

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning JUL 01, 2019, and ending JUN 30, 2020

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
8334 LINCOLN BLVD SUITE 310
 City or town State ZIP code
LOS ANGELES CA 90045
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number
33-0420271

E Telephone number
888-301-2527

G Gross receipts \$ 1863101.

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

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 ▶

L Year of formation: 1990 **M** State of legal domicile: CA

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	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</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>11</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>11</u>
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<u>5</u>	<u>20</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>997</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	
7b	Net unrelated business taxable income from Form 990-T, line 39	<u>7b</u>		
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>1896657.</u>	<u>1863044.</u>
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>44.</u>	<u>57.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1896701.</u>	<u>1863101.</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>999044.</u>	<u>934681.</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>14746.</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>880553.</u>	<u>780647.</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>1879597.</u>	<u>1715328.</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>17104.</u>	<u>147773.</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u>1327915.</u>	<u>1454055.</u>
	21	Total liabilities (Part X, line 26)	<u>274856.</u>	<u>253224.</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>1053059.</u>	<u>1200831.</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: THOMAS K FORD Date: 02/12/2021
 Type or print name and title: CHIEF EXECUTIVE OFFICER

Paid Preparer Use Only

Print/Type preparer's name: NICHOLAS J BATCH CPA Preparer's signature: Nicholas J Batch CPA Date: 02/12/2021 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: OUR MISSION IS TO RESTORE AND ENHANCE SANTA MONICA BAY THROUGH ACTIONS AND PARTNERSHIPS THAT IMPROVE WATER QUALITY, CONSERVE AND REHABILITATE NATURAL RESOURCES, AND PROTECT THE BENEFITS AND VALUES OF THE BAY AND SURROUNDING 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 \$ 571319. including grants of \$) (Revenue \$) THE MARINE PROGRAM CONDUCTS RESEARCH, MONITORING, AND RESTORATION ACTIVITIES IN COASTAL MARINE HABITATS. PROJECTS THIS YEAR FOCUSED ON KELP FOREST RESTORATION, EELGRASS HABITAT RESTORATION, ABALONE SPECIES RECOVERY AND RESEARCH ON HARMFUL ALGAL BLOOMS AND CLIMATE CHANGE. THE RESTORATION AND ENHANCEMENT OF MARINE HABITATS INCREASE RESILIENCE ACROSS A DIVERSITY OF ECOSYSTEMS WHILE SUPPORTING LOCAL RECREATIONAL OPPORTUNITIES AND RELATED COASTAL ECONOMIES. DATA COLLECTED FROM THESE PROJECTS ALSO FURTHER OUR UNDERSTANDING OF THE IMPACTS FROM CLIMATE CHANGE AND INFORMS ADAPTIVE MANAGEMENT. PLEASE SEE ATTACHED SCH A FOR FURTHER DETAILS

4b (Code:) (Expenses \$ 496028. including grants of \$) (Revenue \$) THE SANTA MONICA BAY NATIONAL ESTUARY PROGRAM, SMBNEP, IS ONE OF 28 NATIONAL PROGRAMS ESTABLISHED UNDER SECTION 320 OF THE 1987 CLEAN WATER ACT. THE FOCUS OF SMBNEP FOR THE YEAR INCLUDED A DIVERSITY OF EFFORTS TO PROTECT, ENHANCE, AND IMPROVE ECOSYSTEMS TO IMPROVE WATER AVAILABILITY AND QUALITY, ENHANCE SOCIO ECONOMIC BENEFITS, PUBLIC ENGAGEMENT AND EDUCATION, MITIGATE IMPACTS AND INCREASE RESILIENCY TO CLIMATE CHANGE, IMPROVE MONITORING AND THE ABILITY TO ASSESS EFFECTIVENESS. THE ORGANIZATION ALSO DRAFTED A COMPREHENSIVE MONITORING PROGRAM FOR THE REGION, PUBLISHED REPORTING DOCUMENTS AND HELD MEETINGS. PLEASE SEE ATTACHED SCH A FOR FURTHER DETAILS

4c (Code:) (Expenses \$ 159072. including grants of \$) (Revenue \$) THE WATERSHED PROGRAM RESTORES AND ENHANCES HABITATS TO BENEFIT WILDLIFE AND PEOPLE. PROJECTS THIS YEAR FOCUSED ON RESTORING FOREDUNE AND SANDY COASTAL HABITATS TO PROTECT INFRASTRUCTURE AND INCREASE RESILIENCE ALONG OUR COAST TO EROSION AND SEA LEVEL RISE. WATERSHED PROJECTS INCLUDED RESTORING NATIVE VEGETATION AT VARIOUS SITES AND RESTORATION PLANNING AND MONITORING OF THE LARGEST REMAINING CONTIGUOUS COASTAL DUNE SYSTEM IN SOUTHERN CALIFORNIA THE LAX DUNES WORK INCLUDED BEACH CHARACTERIZATION STUDIES WITH DATA FROM 11 BEACHES ASSESS THREATS AND INFORM ADAPTIVE STRATEGIES USING MODELING AND REGIONALLY SPECIFIC CLIMATE ANALYSIS. PLEASE SEE ATTACHED SCH A FOR FURTHER DETAILS

4d Other program services (Describe on Schedule O.) (Expenses \$ 224274. including grants of \$) (Revenue \$)

4e Total program service expenses 1450693.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 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
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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 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
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a 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 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
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	X	
18 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
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	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
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36	Section 501(c)(3) organizations. 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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. 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 Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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 Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed CA; 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O); 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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.

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

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	5	X		X			0	0	0	
(2) KATHRYN VERNEZ VICE PRESIDENT	2	X		X			0	0	0	
(3) L DOSS-HERTZ CFO	2	X		X			0	0	0	
(4) JEFF KLOCKE SECRETARY	2	X		X			0	0	0	
(5) C TYRRELL DIRECTOR	1	X					0	0	0	
(6) JOHN DORSEY DIRECTOR	1	X					0	0	0	
(7) T RASMUSSEN DIRECTOR	1	X					0	0	0	
(8) DAVID MCCARTHY DIRECTOR	1	X					0	0	0	
(9) TRACY EGOSCUE DIRECTOR	1	X					0	0	0	
(10) FRAN DIAMOND DIRECTOR	1	X					0	0	0	
(11) ALEX TOWER DIRECTOR	1	X					0	0	0	
(12) TOM FORD CEO	45	X					146958.	0	6765.	
(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)										
1b Subtotal							146958.		6765.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							146958.		6765.	

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 **▶** 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	1792672.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	70372.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f ▶		1863044.			
	Program Service Revenue	2a Business Code					
b		-----					
c		-----					
d		-----					
e		-----					
f		All other program service revenue					
g		Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		57.		57.	
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real	6a			
			(ii) Personal	6b			
				6c			
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	7a			
			(ii) Other	7b			
				7c			
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a			
				8b			
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities. See Part IV, line 19.		9a			
				9b			
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances		10a				
			10b				
c	Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	11a Business Code						
	b	-----					
	c	-----					
	d	All other revenue					
	e	Total. Add lines 11a-11d ▶					
12	Total revenue. See instructions. ▶			1863101.		57.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	146958.	146958.		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	668585.	606504.	60280.	1801.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	60760.	58025.	2577.	158.
10 Payroll taxes	58378.	55750.	2476.	152.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	442360.	431762.	9848.	750.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28865.	27390.	1475.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SEE STMT	89147.			
b	13581.			
c	79202.			
d	25323.			
e All other expenses	102169.	28837.	73332.	
25 Total functional expenses. Add lines 1 through 24e	1715328.	1450693.	249889.	14746.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	442733.	2	726115.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	754186.	4	628079.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	25266.	9	22996.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 163462.		
	b Less: accumulated depreciation	10b 86597.	105730.	10c 76865.
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		1327915.	16	1454055.
Liabilities	17 Accounts payable and accrued expenses	111090.	17	78319.
	18 Grants payable		18	
	19 Deferred revenue	101707.	19	114497.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	62059.	25	60408.
	26 Total liabilities. Add lines 17 through 25	274856.	26	253224.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	849804.	27	914397.
	28 Net assets with donor restrictions	203255.	28	286434.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1053059.	32	1200831.
33 Total liabilities and net assets/fund balances	1327915.	33	1454055.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1863101.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1715328.
3	Revenue less expenses. Subtract line 2 from line 1	3	147773.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1053059.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1200832.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.		
2a	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	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	
c	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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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 on 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

2019

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.

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

Name of the organization: **SANTA MONICA BAY RESTORATION FOUNDATION** Employer identification number: **33-0420271**

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)							
Total							

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1804204.	1769448.	1900347.	1896701.	1863044.	9233744.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1804204.	1769448.	1900347.	1896701.	1863044.	9233744.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						9233744.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1804204.	1769448.	1900347.	1896701.	1863044.	9233744.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	47.	44.	40.	44.	57.	232.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						9233976.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	100.00%
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2019. 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 stop here . 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 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization SANTA MONICA BAY RESTORATION FOUNDATION	Employer identification number 33-0420271
--	---

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).

Name of organization SANTA MONICA BAY RESTORATION FOUNDATION	Employer identification number 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	NETWORK FOR GOOD PO BOX 201838 AUSTIN TX 78720- Foreign State or Province: _____ Foreign Country: _____	\$ 27,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SOUTHERN CALIFORNIA GAS COMPAN PO BOX 1626 MONTEREY PARK CA 91754- 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.)
3	L NEWMAN FAMILY 8334 LINCOLN BLVD SUITE 310 LOS ANGELES CA 90045- 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.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

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.

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

Name of the organization: SANTA MONICA BAY RESTORATION FOUNDATION; Employer identification number: 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, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring requirements.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements for art and historical treasures.

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 make 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 program
 - 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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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** Term 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:

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	163,462.		86,597.	76,865.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 76,865.

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)		
Total. (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)		
Total. (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)	
Total. (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) 401K PORTION EMPLOYEE PAYABLE	1,403.
(3) ACCUMULATED PAID TIME OFF	59,005.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Supplemental Information to Form 990 or 990-EZ

2019

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

Employer identification number

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

33-0420271

Part III Line 4(d) – Other program expenses of \$ 224,274 represent activities whose focus is on environmental remediation, education, point source pollution reduction and restoration via outreach to local environmental stakeholders including those in the boating community.

PART VI Sec B Question 11(a)- Form 990 was reviewed by the Executive Committee and Board of Directors prior to filing

Any questions were addressed and resolved timely. A final draft version of the tax return was provided to the full board prior to execution and 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 Chief Executive Officer and Chief Operating Officer annually. The Board of Directors evaluates the performance of these individuals based on performance of assigned goals and tasks Compensation is commensurate with similar positions of comparable non profit organization in the region. Tools like surveys, including Guidestar Compensation Report, are also consulted as needed.

PART VI Sec C Question 19-Form 990 is available via website, Guidestar.org, and upon request. TBF maintains governing documents, conflict of interest policies and statements at our primary location.

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) \$442,360.: This line item expense represents costs incurred for services related to
 restoration ,analysis, scientific consultation and other related expenses required to achieve contract, agreement, and award objectives
 and Organizational goals.

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return SANTA MONICA BAY RESTORATI	Business or activity to which this form relates SANTA MONICA BAY RESTORATION FND	Identifying number 33-0420271
---	---	----------------------------------

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)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562.	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

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	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

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 2019	17	28,865
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 2019 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
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. 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	22	28,865
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

2019 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
Form: SANTA MONICA BAY RESTORATION F																
Rental Property: N/A																
Depreciation Class: Machinery and equipment other																
In Service Year: 2014																
HONDA 250 HP	01/14	19021	100		19021	MACRS	7.0	HY	16475	1699	847	15525	2330			
In Service Year: 2017																
PARKER 28 VE	07/17	92905	100		88905	MACRS	7.0	HY	34478	15549	11104	26530	13362			
In Service Year: 2018																
TWIN 250 HON	10/18	45414	100		41414	MACRS	7.0	HY	5918	10142	7243	4435	7922			
Depreciation Class: Office equipment																
In Service Year: 2018																
DELL CTO SER	08/18	6122	100		6022	MACRS	7.0	HY	861	1475	1053	645	1152			
Form Totals:		163462			155362				57732	28865	20247	47135	24766			

US 990**Other Functional Expenses: Page 10, Line 24****2019**

Description of the Asset	Total	Program Services	Management and General	Fundraising
SUPPLIES AND MATERIAL	89,147.	73,652.	3,770.	11,725.
FUEL MOORAGE MAINT	13,581.		13,581.	
PROFESSIONAL FEES	79,202.		79,202.	
TRAVEL	25,323.	21,815.	3,348.	160.
ADMINISTRATIVE FEES	47,572.	787.	46,785.	
INSURANCE	54,597.	28,050.	26,547.	
	309,422.	124,304.	173,233.	11,885.

TBF Program Service Accomplishments FYE: 6-30-20

This section contains a synthesis of programmatic or environmental success stories. This includes highlights from significant programs or projects and is categorically subdivided into '[wetlands, rivers, and streams](#)', '[beaches, dunes, and bluffs](#)', '[in the ocean](#)', '[integrated coastal projects](#)', '[climate change](#)', and '[our communities](#)'. For additional detail on project activities conducted by TBF, visit TBF's website: www.santamonicabay.org.

Beginning in December 2019, a novel coronavirus outbreak began in Wuhan, People's Republic of China (SARS-CoV-2), which caused a disease known as COVID-19. Over the subsequent months, the virus and its associated disease spread globally and turned into a worldwide pandemic. Beginning in March 2020, the State of California and Los Angeles County Department of Public Health issued a "stay-at-home" order with specific restrictions on all activities. Implementation of activities in the time of COVID-19 requires extensive preparation to prioritize human health, reduce safety risks, and follow regulatory restrictions. TBF developed detailed safety guidelines, protocols, and waivers for when local public health officials deem it safe to resume outdoor community events; however, the restrictions impacted several projects for SMBNEP.

Wetlands, Rivers, and Streams

[Community-Based Restoration at Ballona Wetlands](#) – TBF, in partnership with California Department of Fish and Wildlife (CDFW), Friends of Ballona Wetlands (FBW), and community volunteers are conducting a project to remove invasive vegetation while broadening public involvement and stewardship at the Ballona Wetlands Ecological Reserve (Reserve), in Area B, south of Culver Boulevard. During this period, TBF continued maintaining and expanding the community restoration site at the Reserve for a total project area of 1.55 acres. Community events were halted in March 2020 as required by LA County Public Health due to COVID-19, although TBF staff and their partners continued restoration efforts through frequent site maintenance days. TBF also continued revegetation planning and coordination for Year 5, (by planting over 1,200 native container stock plants and distributing native plant seeds). Lastly, TBF released the [Year 4 Report](#) for the community restoration project.

[Malibu Creek Ecosystem Restoration Project](#) – On 19 August 2020, the Corps released the proposed Report of the Chief of Engineers, the report of the District Commander, and a Final Environmental Impact Statement (FEIS), regarding ecosystem restoration for Malibu Creek, in Los Angeles and Ventura Counties. The FEIS was prepared in accordance with Section 102(2)(C) of the National Environmental Policy Act of 1969 (Public Law 91-190). The documents are publicly available on the [Army Corps website](#). The lead agencies for the Malibu Creek Ecosystem Restoration Project are the US Army Corps of Engineers (federal) and the California Department of Parks and Recreation (state). The primary purpose of the project is to restore aquatic habitat connectivity along Malibu Creek and its tributaries, establish a more natural sediment regime from the watershed to the shoreline, and restore aquatic habitat of sufficient

quality along Malibu Creek and tributaries to sustain or enhance indigenous populations of aquatic species within the next several decades, allowing for migratory opportunities to about 15 miles- of aquatic habitat that have been unreachable for many decades in this watershed.

Stone Canyon Creek Restoration – TBF, UCLA, and the UCLA Lab School have worked together, alongside thousands of volunteers, to help restore a portion of one of the few remaining unburied creeks in the area. Serving as a 'living classroom' for both UCLA and the Lab School, this project is being scientifically monitored by UCLA and TBF for vegetation and wildlife, as well as periodic community maintenance. In FY20, UCLA's Environmental Sustainability Committee continued developing stewardship planning for this site for the next several years, continued monitoring, and started holding restoration events. Community events were halted in March 2020 as required by LA County Public Health due to COVID-19.

Beaches, Dunes, and Bluffs

LAX Dunes Restoration – The LAX Dunes is the largest remaining remnant contiguous coastal dune system in southern California. The 302-acre dune site is owned and managed by Los Angeles World Airports (LAWA). The site provides habitat for over 900 species, including the beautiful and delicate federally endangered El Segundo Blue Butterfly. During this period, TBF continued coordination and work with LAWA and partners on revegetation efforts, restoration planning, and scientific monitoring of the LAX Dunes. Lead botanist project partner, California Botanic Garden, conducted seed collection and vegetation surveys; project ornithologist, Cooper Ecological Monitoring performed several avian surveys, including a targeted burrowing owl survey; and scientific consulting partner and restoration ecologists, Coastal Restoration Consultants, advised on planning for future restoration activities and drafting the Ecological Landscape Plan. In March 2020, TBF halted public community events as required by LA County Public Health due to COVID-19.

Santa Monica Beach Restoration Pilot Project – This pilot project is restoring approximately three acres of sandy coastal habitat on the beach in the City of Santa Monica. The project is reestablishing native vegetation on the beach, while aiming to create a sustainable coastal strand and foredune habitat complex resilient to sea level rise and coastal erosion. In FY20, native dune vegetation and sand hummocks continued to establish, in some places up to a meter in height. A [Year 4 Annual Report](#) was produced in September incorporating data from ongoing monitoring. Those data also contributed to outreach informing coastal climate change resiliency planning. TBF and partners had several earned media for this project during FY20, and completed a scientific publication highlighting the project in the national *Shore and Beach* journal: "Planning to adaptation: Informing regional nature-based adaptation to improve coastal resiliency in Santa Monica Bay." Additionally, TBF supported City of Santa Monica in their efforts to include nature-based adaptation in their climate planning.

Malibu Living Shoreline Project – This project, in partnership with the City of Malibu, Los Angeles County Department of Beaches and Harbors (LACDBH), and State Coastal Conservancy (SCC) aims to restore over three acres of sandy beach and dune habitats

at Zuma Beach and Point Dume Beach to improve coastal resiliency and increase the health of the beach systems through a living shoreline approach. During FY20, final permit applications and supporting documents were submitted to City of Malibu, baseline monitoring and project outreach were conducted, and planning for implementation was ongoing and will be conducted in winter 2020/21. Permitting documents were submitted to the City of Malibu on 10 June 2020, including the following documents: 1) MLSP CDP Application, 2) MLSP Implementation and Monitoring Plan, and 3) MLSP Site Characterization Report.. Additionally, multiple virtual outreach events were conducted with members of the community and project partners and intensive baseline monitoring continued.

[Manhattan Beach Dune Restoration](#) – This project aims to restore approximately three acres of foredune habitat along beaches in City of Manhattan Beach to provide infrastructure protection and increase coastal resilience, while improving habitat quality through invasive plant removal and native plant establishment. The project is located on existing back dunes in Manhattan Beach from approximately 36th Street to 23rd Street, 0.6 miles of coastline. The project is supported in partnership with LACDBH and the City of Manhattan Beach. The restoration project will involve the removal of non-native vegetation, seeding/planting of native vegetation, strategic installation of sand fencing and other features to help establish vegetation, installation of symbolic fencing, and installation of educational features like interpretive signage.

Significant progress was made during this reporting period including restoration planning; external coordination with partners, experts, and public stakeholders; conducting a public open call (Request for Proposals), and subsequently hiring a consultant to conduct restoration design services; coordinating and implementing site visits; comprehensive baseline monitoring across multiple field days; permitting meetings and coordination; hiring a consultant to assist acquiring innovative video public comment on the restoration project; and additional community engagement activities. Additionally, TBF released an innovative community engagement tool – an interactive outreach video soliciting project feedback and input, including a brief three-question survey. The video was live for over two months to receive public feedback on the project and was available in English and Spanish. TBF is also in consultation with a Native American representative who is engaged in the project as a cultural advisor.

[Beach Characterization Studies](#) – In partnership with [Loyola Marymount University's Coastal Research Institute \(CRI\)](#), this research program is conducting a beach characterization study and informing a Site Suitability Model (SSM) to determine potential areas for beach restoration, evaluating factors such as coastal infrastructure, sea level rise vulnerability, and physical and biological characteristics, while contributing information to the SMBNEP Comprehensive Monitoring Program. This project serves to assess the potential threats faced by these beaches as well to determine which sites have the highest probability of being successfully restored with a high adaptive capacity.

During this reporting period, data from 11 beaches were compiled and analyzed, and preliminary meetings with SSM partners, LACDBH and State Parks, occurred in summer 2020. Summary results from both projects were presented at the American

Shore and Beach Preservation Association National Conference in October (one oral presentation and four poster presentations), and in other virtual venues such as Los Angeles Regional Climate Collaborative meetings. Work continued on evaluating and combining GIS layers for the site suitability analysis and discussions with coastal municipalities will serve to inform its future use. The model will eventually be analyzed against the ongoing *in situ* data collection along beaches of the SM Bay as part of this research program.

In the Ocean

[Kelp Forest Restoration](#) – This project was developed to reverse the loss of kelp forests off the Palos Verdes Peninsula. The restoration is achieved by systematically reducing the density of sea urchins on the ocean floor to a target of two per square meter. TBF scientists partner with commercial fisherman to cull urchin densities as they are transformed from urchin barrens to kelp forests. This approach allows for the regrowth of kelp and increases diversity and biomass. From October 2019 through September 2020, 3.5 acres of kelp forest were restored, bringing the total for this project, started in 2013, to approximately 55.5 acres. Kelp forest response is validated through community analysis monitoring before, during, and after restoration activities. Additionally, the [Year 7 Annual Report](#) was completed.

[Abalone Restoration](#) – This project implements a multifaceted approach to research and method development to restore populations of abalone to Santa Monica Bay and adjacent coastal waters. TBF manages two abalone laboratories located at the Southern California Marine Institute (SCMI) to advance research on captive and wild abalone care, spawning, and larval cultivation techniques. The primary focus of this work has been to support the recovery of the endangered white abalone. In June 2020, over 5,000 juvenile white abalone were transferred from the Bodega Marine Lab to SCMI, facilitated by two volunteer pilots coordinated through LightHawk. Abalone were held and cared for in TBF's facility. Nearly 2,000 white abalone have been outplanted to the Palos Verdes peninsula since 2019. These were the first animals of their species to ever be outplanted into the wild. TBF staff and partners conducted quarterly surveys, monitoring live abalone and collecting shells to inform the success of outplanting efforts.

Integrated Coastal Projects

[Los Angeles Living Shoreline Project \(LA-LSP\)](#) – This innovative project, including a diversity of partners and supporters, aims to implement a multi-habitat approach to restore approximately 3.5 acres of beach and coastal bluff habitat while increasing coastal resilience in a disadvantaged community. This project also includes an experimental project to establish offshore eelgrass within a one-acre footprint. LA-LSP is being funded by SCC and Honda Marine Science Foundation. In FY20, partnerships and planning continued, and baseline beach and bluff surveys were initiated in partnership with CRI. Integral Consulting, was hired to complete restoration conceptual design, perspective renderings of the project, and interpretive signs. Outreach and planning were both ongoing, culminating in an agency planning meeting that included

over 30 state and federal agency representatives as well as local government. Eelgrass beds offshore of Malibu and Catalina Island were identified as potential donor beds. These beds were surveyed to assist in permitting and performance evaluation of future restoration projects. In addition, eelgrass blades were collected by TBF and Paua Marine Research Group for a population level genetics study led by CRI faculty, Dr. Demian Willette. Lastly, a pressure sensor was deployed to help establish criteria for site selection for eelgrass in Santa Monica Bay.

Microplastics Research – Plastic is the most prevalent type of marine debris found in our oceans, and microplastics are considered an emerging constituent of concern due to their ubiquitous presence in the environment, danger to marine life when ingested, and potential to bioaccumulate chemicals up the food web. In FY20, CRI continued refining a protocol to extract microplastics from sediments, including infrared spectroscopy mapping, and continued a pilot study along Bay beaches. A new protocol was also initiated to extract microplastics from nearshore marine invertebrates such as amphipods, sand crabs, and mussels. A partnership with University of California Santa Barbara to inform regional data gaps in the fate and transport conceptual model for microplastics in the nearshore environment was initiated. Sample processing was delayed beginning in March 2020 due to COVID-19 restrictions and LMU campus access restrictions.

Monitoring Harmful Algal Blooms – CRI and its Visiting Assistant Professor / Researcher, Dr. Amber Bratcher-Covino, continued Harmful Algal Bloom (HAB) studies to fill data gaps in the Santa Monica Bay region. Dr. Bratcher-Covino continued planning for future fieldwork including beach water quality sample collection to process for phytoplankton as well as ocean samples. Her students conducted a literature review and a synthesis of existing phytoplankton data for the region over the summer. Additional work on modeling OAH and HABs continues by SCCWRP, with efforts to expand the model. Sampling sites and a schedule for sampling cruises were established for Santa Monica Bay.

Climate Change

Climate Change Action Planning and CCMP Action Plan – Climate change, including climate stressors for the region such as sea level rise and drought, continue to be important drivers for planning and adaptive management actions. In 2018, SMBNEP released the [Action Plan for the Comprehensive Conservation and Management Plan \(CCMP\)](#), including actions related to climate change such as filling in important data gaps for our region, or prioritizing projects to increase resilience of our coastal areas, (such as kelp, beach, and dune restorations). The seven goals and 44 actions it contains represent priorities for our region, established through many workshops and consensus building activities.

Ocean Acidification – An array of instruments that measure pH, dissolved oxygen, and pCO₂ have been deployed off the Palos Verdes Peninsula since the second half of 2016 by the Sanitation District of Los Angeles County. Data collected by this project will improve our understanding of ocean acidification and hypoxia in the Santa Monica Bay. Since 2018, data were collected at a second location at a depth of 60 meters and

showed less variability as compared to the first deployment year in 15 meters. These data allowed good characterization of the frequency, magnitude, and duration of OAH events in the nearshore surface and offshore bottom layers. In FY20, a manuscript was drafted in partnership with USEPA and several other sister National Estuary Programs.

[Kelp Forest Hydrodynamics](#) – 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. Additional funding was awarded to California State University Northridge and University of California Davis from University of Southern California SeaGrant to continue this study on two more kelp forest sites. In 2019, two sites were established off Palos Verdes and instruments were deployed. Results from this study were presented to many stakeholder groups on the north coast of California and contributed to two manuscripts in 2020. A third manuscript is in preparation focused on exploring drivers and potentials of alongshore current velocity reduction by giant kelp. Additional ocean chemistry data collection associated with this project was halted due to COVID-19 and will resume when possible.

Our Communities

[Proposition 84 Grant Program](#) – SMBRC was originally allocated \$18 million in state funding for projects including coastal watershed contamination prevention and coastal and marine habitat restoration. Four projects recommended by the Governing Board for Proposition 84 funding were implemented during this period. In 2020, two of the projects completed construction. The Santa Monica Bay Catch Basin Insert Project by the City of Rancho Palos Verdes installed 1,112 Connector Pipe Screen (CPS) units in catch basins suitable for retrofits in an approximately 14 sq. mile area across three cities in the Palos Verdes Peninsula Watershed draining to Santa Monica Bay. The [Westwood Neighborhood Greenway Project](#) by the City of Los Angeles constructed two parallel bioswales to capture and treat dry- and wet-weather flows from a storm drain and a five-acre impervious area to improve water quality in the receiving waters (Sepulveda Channel, Ballona Estuary and Santa Monica Bay) while providing native habitat for wildlife and opportunities for public engagement.

Two of the projects continued construction during 2020. The Ladera Park Water Quality Enhancement Project by the Los Angeles County Public Works, which aims to treat, store, and infiltrate runoff from a 110-acre tributary area through a combination of pre-treatment, retention, and infiltration, completed drywell installation and commenced aboveground construction during this period. The [Culver Boulevard Stormwater Filtration/Retention Project](#) by the City of Culver City aims to reduce pollutant loading to Ballona Creek by capturing, treating, filtering, or reusing stormwater and dry-weather flows from a 700-acre drainage area. During this period, the project continued Phase II of construction with anticipated completion of the final phase of construction in October 2021.

[Internship and Research Assistant Program](#) – Through this program, TBF and CRI coordinate volunteers, students, and postgraduates in efforts to support implementation of the Comprehensive Monitoring Program and include research, habitat restoration, and scientific data collection efforts across many projects. While this program was

significantly affected by COVID-19 restrictions in Los Angeles County, including the ban of community volunteer events, TBF and CRI continued to make progress remotely. Specifically, nine students completed research projects under four different faculty in summer 2020 across multiple research programs. Research was focused on beach characterization studies, modeling coastal climate stressors and adaptation strategies, native plant microbe interaction research, intertidal microplastics research, and habitat restoration and scientific monitoring. Each research direction aims to answer multiple research questions. Students created multiple presentations, posters, and other products as part of the research efforts.

[Boater Education Program](#) – This is a multi-faceted program designed to engage the Southern California boating community to reduce and eliminate boating-related ocean pollution and encourage environmental stewardship. In 2020, the program continued to distribute "[The Changing Tide](#)" statewide newsletters, annual Southern California Tide Calendars, and [Pumpout Nav](#) app, the popular [Southern California Boater's Guide](#). . The program also produced and distributed 2,979 Boater Kits and virtually trained 91 Dockwalker volunteers. Through the [Honey Pot Day](#) program, mobile sewage pumpouts are offered; during this reporting period, 84 boaters participated and 1,696 gallons of sewage were properly disposed of. In May 2020, the Boater Education Program received a grant from the Ocean Protection Council and Coastal Quest to create Marine Protected Area (MPA) educational materials for the recreational boating community, these materials include one educational video, Southern California Tide Calendars with a MPA map and resource pages (available in English and Spanish), an updated California Boater Kit reference card that incorporates MPA information, an educational interactive quiz, and the integration of MPA education into The Changing Tide newsletter.

[Table-to-Farm Composting](#) – The Table to Farm Composting for Clean Air project, initiated in 2016, is a collaborative network of schools, students, food service establishments, local non-profit organizations, and the community at large working to create local solutions to reduce air pollution and greenhouse gas emissions, while increasing local food production in underserved communities. This project connects food service establishments with local compost hubs for diversion of pre-consumer food waste from the landfill. Nutrient rich compost is then used in gardens that grow fresh local produce for the community. Compost hubs are located at Environmental Charter Schools' three campuses to teach students about food equity, air pollution, carbon sequestration, food waste, composting, and gardening. In 2020, a community garden comprised of three raised garden beds and two in-ground beds was established outside of Environmental Charter Middle School Inglewood's (ECMS-I) gates. This garden is available to all community members. During this reporting period, 436 ECMS-I students and community members learned about the garden and 72 individuals gave input on garden design and implementation.

2019 Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 07/01/2019, and ending (mm/dd/yyyy) 06/30/2020

Corporation/Organization name SANTA MONICA BAY RESTORATION FOUNDA		California corporation number 1481142	
Additional information. See instructions. THE BAY FOUNDATION		FEIN 33-0420271	
Street address (suite or room) 8334 LINCOLN BLVD SUITE 310			PMB no.
City LOS ANGELES		State CA	Zip code 90045
Foreign country name		Foreign province/state/county	
		Foreign postal code	

A First Return Yes No

B Amended Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources ... \$ _____

L If organization is a public charity 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 No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

P Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	29,948	00
	2 Gross dues and assessments from members and affiliates	2	1,792,672	00
	3 Gross contributions, gifts, grants, and similar amounts received.	3	40,481	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.	4	1,863,101	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7		00
	8 Total gross income. Subtract line 7 from line 4	8	1,863,101	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	1,715,328	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	147,773	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Filing fee \$10 or \$25. See General Information F	15		00
16 Penalties and Interest. See General Information J	16		00	
17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00	

Sign Here 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.

Signature of officer	Title CEO	Date 02/12/2021	Telephone 888-301-2527
Preparer's signature	Date 02/12/2021	Check if self-employed <input type="checkbox"/>	PTIN P00479493
Firm's name (or yours, if self-employed) and address BEYOND THE NUMBERS ACCOUNTING 102 WEST ROUTE 66 B GLENORA CA 91740-			Firm's FEIN 20-1836132 Telephone 626-852-0321

May the FTB discuss this return with the preparer shown above? See instructions 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 8334 Lincoln Blvd. # 310 Address (Number and Street) Los Angeles, CA 90045 City or Town, State and ZIP Code	Check if: <input checked="" 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>
--	--

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 / 19 ending 06 / 30 / 2020) list:
 Gross annual revenue \$ 1,863,101 Total assets \$ 1,454,055

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 (888) 301 - 2527
 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	CEO	2/9/2021	
Signature of authorized officer	Printed Name	Title	Date



DR. SHIRLEY N. WEBER
CALIFORNIA SECRETARY OF STATE

California Secretary of State

Submission and Payment Confirmation

Thank you for using **bizfile California** (<https://www.sos.ca.gov/business-programs/bizfile/>)! Your Corporation Statement of Information and payment was submitted successfully and is pending statutory review by the California Secretary of State.

Please print this screen as a record of submission and credit card payment.

Submission Summary:

Entity Name: SANTA MONICA BAY RESTORATION
FOUNDATION

Entity Number: C1481142

Submission Type: Statement of Information: Complete

Submission Date: 02/09/2021

Total Paid: \$5.00

What's next?

Please check the submitter's email for further details of your filing submission and instructions on how to check the status of your submission.