A FOR DETAILS.

4b (Code: ) (Expenses \$ 445746. including grants of \$ ) (Revenue \$ ) NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION FUNDED PROJECTS THAT ARE DESIGNED TO RESTORE ABALONE POPULATIONS AND MARINE HABITAT IN THE GREATER SANTA MONICA BAY ESTUARY, CREATING A MORE RESILIENT ECOSYSTEM AND SUSTAINABLE COASTAL ECONOMY. SINCE JULY 2013, WITH THE HELP OF COMMERCIAL FISHERMEN AND STAFF, TBF HAS WORKED TO RESTORE KELP FOREST AND OUR REGIONAL MONITORING RESULTS HAVE SHOWN LARGE INCREASES IN THE SIZE, NUMBER, AND HEALTH OF THE ANIMALS AND ALGAE LIVING IN THE RESTORATION AREAS. THE LOSS OF KELP FORESTS IS A GLOBAL PHENOMENON. THIS PROJECT HAS GAINED INTERNATIONAL RECOGNITION AND WE HOPE OUR METHODS WILL PROVE SUCCESSFUL IN OTHER AREAS AROUND THE GLOBE. PLEASE SEE ATTACHED SCH A FOR FURTHER DETAILS

4c (Code: ) (Expenses \$ 177701. including grants of \$ ) (Revenue \$ ) CALIFORNIA STATE PARKS CLEAN VESSEL OUTREACH AND EDUCATION GRANT FUND THE BOATER EDUCATION PROGRAM WHICH REDUCES BOAT GENERATED NON-POINT SOURCE POLLUTION THROUGH TEACHING AND MOTIVATING BOATERS TO ACT AS ENVIRONMENTAL STEWARDS, CREATING ENGAGING AND EDUCATIONAL MATERIALS AND PROGRAMS, INITIATING AND PROMOTING CONVENIENT ENVIRONMENTAL RESOURCES, AND SERVING AS THE SOUTHERN CALIFORNIA CENTER FOR INFORMATION SHARING AND TECHNICAL ASSISTANCE FOR GROUPS INTERESTED IN SUSTAINABLE BOATING PRACTICES. THIS MOST RECENT ROUND OF THE BOATER EDUCATION PROGRAM REACHED OUT TO MORE THAN 7,000 BOATERS THROUGHOUT 14 SOUTHERN CALIFORNIA HARBORS INCLUDING CATALINA HARBOR. SEE ATTACHED SCH A FOR FURTHER DETAIL

4d Other program services. (Describe in Schedule O.) (Expenses \$ 290552. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1495025.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>		
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions). . . . .</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . .		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations.

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: N BATCH CPA 626-852-0321 102 W RTE 66 GLENDORA CA 91740

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURIE NEWMAN PRESIDENT	2	X	X				0	0	0	
(2) KATE VERNEZ VICE PRESIDENT	2	X	X				0	0	0	
(3) L DOSS HERTZ FINANCIAL OFF	2	X	X				0	0	0	
(4) C TYRRELL SECRETARY	2	X	X				0	0	0	
(5) JOHN DORSEY DIRECTOR	1	X					0	0	0	
(6) JEFF KLOCKE DIRECTOR	1	X					0	0	0	
(7) T RASMUSSEN DIRECTOR	1	X					0	0	0	
(8) TOM FORD EXEC DIRECTOR	45	X					135000	0	8480	
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
<b>1b Sub-total</b> .....							135000.		8480.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							135000.		8480.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>	1716074 .			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	53374 .			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ . . . . .					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		1769448 .			
	Program Service Revenue			<b>Business Code</b>			
<b>2a</b>		.....					
<b>b</b>		.....					
<b>c</b>		.....					
<b>d</b>		.....					
<b>e</b>		.....					
<b>f</b>		All other program service revenue . . . . .					
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶						
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		44 .		44 .	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . ▶					
	<b>5</b>	Royalties . . . . . ▶					
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss) . . . . . ▶					
<b>8a</b>	Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19. . . . .	<b>a</b>					
		<b>b</b>	Less: direct expenses . . . . .	<b>b</b>			
		<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
		<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>			
		<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>	.....						
<b>b</b>	.....						
<b>c</b>	.....						
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶						
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		1769492 .			44 .	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	135000.	135000.		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	749057.	683972.	52826.	12259.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	17347.	16069.	1037.	241.
<b>9</b> Other employee benefits . . . . .	39921.	33528.	5793.	600.
<b>10</b> Payroll taxes . . . . .	104301.	89804.	13153.	1344.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	330300.	326649.	3476.	175.
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .				
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	2376.	2376.		
<b>23</b> Insurance . . . . .				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SEE STMT	145620.			
<b>b</b> -----	25700.			
<b>c</b> -----	76179.			
<b>d</b> -----	30709.			
<b>e</b> All other expenses -----	71932.	28263.	43669.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e . . . . .	1728442.	1495025.	205634.	27783.
<b>26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	377722.	<b>2</b>	374492.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	786832.	<b>4</b>	813898.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	21505.	<b>9</b>	22354.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	19021.		
	<b>b</b> Less: accumulated depreciation . . . . .	13079.	8318.	5942.
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1194377.	<b>16</b>	1216686.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	49802.	<b>17</b>	47957.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	59749.	<b>19</b>	49529.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	107266.	<b>25</b>	100590.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	216817.	<b>26</b>	198076.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	768134.	<b>27</b>	809184.
	<b>28</b> Temporarily restricted net assets . . . . .	209426.	<b>28</b>	209426.
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	977560.	<b>33</b>	1018610.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	1194377.	<b>34</b>	1216686.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	1769492.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1728442.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	41050.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	977560.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	1018610.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . . 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.**

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

<b>Name of the organization</b> SANTA MONICA BAY RESTORATION FOUNDA	<b>Employer identification number</b> 33-0420271
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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: .....
- 5  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)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 university: .....
- 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	1793962.	2166675.	2202477.	1804204.	1769448.	9736766.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	1793962.	2166675.	2202477.	1804204.	1769448.	9736766.
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						9736766.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 . . . . .	1793962.	2166675.	2202477.	1804204.	1769448.	9736766.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	99.	58.	47.	47.	44.	295.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						9737061.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	100.00%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	<b>15</b>	100.00%
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2016**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> SANTA MONICA BAY RESTORATION FOUNDA	<b>Employer identification number</b> 33-0420271
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> SANTA MONICA BAY RESTORATION FOUNDA	<b>Employer identification number</b> 33-0420271
--	---

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TERRANEA RESORT ----- 100 TERRANEA WAY ----- RANCHO PALOS CA 90275- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

Employer identification number

SANTA MONICA BAY RESTORATION FOUNDA

33-0420271

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art and historical treasures, and revenue/assets included in Form 990.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 0.00%
- b** Permanent endowment ▶ 0.00%
- c** Temporarily restricted endowment ▶ 0.00%

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .	19,021.		13,079.	5,942.
<b>e</b> Other . . . . .				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 5,942.

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) EMPLOYER 401K PAYABLE	17,346.
(3) 401K PORTION EMPLOYEE PAYABLE	1,509.
(4) ACCUMULATED PAID TIME OFF	81,735.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	100,590.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



## Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).**

Name(s) shown on return <b>SANTA MONICA BAY RESTORATI</b>	Business or activity to which this form relates <b>SANTA MONICA BAY RESTORATION F</b>	Identifying number <b>33-0420271</b>
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**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	<b>1</b>	1500,000.
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	2,300,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>		
<b>(a)</b> Description of property	<b>(b)</b> Cost (business use only)	<b>(c)</b> Elected cost
7 Listed property. Enter the amount from line 29	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562.	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	<b>13</b>	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
15 Property subject to section 168(f)(1) election	<b>15</b>	
16 Other depreciation (including ACRS)	<b>16</b>	

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2016	<b>17</b>	2,376.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19 a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

<b>20 a</b> Class life					
<b>b</b> 12-year			12 yrs.		S/L
<b>c</b> 40-year			40 yrs.	MM	S/L

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28	<b>21</b>	
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	2,376.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**

2016 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/Price	Sales Price	Date Sold
<b>Form: SANTA MONICA BAY RESTORATION F</b>																
<b>Rental Property: N/A</b>																
<b>Depreciation Class: Machinery and equipment other</b>																
<b>In Service Year: 2014</b>																
HONDA 250 HP	01/14	19021	100		19021	MACRS	7.0	HY	10703	2376	1699	8535	2330			
		-----			-----				-----	-----	-----	-----	-----			
Form Totals:		19021			19021				10703	2376	1699	8535	2330			

# Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2017)

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-1709

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>SANTA MONICA BAY RESTORATION FOUNDA</b>	Employer identification number (EIN) or <b>33-0420271</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 13336</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOS ANGELES CA 90013</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ **N BATCH CPA** .....

Telephone No. ▶ **626-852-0321** ..... Fax No. ▶ .....

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ..... If this is for the whole group, check this box . . . . . ▶ . If it is for part of the group, check this box. . . . . ▶  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 02/15, 20 18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**



**US 990****Other Functional Expenses: Page 10, Line 24****2016**

Description of the Asset	Total	Program Services	Management and General	Fundraising
SUPPLIES AND MATERIAL	145,620.	123,271.	9,310.	13,039.
FUEL AND MOORAGE	25,700.	25,700.		
PROFESSIONAL FEES	76,179.		76,179.	
TRAVEL	30,709.	30,393.	191.	125.
ADMINISTRATIVE FEES	24,606.	4,810.	19,796.	
INSURANCE	47,326.	23,453.	23,873.	
	350,140.	207,627.	129,349.	13,164.

# Supplemental Information to Form 990 or 990-EZ

# 2016

**Open to Public Inspection**

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**Santa Monica Bay Restoration Foundation (DBA: The Bay Foundation)**

Employer identification number  
**33-0420271**

Part III Line 4(d) – Other program expenses of \$ 290,552 represent activities whose focus is on environmental remediation, education and restoration funded by: The State Coastal Conservancy, The Earth Island Institute, The Metropolitan Water Dist. of Southern California, The Department of Parks and Recreation, Southern California Edison, The Campbell Foundation, and other highly valued partners.

PART VI Sec B Question 11(a)- Form 990 was reviewed by the Board of Directors in detail prior to filing & questions were addressed to the preparer and resolved timely. A final draft version of the return was provided to the full board prior to filing.

PART VI Sec B Question 12(c). The organization’s Board of Directors discusses annually any interests that could give rise to conflicts and signs a form to adhere to the organization’s Conflict of Interest policy. Additionally, consistent monitoring of the conflict of interest policy and any potential conflicts that may arise are reviewed as they occur, and are discussed in Board Meetings and are recorded in the minutes, as appropriate. The Conflict of Interest Policy is distributed annually.

PART VI Sec B Question 13- As of the date of this tax return TBF has formally adopted a Board approved Whistle Blower Policy that is promulgated by the National Council of Nonprofits.

PART VI Sec B Question 14- As of the date of this tax return TBF has formally adopted a Board approved Document Retention and Destruction Policy that exceeds the minimum requirements established by the National Council of Nonprofits

PART VI Sec B Question 15(a, b)-The Organization determines compensation for its Executive Director annually. The Board of Directors evaluates the performance of this individual based on performance of assigned tasks. Compensation is based on comparable compensation of similar subject matter experts employed in the local market. Benchmarking tools including the Guidestar Compensation Report are also consulted.

PART VI Sec C Question 19-The Organization’s Form 990 and its Governing Documents and conflict of interest policies are available upon request. Additionally, statements are available for inspection at our primary business location. Also the IRS 990 is available at [Guidestar.Org](http://Guidestar.Org) and the document is posted to the Organizations website.

Name of the organization

Employer identification number

**Santa Monica Bay Restoration Foundation (DBA: The Bay Foundation)**

**33-0420271**

**Part IX Line 11-G (FEES FOR SERVICES-NON EMPLOYEE) \$330,300.: This line item expense represents costs incurred for services related to restoration ,analysis, scientific consultation and other related expenses required to achieve contracts/agreements/and awards' objectives and Organizational goals.**

## THE BAY FOUNDATION

### STATEMENT OF ACCOMPLISHMENTS 6/30/2017

#### Wetlands, Rivers, and Streams



*Malibu Lagoon, April 2017*

**Malibu Lagoon Post-Restoration Monitoring** – This long-term comprehensive monitoring program evaluates the condition of the post-restoration Lagoon through biological, physical, and chemical surveys. In 2017, a four-year comprehensive monitoring report was completed and released in August, and surveys continued into the fifth year of monitoring. The Lagoon continues to have improved circulation, water quality, and overall condition. Public restoration events are held monthly to remove non-native, invasive vegetation. Ongoing.

**Community-Based Restoration at Ballona Wetlands** – This project will restore approximately three acres of heavily degraded wetland habitats at the Ballona Wetlands Ecological Reserve through invasive vegetation removal over several years. In 2017, volunteers and members of the community continued removing invasive vegetation through community restoration events and produced a Year 1 Annual Report in July. Ongoing.

**Ballona Wetlands Restoration Project Draft EIS/R** – This multi-year program informed a draft of the joint Environmental Impact Statement / Environmental Impact Report (Draft EIS/R) led by the California Department of Fish and Wildlife and the US Army Corps of Engineers. In 2017, the lead agencies released the Draft EIS/R in September and a public hearing was held in November. The lead agencies will compile public comments through 5 February 2018. Completed.

**Evaluating Regional Wetland Monitoring Programs** – This program is working towards increasing our regional understanding of the condition of our coastal wetland systems, and applying that knowledge towards standardizing wetland monitoring across the state of California. In 2017, this program continued work on a site-intensive data translator and held workshops for vegetation, invertebrate, and water quality monitoring. Ongoing.



*Stone Canyon Creek volunteers 2017*

**Rindge Dam Removal Study** – Draft Integrated Feasibility Report (IFR) with Environmental Impact Statement/ Environmental Impact Report was completed in January 2016. Public Comment period ended March 27, 2017. Document is currently undergoing peer review as well as review by US Army Corps of Engineers and California Dept. of Parks and Recreation. Ongoing.

**Stone Canyon Creek Restoration** – This community stream habitat restoration and education program along a Ballona Creek

tributary is conducted in partnership with UCLA and adjacent elementary UCLA Lab School. In 2017, 11 community events were held, with more than 500 volunteers, and over 50 UCLA students enrolled in a Restoration Ecology course used the site as a living laboratory. Ongoing.

## Beaches, Dunes, and Bluffs

**Santa Monica Beach Restoration Pilot Project** – This pilot project is restoring approximately three acres of sandy coastal habitats to the beach in the City of Santa Monica. The project is reestablishing native vegetation to the beach in an effort to create a sustainable coastal strand and foredune habitat complex resilient to sea level rise. In 2017, native dune vegetation and sand hummocks began to establish, the project area provided habitat for rare species, ongoing monitoring informed climate change resiliency planning, and a Year 1 Annual Report was produced. Ongoing.

**Healthy Beaches Research** – In partnership with Loyola Marymount University (LMU), this research project is conducting a site-suitability analysis to determine potential areas of beach restoration, evaluating factors such as recreational use, physical and biological characteristics. The study will also take into consideration future sea level rise scenarios and increases in coastal storm impacts. In 2017, five research projects were conducted by nine LMU students. Ongoing.

**LAX Dunes Restoration Project** – This program, in partnership with Los Angeles World Airports and the Friends of LAX Dunes, conducts monthly volunteer restoration events at the LAX Dunes to remove invasive vegetation and teach the local community about the importance and resilience of coastal dune systems. In 2017, 16 community events were held and over 587 bags of invasive non-native vegetation were removed. Ongoing.

**Coastal Cleanup Day** – TBF coordinates an international Coastal Cleanup Day (CCD) volunteer event. In 2017, TBF coordinated CCD at the LAX Dunes, in partnership with the Friends of LAX Dunes and Los Angeles World Airports. Nearly 50 volunteers removed approximately 550 lbs of invasive vegetation as part of a long-term habitat restoration project for the LAX Dunes. Completed.

## The Ocean



*A kelp bass (Paralabrax clathratus) gaping its mouth in the surge off the Palos Verdes Peninsula.*

**Kelp Forest Restoration** – This project aims to restore up to 150 acres of giant kelp forests. Commercial fishermen and TBF scientists monitor and restore these reefs as they are transformed from urchin barrens to kelp forests. 4.67 acres of kelp have been restored in 2017 contributing to a total of 43.27 acres since the project began in 2013. Results from 2017 describe increases in the abundance, biomass and diversity of macroalgae, invertebrates and fishes in the restored sites. In one site, kelp canopy increased by 250%. Ongoing.

**Socio-economic Research Related to Marine Spatial Planning** – This aerial-survey based project maps the location, type, and activity of boats along the southern California coast from the U.S. Mexican Border to Point Conception, tracking boater responses to the establishment of the Marine Protected Area network. Eight survey flights were completed and in collaboration with Occidental College, a manuscript was submitted for peer review in 2017. Ongoing.

**MPA Outreach** – TBF participates in the L.A. MPA Collaborative, comprised of NGOs and stakeholders throughout Los Angeles County and statewide. The collaboration develops and disseminates information about the status and management of the Marine Protected Area network in the region. Ongoing.

**Abalone Restoration Project** – A multifaceted approach to research, and method development to restore populations of abalone to Santa Monica Bay and adjacent coastal waters. In 2017, quarterly monitoring of outplanted green abalone showed an increase in the number and density of green abalone in the outplant area. The abalone laboratory was completed in 2016 to serve as a center for research and conditioning of abalone to advance the recovery of these ecologically and economically important species. In 2017, funding and plans were developed to expand that lab increasing its capacity to support abalone efforts throughout the state. This project is supported by NOAA, NMFS, SCMI, and Cal Poly Pomona. Ongoing.

**Palos Verdes Shelf Fish Contamination Education Collaborative** – A collaborative group that aims to educate local fishermen and consumers about the health risks of contaminated seafood, in partnership with U.S. EPA, local agencies, and community based organizations. Ongoing.

**Underwater Exploration** – In 2017, TBF launched an exploration program to utilize its remotely operated underwater vehicle, R2Deep2, to support ongoing conservation and restoration projects, and explore lesser known marine habitats in Santa Monica Bay. Ongoing.

## Climate Change

**Climate Change Action Planning** – Following the completion of the Climate Change Vulnerability Assessment in 2016, the climate change action plan identifies and evaluates actions to increase the adaptive capacity of goals and objectives in the Bay Restoration Plan (BRP). Results will be used to inform the BRP and Comprehensive Monitoring Plan (CMP) revision in 2018. Ongoing.

**Climate Change Adaptation** – In partnership with USC Sea Grant, Los Angeles Regional Collaborative for Climate Action and Sustainability, and Heal the Bay this program assists coastal jurisdictions in developing strategies to adapt to climate change impacts, including sea level rise and increased storm activity. Initial 100-year coastal sea level rise and storm modeling results were completed and released on-line by USGS, and webinars were conducted to disseminate the modeling results. In 2017, TBF partnered with USGS to develop innovative visualization products, presenting sea level rise data as experiential information through the use of virtual reality environments. Ongoing.

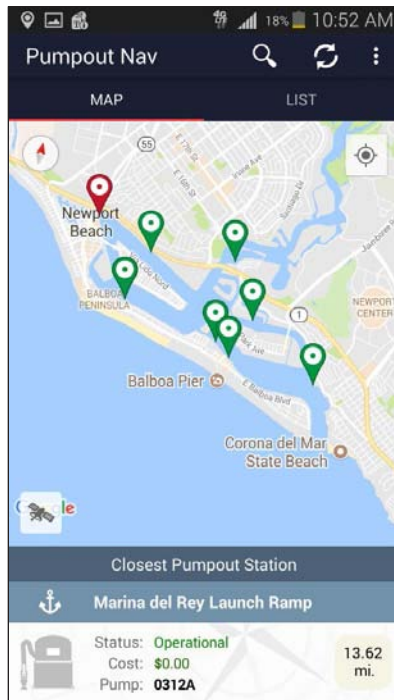
**Rocky Intertidal Habitat Study** – In 2017, TBF launched an effort to study the biological and physical effects of sea level rise on rocky intertidal habitats in Santa Monica Bay. Using the Point Fermin Rocky Intertidal as a preliminary study site, TBF and LMU interns collected high-resolution elevation and biological species data to begin modeling the effects of sea level rise to this unique Santa Monica Bay habitat. Ongoing.

**Ocean Acidification Sensors in Santa Monica Bay** – An array of instruments that measure pH, dissolved oxygen, and pCO<sub>2</sub> have been deployed off the Palos Verdes Peninsula since the second half of 2016, by the Sanitation District of Los Angeles County. The data collected by this project will help us understand how ocean acidification and hypoxia are manifesting off our coast. This project is funded by the U.S. EPA, supported by LA County Sanitation and SCCWRP, and will contribute to regional efforts along California and the West Coast in the coming years. Ongoing.

**Kelp Forest Hydrodynamics Study** – This cooperative project is designed to inform how kelp forests influence current patterns, wave velocity, and sediment transport off the coast of the Palos Verdes Peninsula. This project is conducted in partnership with the University of California, Davis and Cal State Northridge, and funded by the California State Coastal Conservancy and USC Sea Grant. TBF's kelp

forest restoration sites offer the perfect study area, allowing instruments to measure physical, chemical, and biological data before the presence of kelp in an urchin barren, and after the presence of kelp when restoration work is complete. Instruments will be deployed into early 2018 as kelp recovers and grows into dense, healthy kelp forests. Ongoing.

## Our Communities



*Pumpout Nav app identifies pumpout stations along the coast*

Charter Middle School (ECMS) to close the food loop. In just 2.5 months, this pilot project rescued 883 lbs of food waste, which is being composted at ECMS-Inglewood, in a four-bin system. Students will learn about their local compost market, create business plans to market and distribute finished compost to local farms and gardens, and be part of a local solution to air quality and climate issues. Ongoing.

**Water Quality Monitoring** – In partnership with LMU, this project evaluated stormwater runoff and pollutant reductions at the Culver City Rain Garden. In 2017, the project continued the second year of stormwater sampling and conducted analyses on the resulting data; significant stormwater capture and pollutant reductions were documented. Ongoing.

**Boater Education Program** – A multi-faceted program designed to engage the Southern California boating community to reduce and eliminate boating-related ocean pollution. In 2017, the program continued to publish “The Changing Tide” statewide quarterly newsletters, annual tide pocketbook, and the new Pumpout Nav app for pumpout station monitoring. The program also produced and distributed 7,000 Boater Kits by staff and Dockwalker partners, trained 68 Dockwalker volunteers, and held the first advanced Dockwalker training in Marina del Rey. In 2017, 106 boaters participated in Honey Pot Day across four harbors. Ongoing.

**Clean Bay Certified Program** – This program partners with watershed cities to certify restaurants that comply with stormwater permit requirements and the Program’s additional pollution prevention practices. This year all partner cities began using the new 34-point inspection checklist with more robust and rigorous measures such as: local or organic food purchasing policy, non-use of poison bait boxes, and offering single-use foodware only upon request. 350 food serving establishments were certified in 2017. Ongoing.

**Table to Farm Composting for Clean Air** – To better address food waste and greenhouse gas emissions from landfills and transportation due to hauling waste, TBF is working with Inglewood restaurants, Social Justice Learning Institute, and Environmental

**Ballona Wetlands Outreach** – This program includes a wide variety of outreach activities including presentations, nature tours, bird walks, science-in-action activities, educational trainings, newsletters, social media, and more. Ongoing.

**Water and Energy Conservation** – This project worked with middle schools to conduct outreach and education on water, energy, and natural gas conservation. The project was completed in 2017 and included the development of many educational tools such as infographics and story-maps and concluded with the development of a Final Report in July. Completed.



*LMU interns at LAX Dunes*

**Internship Program** – This program, in partnership with LMU's Coastal Research Institute (CRI), coordinates student and postgraduate research and volunteer efforts through multiple restoration and scientific data collection projects. In 2017, six paid CRI summer interns conducted research on a broad array of ecological, physical, and chemical parameters to inform TBF's programs and projects. An additional 12 undergraduate and five graduate students completed a variety of projects ranging from topographic surveys to bird surveys to analyses of long-term fecal indicator bacteria trends in Santa Monica Bay. Ongoing.

2016 Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) 07/01/2016, and ending (mm/dd/yyyy) 06/30/2017

Corporation/Organization name: SANTA MONICA BAY RESTORATION FOUNDATION THE BAY FOUNDATION
California corporation number: 1481142
FEIN: 33-0420271
Street address: PO BOX 13336
City: LOS ANGELES
State: CA
Zip code: 90013

A First Return [ ] Yes [X] No
B Amended Return [X] Yes [ ] No
C IRC Section 4947 (a)(1) trust [ ] Yes [ ] No
D Final Information Return? [ ] Dissolved [ ] Surrendered (Withdrawn) [ ] Merged/Reorganized
E Check accounting method: (1) [ ] Cash (2) [X] Accrual (3) [ ] Other
F Federal return filed? (1) [X] 990T (2) [ ] 990PF (3) [ ] Sch H (990) (4) [ ] Other 990 series
G Is this a group filing? [ ] Yes [X] No
H Is this organization in a group exemption [ ] Yes [X] No
I Did the organization have any changes to its guidelines not reported to the FTB? [ ] Yes [X] No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? [ ] Yes [X] No
K Is the organization exempt under R&TC Section 23701g? [ ] Yes [X] No
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. [ ]
M Is the organization a Limited Liability Company? [ ] Yes [X] No
N Did the organization file Form 100 or Form 109 to report taxable income? [ ] Yes [X] No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? [ ] Yes [X] No
P Is federal Form 1023/1024 pending? [ ] Yes [X] No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 17 rows and 3 columns: Description, Line Number, Amount. Includes Receipts and Revenues (Total 1,769,492.00), Expenses (Total 1,728,442.00), and Filing Fee (Total 10.00).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Title EXECUTIVE DI, Date 01/31/2018, Telephone 310-216-9827

Paid Preparer's Use Only: Preparer's signature, Date 01/31/2018, Check if self-employed [ ], PTIN P00479493

Firm's name (or yours, if self-employed) and address: BEYOND THE NUMBERS ACCOUNTING, 102 WEST ROUTE 66 B, GLENDORA CA 91740-
FEIN 20-1836132
Telephone 626-852-0321

May the FTB discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**WEB SITE ADDRESS:**  
<http://ag.ca.gov/charities/>

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>078384</u> Santa Monica Bay Restoration Foundation Name of Organization 1 LMU Drive North Hall MS 8160 Address (Number and Street) Los Angeles, CA 90045 City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>C-1481142</u> Federal Employer I.D. No. <u>33-0420271</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07 / 01 / 16 ending 06 / 30 / 2017) list:  
 Gross annual revenue \$ 1,769,492. Total assets \$ 1,216,686.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. See Attached List	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number ( 213 ) 576 - 6645  
 Organization's e-mail address mvillagomez@santamonicabay.org

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

Thomas K Ford	Executive Director	1/15/2018	
Signature of authorized officer	Printed Name	Title	Date