Form **990**

Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A	For the	2020 calendar year, or tax	year beginning	JUL 01	, 2020	, and e	nding	JUN 30, 2					
В	Check if a	pplicable: C Name of organiza	tion SANTA	MONICA BA	AY RESTOR	ATION F		D Employer i	dentification	number			
\square	Address	hange Doing business as	THE BAY	FOUNDATIO	N								
\equiv		Number and stree	t (or P.O. box if mai	il is not delivered	to street address) Room/suite		33-042027	71				
	Name ch	nge 8117 W MANC						E Telephone					
	Initial retu				State	ZIP code							
\equiv		PLAYA DEL R	EY CA 9029	3-				888-301-2	2527				
	Final return	terminated Foreign country n		reign province/st	ate/county	Foreign posta	l code						
	Amended	return						G Gross recei	pts \$	237856	9.		
			a of principal office.	" THOMAC Y	EODD						TV Na		
	Application	n pending F Name and addres						nis a group return for		=	X No		
		1 LMU DRIVE	LOS AN	GELES CA	90045		H(b) Are	e all subordinates	s included?	Yes	No		
I	Tax-exer	npt status: X 501(c)(3)	501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "	'No," attach a list	. See instruc	tions			
	Wohsito	▶ WWW.SANTAMONIC	ARAY ORG				H(c) Gr	oup exemption n	umber				
											G 3		
		rganization: X Corporation	Trust A	ssociation	Other ►	L Yea	ar of form	ation: 1990	M State of	legal domicile	e: CA		
F	Part I	Summary		20.00									
	1	Briefly describe the organ	nization's mission	on or most sig	nificant activi	ties: OUR	MISS	ION IS TO	RESTO	RE			
ce		AND PROTECT THE S	ANTA MONIC	CA BAY ANI	ITS 400	SQUARE M	IILE W	VATERSHED					
Jan		AND PROTECT THE SANTA MONICA BAY AND ITS 400 SQUARE MILE WATERSHED											
err	1	2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.											
8	2		_			•			1	assets.	10		
<u>ح</u>	3	Number of voting member						_	3		12		
SS	4	Number of independent v							4		12		
Activities & Governance	5	Total number of individua	COUNTY TO SEE VALUE AND THE SECOND SECOND SECOND SECOND		the contract that the contract is				5		21		
Ę	6	Total number of voluntee	•	• .				—	6		967		
ĕ	7a	Total unrelated business	revenue from F	Part VIII, colui	mn (C), line 1	2			7a				
	b	Net unrelated business to	axable income f	from Form 99	0-T, Part I, lin	e 11			7b				
								Prior Year		Current Yea	ar		
Φ	8	Contributions and grants	(Part VIII, line	1h)				18630	44.	237	78487.		
Revenue	9	Program service revenue											
Уe	10	Investment income (Part							57.		82.		
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)											
	12							18631	0.1	237	78569.		
	13	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3)					 	10031	01.	20	0000		
	14	Benefits paid to or for me											
								0246	0.1	111	-0405		
ses	15	Salaries, other compensation		4.55				9346	81.	113	59485.		
Expenses	16a	Professional fundraising					500 MANAGE 655	of Samples	Total Control		10040000000000000		
×	b	Total fundraising expense											
ш	17	Other expenses (Part IX,			2000			7806	*****		3184		
	18	Total expenses. Add line						17153	28.		52669.		
	19	Revenue less expenses.	Subtract line 1	8 from line 12		<u> </u>		1477			15900.		
Net Assets or							Beginn	ning of Current	Year	End of Yea	r		
sets	20	Total assets (Part X, line	16)					14540	55.	153	39995.		
t As	21	Total liabilities (Part X, Iir	ie 26)					2532	24.	32	23264.		
S E	22	Net assets or fund balance	ces. Subtract lir	ne 21 from lin	e 20			12008	31.	121	6731.		
	art II	Signature Block											
		es of perjury, I declare that I have	examined this retu	urp, including acc	ompanying sched	dules and statem	ents, and	to the best of my	/ knowledge				
and	belief, it i	es of perjury, I declare that I have s true, correct, and complete. De	claration of prepare	(other than offic	er) is based on a	ll information of v	which prep	parer has any kn	owledge.				
Qi,	· n	×						02/28	1/2022				
Sig		Signature of officer						Date					
He	re	THOMAS K FO	RD S			CHT	EF EX	ECUTIVE (FFICER				
		Type or print name ar				OIII.	DI DII	BOOTIVE) I I I C D I C				
		Print/Type preparer's nam	SCHOOL BUSINESS CO.	Propager's	signature?		Date	e I		PTIN			
Pa	id	71		6/1/10	1. 1/2 1.	The			eck if				
	eparer	NICHOLAS J BAT	CH CPA	VVe	www	DIE C	9 02/	28/2022 sel	f-employed	P004794	193		
	e Only	Firm's name ► BEYO	ND THE NUM	BERS ACCO	NITUU			Firm's EIN ▶ 2	20-1836	132	·		
US	Com	Firm's address ▶ 102	WEST ROUTE	66 B GL	ENDORA	CA (91740	Phone no.					
Ma	v the IE	S discuss this return with								X Yes			
ivia	y uit ir	o alboubb tillb letuiti Willi	ric highard of	HOWIT ADDVE!	OCC INSUICE	6				IAITES	No		

Га	Check if Schedule O contains a response or note to any line in this Part III
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
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 685961. 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 \$ 656274. 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 \$ 464270. including grants of \$) (Revenue \$)
	THE WATERSHED PROGRAM CONDUCTS RESEARCH, MONITORING, AND RESTORATION
	ACTIVITIES IN COASTAL HABITATS SUCH AS WETLANDS, BEACHES, DUNES, AND
	STREAMS. PROJECTS THIS YEAR FOCUSED ON RESTORING DUNES AND SANDY
	COASTAL HABITATS TO PROTECT INFRASTRUCTURE AND INCREASE RESILIENCE
	ALONG OUR COAST TO EROSION AND SEA LEVEL RISE, AND RESTORING WETLANDS
	AND RESTORING WETLANDS TO BENEFIT WILDLIFE AND PEOPLE. PROJECTS
	INCLUDED RESTORING NATIVE VEGETATION AT VARIOUS SITES, CONDUCTING
	COMMUNITY ENGAGEMENT, AND RESTORATION AND MONITORING OF THE LARGEST
	REMAINING CONTIGUOUS COASTAL DUNE SYSTEM IN SOUTHERN CALIFORNIA, THE
	LAX DUNES. ADDITIONAL RESEARCH INCLUDED BEACH CHARACTERIZATION
	STUDIES, SITE SUITABILITY MODELS, CLIMATE MODELING, AND MICROPLASTICS.
	Other program services (Describe on Schedule O.)
40	(Expenses \$ 205881. including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2012386.
-	

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			3.7
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		Λ
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Χ	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		v
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		X
12a	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes,"	124		21
J	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
46	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		
20-	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	aomobile government en l'activi, column (13), inte 1: 11 163, complete confedure 1, 1 arts l'and 11			27

Par	t 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? If "Yes," complete Schedule I, Parts I and III	22		Х
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	00		3.7
04-	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Λ
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
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? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-	37	
h	If"Yes," complete Schedule L, Part IV	28a 28b	Х	Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		Λ
C	If"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	20		37
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		v
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	31		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	J 30	Λ	<u> </u>
ral	Check if Schedule O contains a response or note to any line in this Part V]	
	Shook if Concodic C Contains a response of note to any line in this fact v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	NO
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	10	v	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			37
0	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	00		v
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		X
ь 10	Section 501(c)(7) organizations. Enter:	90		Λ
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
ь 11	Section 501(c)(12) organizations. Enter:	_		
 а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16		40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes." complete Form 4720. Schedule O.			

Part VI

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 12	-		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 12	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation				
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the organization become aware during the year of a significant diversion of the organization'	s assets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect				
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions underta	ken during			
	the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b				
01	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the	internal Revenue C	oue.	Yes	No
100	Did the organization have local chapters, branches, or affiliates?		10a	res	No X
	If "Yes," did the organization have written policies and procedures governing the activities of suc		IUa		Λ_
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt	Telephone in the contract of t	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	iming the forms	ıια	21	
12a			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?				
	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and app				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	•			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to every				
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa				
	the organization's exempt status with respect to such arrangements?		16b		X
	ion C. Disclosure				
17 10		000 and 000 T (Sacti			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 9		วท 50′	I (C)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that a Superior of the superior o	appıy. <i>xplain on Schedule</i> O	١		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documen			,	
13	and financial statements available to the public during the tax year.	is, commet of interest	policy	,	
20	State the name, address, and telephone number of the person who possesses the organization'	s books and records	_		
	N BATCH CPA				
	102 W RTE 66 GLENDORA CA 91740		-=		

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

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 heither the organization nor ar	iy related organ	izatio	n co	omp	ens	sated	any	current officer,	director, or trus	tee.
					C)					
(A) Name and title	(B) Average hours	box,	unles er an	neck ss pe	erson	e than o is both or/trust	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LAURIE NEWMAN PRESIDENT	5	Х		Х				0	0	0
(2) KATHRYN VERNEZ	2								-	-
VICE PRESIDENT		Х		Х				0	0	0
(3) L DOSS-HERTZ	2									
CFO		Х		Х				0	0	0
(4) JEFF KLOCKE	1									
SECRETARY		Х		Х				0	0	0
(5) A BASMAJIAN DIRECTOR	1	Х						0	0	0
(6) FRAN DIAMOND	1									
DIRECTOR		Х						0	0	0
(7) JOHN DORSEY	1									
DIRECTOR		X						0	0	0
(8) TRACY EGOSCUE	1									
DIRECTOR		X						0	0	80183.
(9) CRAIG PERKINS DIRECTOR	1	Х						0	0	0
(10) T RASMUSSEN DIRECTOR	1	Х						0	0	0
(11) AL TOWER DIRECTOR	1	Х						0	0	0
(12) C TYRRELL	1									
DIRECTOR		Х						0	0	0
(13) TOM FORD	45									
EXECUTIVE DIR		Х	L	L				155175.	0	7120.
(14)										

	990 (2020) SANTA MONICA BAY RES										-04202		Pag	e 8
Pa	Section A. Officers, Directors, Ti	rustees, Key Ei	nplo	yee			High	est	Compensated	Employee	s (conti	nued)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	erson	tha otler is or/trus Highest compensated	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportat compensa from relat organizati (W-2/1099-N	tion ted ons MISC)	estimate of compe fron organiza	F) ed amou other ensation n the ation an ganizati	d
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal							>	155175.				873	03
c d	Total from continuation sheets to Part VII, 3 Total (add lines 1b and 1c).						· 	>	155175.				873	03
2	Total number of individuals (including but not leading to the reportable compensation from the organization		listed	abo	ove)) wh	o rec	eiv	ed more than \$1	00,000 of				
3	Did the organization list any former officer, di		ev ei	mplo	ove	e. o	r hiah	est	compensated			Y	es N	No
	employee on line 1a? If "Yes," complete Sche	dule J for such	indivi	dua	Ϊ.						. 3	3		X
4	For any individual listed on line 1a, is the sum the organization and related organizations gre													
5	individual		 ion fr	om :	 anv	 unr	 elate	d o		 dividual	4	1	2	X
	for services rendered to the organization? If "											5	2	X
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest comp	ensated indene	nden	t coi	ntra	ctor	s tha	t re	ceived more tha	n \$100 000	n of			
	compensation from the organization. Report c											tax y	ear.	
	(A) Name and business add	Iress							(B) Description of ser	vices	Com	(C) ipensa	tion	
	Total number of independent contractors (in all	uding but set !!	nito al 1	to 11-		\ I:-4	- d -	h.c. :	a) who rossins -					
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the			เบ เท	1056	# IIS1	eu al	JUV	e, who received					

Form 990 (2020) SANTA MONICA BAY RESTORATION FND Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or no	te to any line i	n 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
S (0	1a	Federated campaigns	la					
anta	b		lb					
Contributions, Gifts, Grants and Other Similar Amounts		•	lc	25611.				
	d	-	ld					
	e		le	2320209.				
ns,		All other contributions, gifts, grants, and	-					
tio er S	•		1f	32667.				
ibu	q	Noncash contributions included in	•	32007.				
Contributions, and Other Sim	9		lg \$					
Co an	h	Total. Add lines 1a–1f			2378487.			
	- "	Total / Nad lines 14 11		Business Code	23701071			
e	2a							
ξ	b							
Sei	C							
m	d							
gra Re	e							
Program Service Revenue	f	All other program service revenue						
Ъ	g	Total. Add lines 2a–2f		•				
	3	Investment income (including dividends, inte						
		other similar amounts)			82.			82.
	4	Income from investment of tax-exempt bond						
	5	Royalties	•	•				
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses . 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)		▶				
	7a	Gross amount from (i) Securities	S	(ii) Other				
		sales of assets						
		other than inventory 7a						
ne	b	Less: cost or other basis						
Revenue		and sales expenses 7b						
ev	С	Gain or (loss) 7c						
	d	Net gain or (loss)		🕨				
Other	8a	Gross income from fundraising						
0		events (not including \$						
		of contributions reported on line 1c).						
		· · · · · · · · · · · · · · · · · · ·	3a					
		•	3b					
		Net income or (loss) from fundraising events	3	🟲				
	9a	Gross income from gaming activities.						
)a					
		•)b					
		Net income or (loss) from gaming activities .						
	10a	Gross sales of inventory, less	_					
			0a					
			0b					
	С	Net income or (loss) from sales of inventory						
Sn	44-			Business Code				
Miscellaneous Revenue	11a		.					
llar ⁄en	b		·	+				
Re	G C	All other revenue	-					
Mis	a	All other revenue						
_	12	Total revenue See instructions			2278560			9.2

Form 990 (2020) Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete al	l columns. All other	organizations mus	t complete column (A).
	Check if Schedule O contains a response or note				
	not include amounts reported on lines 6b, 7b, 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	155175.	155175.		
6	Compensation not included above to disqualified	1001701	1001701		
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	808748.	746180.	62181.	387
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions).				
9	Other employee benefits	99737.	93438.	6254.	45
10	Payroll taxes	95825.	89774.	6008.	43
11	Fees for services (nonemployees):				
а	Management				
b	Legal	76183.		76183.	
С	Accounting				
d	Lobbying				
е	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.)	785581.	780877.	4704.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20247.		20247.	
23	Insurance	20217		20217	
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.)				
а	SEE STMT				
b					
С					
d					
е	All other expenses	86620.	7718.	78902.	
25	Total functional expenses. Add lines 1 through 24e .	2362669.	2012386.	347397.	2886
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

33-0420271

Balance Sheet

SANTA MONICA BAY RESTORATION FND

(A) (B) Beginning of year End of year 1 726115. 2 2 623517. 3 3 628079. 4 838889. 4 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 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 8 22996. 20971. 9 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 163462. b Less: accumulated depreciation 10b 106844. 76865. 10c 56618. Investments—publicly traded securities 11 11 12 12 Investments—other securities. See Part IV, line 11 13 13 Investments—program-related. See Part IV, line 11 14 14 15 15 1454055. 1539995. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 78319. 17 123883. 18 18 114497. 19 19 114224. 20 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 60408. 25 85157. 253224. 26 Total liabilities. Add lines 17 through 25 26 323264. Organizations that follow FASB ASC 958, check her▶ | X | Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 914397. 27 1014773. Net assets with donor restrictions 286434. 28 201958. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds. . . 31 1200831. 32 1216731. 32 Total liabilities and net assets/fund balances 1454055. 1539995. 33

Form **990** (2020)

Part	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		2	378	569.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	3626	669.
3	Revenue less expenses. Subtract line 2 from line 1	3			159	900.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1	2008	831.
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				
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		1	216	731.
Part	XII Financial Statements and Reporting				1	
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Doth consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain of					
	Schedule O.					
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?			3a	Х	
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	S		3b	Х	

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

Employer identification number

SAN	ΤA	MONICA BAY RESTO	RATION FND				33-0420271						
Par		Reason for Public Chari											
The	orga	anization is not a private founda	•			•	•						
1		A church, convention of church	nes, or association	of churches described	in secti	on 170(b)	(1)(A)(i).						
2		A school described in section	170(b)(1)(A)(ii). (A	Attach Schedule E (Fo	rm 990 or	990-EZ).)						
3		A hospital or a cooperative hos	spital service organ	ization described in s	ection 17	0(b)(1)(A)(iii).						
4		A medical research organization	on operated in conj	unction with a hospital	describe	d in sect i	ion 170(b)(1)(A)(iii)	. Enter the					
		hospital's name, city, and state	9:										
5		An organization operated for the section 170(b)(1)(A)(iv). (Con		ge or university owned	d or opera	ited by a (governmental unit d	escribed in					
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Χ	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 Pa	rt II.)								
9		An agricultural research organi				ted in cor	njunction with a land	-grant college					
		or university or a non-land-grain university:											
10		An organization that normally r											
		receipts from activities related support from gross investment											
		acquired by the organization a						1162262					
11		An organization organized and					•						
12			•	•	•			ut the purposes					
		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.											
а		Type I. A supporting organiz	zation operated, su	pervised, or controlled	by its su	pported o	rganization(s), typic	ally by giving					
	-	the supported organization(organization. You must co	s) the power to reg mplete Part IV, Se	ularly appoint or elect ctions A and B.	a majority	of the di	rectors or trustees o	f the supporting					
b		Type II. A supporting organ											
		control or management of the organization(s). You must express the control of the			same pers	sons that	control or manage th	ne supported					
С	Ī	Type III functionally integr			l in conne	ection with	and functionally in	tegrated with					
Ŭ	L	its supported organization(s						togratod With,					
d		Type III non-functionally in											
		that is not functionally integr						attentiveness					
е	ſ	requirement (see instruction Check this box if the organize						vne III					
·	Ĺ	functionally integrated, or T					a Type I, Type II, T	ypc iii					
f		Enter the number of supported											
g		Provide the following information	on about the suppor	rted organization(s).									
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see					
				above (see instructions))	-	ment?	instructions)	instructions)					
					Vac	N.a							
(A)					Yes	No			_				
(A)													
(B)													
(-,													
(C)									_				
-													
(D)													
(E)													
Tota	<u> </u>								_				
ı uld							i l						

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

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

Sec	ction A. Public Support	T		,	T		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1769448.	1900347.	1896701.	1863044.	2378487.	9808027.
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	1769448.	1900347.	1896701.	1863044.	2378487.	9808027.
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						9808027.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1769448.	1900347.	1896701.	1863044.	2378487.	9808027.
8	Gross income from interest, dividends,					20702071	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	44.	40.	44.	57.	82.	267.
9	Net income from unrelated business	11.	10.	11.	57.	02.	207.
9	activities, whether or not the business is						
	regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
44							9808294.
11		' ()				40	3000Z3 4 .
12	Gross receipts from related activities, etc. (so	•				12	
13	First 5 years. If the Form 990 is for the org organization, check this box and stop here .						
				· · · · · · · ·			· · · · •
	ction C. Computation of Public Sup					T T	100 00
	Public support percentage for 2020 (line 6, c		-			14	100.00%
	Public support percentage from 2019 Sched					15	100.00%
16a	33 1/3% support test—2020. If the organization						T
	and stop here . The organization qualifies as	s a publicly support	ed organization.				▶ X
b	33 1/3% support test—2019. If the organiza	ation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3% or more	, check this	
	box and stop here . The organization qualified	es as a publicly sup	ported organization	on			
17a	10%-facts-and-circumstances test—2020.	. If the organization	did not check a be	ox on line 13, 16a,	or 16b, and line 14	1	
	10% or more, and if the organization meets	-					
	Part VI how the organization meets the facts	-and-circumstance	s test. The organiz	zation qualifies as a	a publicly supported	d	
	organization						· · · · •
b	10%-facts-and-circumstances test—2019.	-					
	15 is 10% or more, and if the organization r						
	in Part VI how the organization meets the fac						. —
	organization						· · · · • <u> • </u>
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		,
	instructions						

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.

Employer identification number

OMB No. 1545-0047

Name of the organization

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

SANTA MONICA BAY RESTORATION FND 33-0420271 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (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** X 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** X 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.

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).

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 (entering

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Name of organization
SANTA MONICA BAY RESTORATION FND

Employer identification number 33-0420271

		~ ~	
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	SOUTHERN CALIFORNIA GAS COMPAN PO BOX 1626 MONTEREY PARK CA 91754- Foreign State or Province: Foreign Country:	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	L NEWMAN FAMILY 8117 W MANCHESTER AVE UNIT 750 PLAYA DEL REY CA 90293- Foreign State or Province: Foreign Country:	\$22,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Occupation (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SAN	TA MONICA BAY RESTORATION	FND	33-0420271						
Part	Organizations Maintaining Donor	Advised Funds or Other Similar Fu	nds or Accounts.						
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.							
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and do	<u> </u>							
	funds are the organization's property, subject								
6	Did the organization inform all grantees, dono								
	only for charitable purposes and not for the b								
	conferring impermissible private benefit?		Yes No						
Part	Conservation Easements.								
		ed "Yes" on Form 990, Part IV, line 7.							
1	Purpose(s) of conservation easements held be								
	Preservation of land for public use (for examp	ole, recreation or education) Preservation	on of a historically important land area						
	Protection of natural habitat	Preservation	on of a certified historic structure						
	Preservation of open space	<u>—</u>							
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribution	tion in the form of a conservation						
_	easement on the last day of the tax year.		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation ease								
С	Number of conservation easements on a cert								
d	Number of conservation easements included	in (c) acquired after 7/25/06, and not on a	a l						
	historic structure listed in the National Registe								
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during								
	the tax year								
4	Number of states where property subject to c								
5	Does the organization have a written policy re								
_	violations, and enforcement of the conservation								
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforcing	conservation easements during the year						
_	P								
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cons	servation easements during the year						
	> \$	lin - O(-l)	f ti 470(l-\/4\/D\/:\						
8	Does each conservation easement reported of								
9	and section 170(h)(4)(B)(ii)?								
9	balance sheet, and include, if applicable, the		•						
	organization's accounting for conservation ea	<u> </u>	inancial statements that describes the						
Part	III Organizations Maintaining Collect		r Other Similar Assets						
· ar		ed "Yes" on Form 990, Part IV, line 8.							
1a	If the organization elected, as permitted under								
	works of art, historical treasures, or other sim								
	public service, provide in Part XIII the text of t	•							
b	If the organization elected, as permitted unde								
	works of art, historical treasures, or other sim	•							
	(i) Revenue included on Form 990, Part VIII,	line 1	• \$						
	public service, provide the following amounts (i) Revenue included on Form 990, Part VIII, (ii) Assets included in Form 990, Part X.		• \$						
2	If the organization received or held works of a	art, historical treasures, or other similar as	ssets for financial gain, provide the						
	following amounts required to be reported un-	der FASB ASC 958 relating to these items	s:						
	Revenue included on Form 990, Part VIII, line								
	Assets included in Form 990, Part X								

Par	III Organizations Maintaining Collec	tions of Art,	, Histor	ical Tre	asures, or C	Other Similar Asse	ets (continued)			
3	Using the organization's acquisition, accessi	on, and other	records,	, check ar	ny of the follow	wing that make signifi	cant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan or	exchange pro	ogram				
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and	explain	how they	further the or	ganization's exempt p	ourpose in Part			
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?									
Part										
	Complete if the organization answer 990, Part X, line 21.	red "Yes" on	Form 9	990, Part	IV, line 9, o	r reported an amou	nt on Form			
1a	Is the organization an agent, trustee, custod									
	included on Form 990, Part X?						Yes No			
b	If "Yes," explain the arrangement in Part XIII	and complete	e the follo	owing tab	ole:		Λ			
•	Reginning halance					1c	Amount			
c d	Beginning balance					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F					•	Yes X No			
b	If "Yes," explain the arrangement in Part XIII					-	_ =			
		. Check here i	ii tile exp	Jiananon	nas been pro	vided on Fait Aiii				
Part		rad "Vaa" an	Form 0	OO Dort	1\/ line 10					
	Complete if the organization answer	Current year	(b) Prid		(c) Two years	back (d) Three years ba	ick (e) Four years back			
1a	Beginning of year balance	Surrent year	(b) File	oi yeai	(c) Two years	d) Thee years ba	(e) Foul years back			
b	Contributions									
C	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end	balance	(line 1g,	column (a)) he	eld as:				
a	Board designated or quasi-endowment Permanent endowment 0.		<u>%</u>							
b c	Term endowment ► 0.00 %	00%								
C	The percentages on lines 2a, 2b, and 2c sho	ould equal 100	1%							
3a	Are there endowment funds not in the posse			ion that a	re held and a	dministered for the				
	organization by:		· 9				Yes No			
	(i) Unrelated organizations						3a(i)			
	(ii) Related organizations						3a(ii)			
b	If "Yes" on line 3a(ii), are the related organiz	ations listed a	s require	ed on Sch	nedule R?		3b			
4	Describe in Part XIII the intended uses of the	e organization	's endov	vment fun	nds.					
Part			_							
	Complete if the organization answer									
	Description of property	(a) Cost or othe (investment			or other basis other)	(c) Accumulated depreciation	(d) Book value			
1a	Land									
b	Buildings									
C	Leasehold improvements	160 /	62			106 044	F6 610			
d e	Equipment	163,4	:0∠.			106,844.	56,618.			
					1		i			

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

56,618.

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) Financia	al derivatives			
	held equity interests			
• •				
(E)				
(F)				
(0)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments—Program Related.			
I alt VIII	Complete if the organization answered "	Ves" on Form 990	Part IV line 11c See Form 900 Part V	line 13
-				, IIII C 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)	nn (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
Partix		Vaa" on Farm 000	Port IV line 11d Coe Form 000 Port V	/ line 1E
	Complete if the organization answered " (a) Descri			ook value
(4)	(a) Descri	ption	(b) BC	ook value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9) T (1) (0)	// / / / / / / / / / / / / / / / / / /	" 45)		
	lumn (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.			
<u>1. </u>	(a) Descript	ion of liability	(b) Bo	ook value
	Il income taxes			
	C PORTION EMPLOYEE PAYABLE			2,616.
(3) ACCI	JMULATED PAID TIME OFF		82	2,541.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B)	line 25.)	> 8!	5,157.
2. Liability for	or uncertain tax positions. In Part XIII, provide the tex	xt of the footnote to the	organization's financial statements that reports the	e

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Employer identification number Name of the organization 33-0420271 SANTA MONICA BAY RESTORATION FND Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants Internet and email solicitations b f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 5 6 7 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		events with gross recei	pis greater than \$5,00	0.						
			(a) Event #1 ANNUAL GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through				
4)			(event type)	(event type)	(total number)	col. (c))				
Revenue	1	Gross receipts	25,611.			25,611.				
Ä	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)	25,611.			25,611.				
	4	Cash prizes								
	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs								
t Exp	7	Food and beverages								
Direc	8	Entertainment								
	9	Other direct expenses	2,411.			2,411.				
	10 11	Direct expense summary. Ad				2,411. 23,200.				
P:	art III	Net income summary. Subtra Gaming. Complete if the	e organization answer	ed "Yes" on Form 990	Part IV line 19 or rend	orted more than				
		than \$15,000 on Form 9		od 100 0111 01111 000,	r are re, into re, or repe	ntoa moro man				
		\$.0,000 0	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add				
Revenue			() (bingo/progressive bingo	() 0	col. (a) through col. (c))				
Re	1	Gross revenue								
ses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
irect	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes 0.0% No	Yes 0.0% No	Yes 0.0% No					
	7	Direct expense summary. Ad	d lines 2 through 5 in co	lumn (d)						
	8	Net gaming income summary	v. Subtract line 7 from lin	e 1, column (d)						
_		ntor the state(s) in which the	ragnization conducts	ning activities:						
 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?										
 a Is the organization licensed to conduct gaming activities in each of these states?										
10	. <u>.</u> a W	/ere any of the organization's g								
	b If "Yes," explain:									

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Name of the organization **Employer identification number** SANTA MONICA BAY RESTORATION FND 33-0420271 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (c) Description of transaction (a) Name of disqualified person organization Yes No (1) (2)(3) (4)(5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 3 Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (c) Purpose of (d) Loan to or (g) In default? (a) Name of interested person (e) Original (f) Balance due (h) Approved (i) Written with organization loan from the principal amount by board or agreement? organization? committee? То From Yes Nο Yes No Yes No (1) (2) (3)(4) (5) (6)**(7)** (8)(9) (10)Total \$ Part III **Grants or Assistance Benefiting Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested (a) Name of interested person (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2) (3) (4) (5) (6)

(7) (8) (9) (10)

Part IV Business Transactions In	volving Interested Persons. n answered "Yes" on Form 990,	Part IV/ line 200	28h or 28a		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organizatio revenues	
	-			Yes	No
(1) TRACY J EGOSCUE	BOARD MEMBER	80,183.	LEGAL SERVICES	- 100	Х
(2)		·			
(3)					
(4)					
(5)					
(6)					
(8)					
(9)					
(10) Part V Supplemental Information Provide additional informati	n. on for responses to questions or	n Schedule L (see	e instructions).		
PART IV BUSINESS TRANSACTIO	ONS WITH INTERESTED PE	ERSONS			
DURING FYE 6/30/21 THE ORGA	ANIZATION UTILIZED THE	E DISCOUNTED			
LEGAL SERVICES OF THE EGOS	CUE LAW GROUP INC				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2020 Open to Public Inspection

Name of the organization Employer identification number 1. Employer identification number 1.							
Santa Monica Bay Restoration Foundation (DBA: The Bay Foundation) 33-0420271							
Part III Line 4(d) – Other program expenses of \$ 205,881 represent activities whose focus is on enviror	nmental remediation, education,						
point source pollution reduction and restoration via outreach to local environmental stakeholders incl							
PART VI Sec B Question 11(a)- Form 990 was reviewed by the Executive Committee and Board of Direct	etors prior to filing						
Any questions were addressed and resolved timely. A final draft version of the tax return was provide							
prior to execution and filing.							
prior to execution und minig.							
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 monito	ring of the conflict of interest policy						
and any potential conflicts that may arise are reviewed as they occur, and are discussed in Board Mee	tings						
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 approv	ed 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 approv	ed Document Retention and						
Destruction Policy that exceeds the minimum requirements established by the National Council of Nor	profits						
PART VI Sec B Question 15(a, b)- The Organization determines compensation for its Chief Executive O	fficer and Chief Operating Officer						
annually. The Board of Directors evaluates the performance of these individuals based on performance	e of assigned goals and tasks						
Compensation is commensurate with similar positions of comparable non profit organization in the re-	gion. 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 m	aintains governing documents,						
conflict of interest policies and statements at our primary location.							

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ)	Page
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) \$785,581.: This line item expense represents costs incurred for s	services related to
restoration, analysis, scientific consultation and other related expenses required to achieve contract, agree	eement, and award objectives
and Organizational goals.	

SMBNEP Program Accomplishments (2021)

This section contains a synthesis of programmatic or environmental success stories, it 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 (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 (LACDPH) issued a "stay-at-home" order with specific restrictions on all activities. Beginning in summer 2021, LACDPH began allowing volunteer events to resume. 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 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 1.71 acres. Community events were halted starting in March 2020 as required by LA County Public Health due to COVID-19; however, events reconvened with COVID safety measures in place starting in August 2021. Ongoing communications occurred with the Coastal Commission and other partners, especially regarding restoration activities to correct the impacts from illegal driving and dumping activities on site. TBF along with partners, FBW, LACC, CDFW, Los Angeles Conservation Corps (LACC), and Edith Read & Associates, conducted non-native vegetation removal, seeding, planting of over 1,400 native plants, and installation of erosion control in November 2020. Ongoing scientific monitoring and maintenance continued in accordance with the Implementation and Monitoring Plan. Lastly, TBF released the Year 5 Report for the community restoration project in July 2020.

<u>Ballona Wetlands Restoration Project</u> – The California Department of Fish and Wildlife (CDFW) completed the final environmental document for a project to restore the Ballona Wetlands Ecological Reserve, the largest coastal wetland complex in Los Angeles County, in December 2019 and certified the final EIR in December 2020. The project will enhance and establish native coastal wetlands and upland habitat on 566 of the reserve's 577 acres south of Marina del Rey and east of Playa Del Rey, restoring ecological function to currently degraded wetlands and providing a critical buffer against the effects of sea level rise. More information, an FAQ, and links to all the project documents can be

found on CDFW's project website: https://wildlife.ca.gov/Regions/5/Ballona-EIR.

Malibu Creek Ecosystem Restoration Project – In November 2020, the Army Corps signed the report for the Malibu Creek Ecosystem Restoration Project. The report, Final Environmental Impact Statement, and other documents are publicly available on the Army Corps website. In December 2020, the Project was authorized as an ecosystem restoration project in the Federal Water Resources Development Act of 2020. Also, the State Legislature appropriated \$12.5 million for the project, which will be used to develop plans to 90% design. 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 approximately 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 FY21, 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; they have since resumed.

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, habitat restoration, future restoration planning, and scientific monitoring of the LAX Dunes. Lead botanist project partner, California Botanic Garden (CalBG), conducted seed collection, vegetation surveys, seed bulking, and growing; project ornithologist, Cooper Ecological Monitoring performed an avian survey of the site; scientific consulting partner and restoration ecologists, Coastal Restoration Consultants, advised ongoing restoration, planning for future restoration activities, and revisions to the Ecological Landscape Plan; LACC conducted non-native vegetation removal; and IO Environmental and Infrastructure performed non-native vegetation removal herbicide application, and removal of remnant irrigation infrastructure. Public community events were halted starting in March 2020 as required by LA County Public Health due to COVID-19. TBF and LAWA planned and began having events again starting in fall 2021.

LMU's Coastal Research Institute and Dr. Michelle Lum's laboratory also continued work on identifying plant growth promoting bacteria of California native plants that can be used as an inoculum to enhance restoration efforts. Preliminary analysis showed a number of

bacteria isolates are plant growth promoting bacteria and appear to enhance the germination and/or growth of native plant species. Dr. Lum and her research student implemented an experimental inoculated seed germination project at the LAX Dunes in December 2020 and monitored through summer 2021. Seeds of both species being evaluated had germinated beginning in March 2021, data analyses are ongoing.

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 FY21, native dune vegetation and sand hummocks continued to establish, in some places over a meter in height. A Year 5 Annual Report summarizing data from all years of scientific monitoring is anticipated to be produced in winter 2021. Those data will also continue to be contributed to outreach informing coastal climate change resiliency planning. Following the expiration of the original Coastal Development Permit for the project in 2021, the City of Santa Monica has opted to pursue a permit amendment to establish the site as a permanent feature of the coastline. TBF is actively working with the City on the permit amendment application and associated adaptive management plan.

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 FY21, work focused on continued outreach, completing permitting and baseline monitoring tasks, and initiating restoration activities. Specifically, both the final Coastal Development Permit (CDP) and a Right of Entry (ROE) permit were obtained in December 2020, and a supplemental project plan was drafted and included as part of the ROE permit application package. Project documents are publicly available on the project webpage.

Project implementation, in partnership with the Los Angeles Conservation Corps (LACC), was conducted in December 2020 and continued through March 2021. Approximately 25 tons of invasive iceplant and other non-native vegetation were removed from the project area. The site was subsequently seeded and over 500 native plants were planted. In addition, sand fence segments and biomimicry stakes were installed to promote dune growth and symbolic post and rope fencing was established to delineate project boundaries. Project implementation was covered by multiple local news outlets. In addition, multiple virtual outreach events were conducted. TBF also continues to present at conferences and to other groups about this project. Post- restoration monitoring is ongoing. In a special research study by CRI, the biomimicry stakes were found to be effective at accreting sand, with some portions of plots showing over 30 cm of sand accretion across a four-month period. Supplemental planting / seeding and installation of interpretive signage is anticipated for Winter 2021-22.

<u>Manhattan Beach Dune Restoration</u> – 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 and is conducted 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.

Substantial progress was made during this reporting period including restoration planning: external coordination with partners, experts, and public stakeholders; conducting several planning and design meetings with partners and restoration design consultant (RIOS/CRC); completion of final design deliverables by RIOS, including a site plan, artistic perspective renderings, a bi-lingual primary interpretive sign design, and secondary signage design; completion of an innovative outreach video comprised of public comment on the project that was solicited through an interactive community engagement video forum; meetings and presentations with many local and regional stakeholder groups, including LA County Public Works, LA County Lifeguards, Manhattan Beach Botanic Society, and Manhattan Beach City Council; hosting several virtual public workshops to educate the local community and interested stakeholders on the project and to solicit public feedback; and additional outreach activities. The public stakeholder workshops were attended by interested individuals contributing feedback to restoration design elements. Widespread support for this project has been identified through the many avenues listed above, including the two public virtual stakeholder meetings. TBF continues to present at conferences and to other groups about this project, and TBF continued consultation with a Native American representative who engages in the project as a cultural advisor. In addition, TBF obtained a ROE permit to conduct scientific monitoring on-site. TBF is coordinating with LACDBH to amend the ROE permit to include implementation and post-restoration activities. The project RMP was finalized in July 2021 and the final CDP application package, including the RMP, was submitted in August 2021. Ongoing coordination and communication with City of Manhattan Beach has occurred. Lastly, TBF began drafting two LA County Flood Control District Permit application packages for submission.

<u>Beach Characterization Studies</u> – In partnership with <u>Loyola Marymount University's Coastal Research Institute (CRI)</u>, 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 SMBNEP's 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 16 beaches were compiled and analyzed, and work began on a draft manuscript using the data to broadly characterize the beaches of Santa Monica Bay. New data were acquired from public databases such as wind data from National Weather Service. Summary results from both projects were included at the American Shore and Beach Preservation Association National Summit in March, 2021 and in other virtual venues such as the winter Beach Ecology Coalition meeting in

January 2021, the Society for Ecological Restoration conference, and the National Conference on Ecosystem Restoration. Lastly, a Proposition 50 grant application package was submitted in September 2021 to SMBRC to fill data gaps for the sandy shore chapter of the CMP.

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 2020 through September 2021, 1.2 acres of kelp forest were restored, bringing the total for this project, started in 2013, to approximately 56.5 acres. Kelp forest response is validated through community analysis monitoring before, during, and after restoration activities. Additionally, the Year 8 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 February 2021, staff transferred 902 juvenile white abalone from the Moss Landing Marine Lab and in March 2021, 573 juvenile white abalone from The Cultured Abalone Farm to SCMI. These animals were outplanted during both the fall and spring 2021 outplants. In March 2021. In February 2021, over 11,000 juvenile white abalone less than 20 mm in length were transferred from the Bodega Marine Lab to southern California facilities, transported by two volunteer pilots coordinated through LightHawk. These abalone will be held and cared for in southern California partner facilities until they grow large enough to be outplanted.

Nearly 3,600 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.

Subtidal Eelgrass Restoration – This innovative project, funded by State Coastal Conservancy (LA Living Shoreline Project), Honda Marine Science Foundation, and NEP Coastal Watershed Grants Program, incorporates the experimental establishment of subtidal eelgrass offshore of Dockweiler Beach, Redondo Canyon, and Malaga Cove within Santa Monica Bay. Baseline monitoring surveys of extant *Zostera pacifica* donor sites were conducted by project partners in October 2020 at East End and Palisades off Catalina Island, including deploying a physical oceanographic sensor tracking wave characterization. Additionally, to determine the size and extent of these donor beds, sidescan sonar mapping was conducted in April 2021. All necessary permits were acquired in July 2021 and eelgrass harvested from donor beds off Catalina Island was transplanted to three distinct transplant sites off Redondo Beach, Malaga Cove, and Dockweiler Beach.

Two methods were utilized: one used a single turion placed into holes excavated by divers, and the second bundled 8-10 turions together. Post- transplant monitoring was conducted 24 hours and one month after transplant to inform survivability. Survivability varied from site to site and by method. Monitoring will continue at all sites on a quarterly schedule to evaluate success of transplant 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 (see Subtidal Eelgrass Restoration above). LA-LSP is being funded by SCC and Honda Marine Science Foundation. In FY21, significant progress was made during this reporting period, including planning, coordination with experts and stakeholders, managing a subconsultant to conduct restoration design services (Integral Consulting, Inc.) and providing design feedback, permitting meetings, and community engagement activities. Final design deliverables were submitted by Integral in November 2020. Significant collaboration occurred through communications with various agencies such as SCC, California Coastal Commission, LACDBH, LA County Public Works, City of Los Angeles, California Department of Parks and Recreation, LA County Lifeguards, US Fish and Wildlife Service, CDFW, US Environmental Protection Agency, and others. TBF continues to present at conferences and to other groups about this project (e.g., El Segundo Blue Butterfly Coalition, Society for Ecological Restoration conference).

For the beach and bluff components of the project, a ROE permit was obtained from LACDBH to conduct scientific monitoring on-site. The ROE permit is in the process of being amended to include implementation and post-restoration activities. In addition, the Restoration the Monitoring Plan (RMP) for the Beach and Bluff was finalized in June 2021 and the final Coastal Development Permit (CDP) application package, including the RMP, was submitted in July 2021. Ongoing coordination and communication with California Coastal Commission staff is occurring for this project, which is likely to be permitted in fall 2021. A State Parks Scientific Collection Permit application package was also submitted in September 2021. Implementation is anticipated for winter 2021- 22.

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 FY21, CRI continued refining a protocol to extract microplastics from sediments, including infrared spectroscopy mapping, and continued a pilot study along Bay beaches. Another protocol was also developed 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 but began again in December 2020.

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 conducted three survey field days in October 2020, March 2021, and June 2021, including the collection and processing of ocean surface water samples from 19 stations throughout Santa Monica Bay and Ballona Creek. Her students completed a literature review and a synthesis of existing phytoplankton data for the region and presented at the CalCOFI conference in December 2020. Additional work on modeling OAH and HABs continues by SCCWRP, with efforts to expand the model. Dr. Bratcher-Covino also initiated and coordinated efforts to rent and use equipment to better facilitate algae speciation and quantification. A FlowCam microscope made by Yokogawa Fluid Imaging Technologies was delivered for use with multiple CRI and TBF staff and interns trained in its operation in April 2021, Samples were analyzed using this device by Dr. Bratcher-Covino and student interns through July 2021 and a database of species was produced. Further analyses are ongoing and Dr. Bratcher-Covino aims to submit a manuscript based on her research during the next reporting period.

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 2018 CCMP Action Plan, 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. SMBNEP's Comprehensive Monitoring Program (CMP) was completed in April 2021 and includes new indicators, such as assessing climate change vulnerability, and corresponding new monitoring programs, new technologies, a synthesis of new research and monitoring objectives, directions for future studies, and a summary of data gaps.

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 FY21, repair and testing of the OA sensor / Wirewalker mooring system continued, including the telemetry system and dissolved oxygen and pH sensors. Additionally, a publication, led by USEPA, was drafted, peer reviewed, and released in August 2021 titled Integrating High-Resolution Coastal Acidification Monitoring Data Across Seven United States Estuaries.

Our Communities

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 and began in person engagement again in spring 2021. In summer 2021, sixteen students completed research projects under seven different faculty and staff 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, harmful algal bloom studies, marine invertebrate physiology, and habitat restoration and scientific monitoring. Each research direction aims to answer multiple research questions. Students created multiple presentations, posters, reports, and other products as part of the research efforts with an emphasis on beginning to synthesize program results into manuscripts.

Boater Education Program – This multi-faceted program engages the Southern California boating community to reduce and prevent boat-based ocean pollutants and encourage environmental stewardship. During this time period, the program developed and furthered "The Changing Tide" statewide newsletters, annual Southern California Tide Calendars, Pumpout Nav app, the Southern California Boater's Guide, and a "Consider a Marine Composting Toilet" video. Over 2,600 California Boater Kits were produced and distributed to Southern California boaters and 90 Dockwalker volunteers were trained. This program also expanded its efforts to engage boaters and anglers on Marine Protected Areas (MPAs) by disseminating information on relevant resources and regulations. With funding from Coastal Quest and OPC, TBF implemented virtual presentations, #MPAMonday social media campaign, "Fishing in California? Get Clear on MPAs" video, MPA Knowledge Review quiz, and a do-it- yourself guide for fishing line recycling.

Table-to-Farm – The Table to Farm program works with Environmental Charter Schools' (ECS) three campuses, Environmental Charter Middle School Inglewood, Environmental Charter Middle School Gardena, and Environmental Charter High School, to implement community composting. These three compost facilities serve the school, community, and local restaurants interested in recycling their organic food scraps. As of fall 2020, TBF's Table to Farm program and ECS established a community garden just outside of Environmental Charter Middle School Inglewood's campus. This garden utilizes compost to grow nourishing produce for the surrounding community. During this reporting period, garden planting and maintenance continued. Community garden outreach was implemented by installing garden bilingual signs, mass-mailing postcards, establishing monthly volunteer community days, and attending several school and community socially distanced events.

ReThink Disposable – In 2018, TBF partnered with Clean Water Action to bring ReThink Disposable to Los Angeles, a technical assistance program for food service businesses targeting the reduction of single-use disposable items used on-site. By implementing ReThink Disposable, quantitative results of reduced single use disposables and

SCH A. SANTA MONICA BAY RESTORATION FOUNDATION

(EIN#:33-0420271)

restaurant cost savings have been measured, documented, and utilized to further support of municipal efforts to adopt single-use disposable reduction ordinances. During this reporting period, TBF conducted outreach to over 15 Los Angeles County yacht clubs with food service and solicited three as ReThink Disposable participants. ReThink Disposable technical assistance is in process and results will be finalized in Fiscal Year 2022.

Topanga Lagoon Restoration Planning Project continued phase 1 implementation, including holding a public workshop to receive stakeholder input on conceptual design alternatives; the project received funding for additional data needs, community engagement efforts, and environmental studies required under CEQA; and the project engaged and coordinated with TBF to deploy and manage a water quality sensor and data from the lagoon.

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Internal Revenue Service

(99)

Attach to your tax return. ► Go to www.irs.gov/Form4562 for instructions and the latest information.

Sequence No. 179

Name(s) shown on return		ss or activity to which this			Identifying num		
SANTA MONICA BAY RESTORA		A MONICA BAY RE		FND	33-04	120271	
Part I Election To Expens	-	•					
Note: If you have any list							
1 Maximum amount (see instruction						1	
2 Total cost of section 179 property placed in service (see instructions)							
3 Threshold cost of section 179 property before reduction in limitation (see instructions)							
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0							
5 Dollar limitation for tax year. Sub							
separately, see instructions .						5	
6 (a) Description	of property	(b)	Cost (business use	only)	(c) Elected co	ost	
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7 Listed property. Enter the amount							
8 Total elected cost of section 179						8	
9 Tentative deduction. Enter the s						9	
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Part I Special Depreciation					erty. See instri	uctions.)	
14 Special depreciation allowance							
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15 Property subject to section 168(f)(1) election					15	
16 Other depreciation (including ACP Part III MACRS Depreciation)	:RS)	listed managety Coo				16	
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18 If you are electing to group any					□		
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Section B - Asse	ts Placed in Serv	ice During 2020 Tax `		General Dep	reciation Syste	<u>m</u>	
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c 7-year property					 	+	
d 10-year property					 	+	
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g 25-year property h Residential rental			25 yrs.	MM	S/L	+	
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22 Total. Add amounts from line 12							0,247
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Page: 1 33-0420271 2020 ASSET DETAIL REPORT

Description	Date Acqd	Cost		179+ Spec.	Basis	Method	Rec. Per. Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/ Price	Sales Price	Date Sold
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Description: PART VIII LINE 1 E	
Туре	Amount
FEDERAL GRANTS AND CONTRACTS	Amount 1,021,525. 1,298,684.
NON FEDERAL GRANTS AND CONTRACTS	1 298 684
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Total	2,320,209.

		Program	Management	
Description of the Asset	Total	Services	and General	Fundraising
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	321,173.	146,942.	171,820.	2,41

Form **8868**

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

▶ File a separate application for each return.▶ Go to www.irs.gov/Form8868 for the latest information.

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

electronic fi	ling of this form, visit www.irs.gov/e-file-pro	oviders/e-til	le-tor-charities-and-non-protits.				
Automatic	6-Month Extension of Time. Only sub	mit origin	al (no copies needed).				
All corporat	ions required to file an income tax return ot	her than F	orm 990-T (including 1120-C filers)	, partnersh	nips,	REMICs,	and
trusts must	use Form 7004 to request an extension of	time to file	income tax returns.				
Type or	Name of exempt organization or other filer, see	e instruction	nstructions. Taxpayer identification number (TIN)				mber (TIN)
print	SANTA MONICA BAY RESTORATION	I FOUNDA	OUNDATION 33-0420271				
File by the	y the Number, street, and room or suite no. If a P.O. box, see instructions.						
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Form 990-l		02	Form 1041-A				08
Form 4720	(individual)	03	Form 4720 (other than individual)				09
Form 990-l	PF	04	Form 5227				10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-	T (trust other than above)	06	Form 8870				12
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3a If this	application is for Forms 990-BL, 990-PF, 9	990-T, 472	0, or 6069, enter the tentative tax, le	ess			
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TAXABLE YEAR California Exempt Organization 2020 Annual Information Return

FORM

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	Allifual Illionnation Retain			
Calendar Ye	ar 2020 or fiscal year beginning (mm/dd/yyyy) $\frac{07/01/2020}{}$, and	ending (mm/dd/yyyy)	06/30/2021	
	rganization name MONICA BAY RESTORATION FND	California cor 148114	poration number 2	
Additional info	rmation. See instructions. Y FOUNDATION	FEIN 33-042	0271	
Street address	s (suite or room) J MANCHESTER AVE UNIT 750		PMB no.	
City	DEL REY	State CA	Zip code 90293-	
Foreign country		•	Foreign postal code	
A First retur	n	ion have any change	s to its guidelines	
B Amended	return	e FTB? See instruction	ons Yes ☒ No	
C IRC Secti	on 4947(a)(1) trust	R&TC Section 23701	d, has the organization	
D Final infor	rmation return? engaged in politic	cal activities? See ins	tructions ● Yes X No	
● Diss Enter date	solved Surrendered (Withdrawn) Merged/Reorganized K Is the organization e.	xempt under R&TC Section	on 23701g? ●	
E Check acco	" (4) \(\sigma \)		mpany? ● Yes X No	
F Federal re	E is the organization			
	er 990 series report taxable inc	come?		
			● Yes X No	
	anization in a group exemption		Yes 🗓 No	
	Date filed with IR			
Part I Co	omplete Part I unless not required to file this form. See General Information B a	nd C		
Tait 1	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		1 25,693 00	
	2 Gross dues and assessments from members and affiliates		0.0	
	3 Gross contributions, gifts, grants, and similar amounts received			
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.			
and Revenues	This line must be completed. If the result is less than \$50,000, see General Info	ormation B		
Nevenues	5 Cost of goods sold			
	6 Cost or other basis, and sales expenses of assets sold 6			
	7 Total costs. Add line 5 and line 6		7 00	
	8 Total gross income. Subtract line 7 from line 4			
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18			
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			
	11 Total payments		• 11 00 00	
	12 Use tax. See General Information K		• 12 00 • 13 00	
Filing Fee	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			
	15 Penalties and Interest. See General Information J			
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result		● 16 00	
	Under penalties of perjury, I declare that have examined this return, including accompanying sch			
Sign	belief, it is true, correct and dompte e. Declaration of preparer (other than taxpayer) is based of	1		
Here	Signature ≠ of officer ► CHIEF EXECUTIV	Date 02/28/2022	• Telephone 888-301-2527	
	Preparer's Date		● PTIN	
Paid	signature ► // W cc/W CPA 02/28/202	2 employed ▶	P00479493	
Preparer's	Firm's name (or yours, if self-employed) BEYOND THE NUMBERS ACCOUNTING	Firm's FEIN		
Use Only	if self-employed) ►BEYOND THE NUMBERS ACCOUNTING and address 102 WEST ROUTE 66 B		20-1836132 ■ Telephone	
	GLENDORA CA 91740-			
	May the FTB discuss this return with the preparer shown above? See instructions .		● X Yes No	



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify that the attached transcript of 2 pages is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California on this day of October 17, 2021

SHIRLEY N. WEBER, Ph.D. Secretary of State

Verification Number: KDXZ3BQ Entity (File) Number: C1481142

To verify the issuance of this Certificate, use the Verification Number above with the Secretary of State Electronic Verification Search available at bizfile.sos.ca.gov



Corporation - Statement of Information

Entity Name: SANTA MONICA BAY RESTORATION

FOUNDATION

Entity (File) Number:

C1481142

File Date:

10/15/2021

Entity Type:

Corporation

Jurisdiction:

CALIFORNIA

Document ID:

GX52208

Detailed Filing Information

1. Entity Name:

SANTA MONICA BAY RESTORATION

FOUNDATION

2. Business Addresses:

a. Street Address of Principal Office in California:

1 Loyola Marymount University Dr

Los Angeles, California 90045

United States of America

b. Mailing Address:

8117 W. Manchester Ave. #750

Playa Del Rey, California 90293

United States of America

3. Officers:

a. Chief Executive Officer:

Laurie Newman

8117 W. Manchester Ave. #750

Playa Del Rey, California 90293

United States of America

b. Secretary:

Jeff Klocke

8117 W. Manchester Ave. #750

Playa Del Rey, California 90293

United States of America

Document ID: Gx52208

Officers (Cont'd):

c. Chief Financial Officer:

Laura Doss-Hert

8117 W. Manchester Ave. #750 Playa Del Rey, California 90293

United States of America

4. Agent for Service of Process:

Laurie Newman

8117 W. Manchester Ave. Unit 750 Playa Del Rey, California 90293

United States of America

By signing this document, I certify that the information is true and correct and that I am authorized by California law to sign.

Electronic Signature: Nicholas J. Batch C.P.A.

Use bizfile.sos.ca.gov for online filings, searches, business records, and resources.

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 Santa Monica Bay Restoration Foundation Name of Organization Amended report							
8334 Lincoln Blvd. # 310 Address (Number and Street) Corporate or Organization No.							
Corporate or Organization No.							
Los Angeles, CA 90045 City or Town, State and ZIP Code Federal Employer I.D. No. 33-0420271							
	I RENEWAL FEE SCHEDULE (11 Cal. Code Re ayable to Attorney General's Registry of Charit		1 and 312)				
Gross Annual Revenue Fee	Gross Annual Revenue Fee	Gross Annual Rever	<u>ıue</u>	<u>_</u> F	Fee		
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between 100,001 and \$250,000 \$50 Between \$250,001 and \$1 million \$75	Between \$1,000,001 Between \$10,000,00 Greater than \$50 mi	1 and \$50 million	\$	150 225 300		
PART A - ACTIVITIES							
For your most recent full accounting perio		06 / 30 / 2021)	ist:				
Gross annual revenue \$	Total assets \$	995.					
PART B - STATEMENTS REGARDING ORG		HIS REPORT					
Note: If you answer "ves" to any of the ques	stions below, you must attach a separate shee	t providing an explanati	on and details for e	ach "v	es"		
response. Please review RRF-1 instru		r providing an oxpidina.		uo y			
During this reporting period, were there any of the second s	contracts, loans, leases or other financial transac	ions between the organiz	ration and any	Yes	No		
	contracts, loans, leases of other infancial transactivity or with an entity in which any such officer, dire				X		
2. During this reporting period, was there any th	neft, embezzlement, diversion or misuse of the or	ganization's charitable pr	operty or funds?		X		
3. During this reporting period, did non-program	n expenditures exceed 50% of gross revenues?				X		
During this reporting period, were any organ Internal Revenue Service, attach a copy.	nization funds used to pay any penalty, fine or jud	gment? If you filed a Form	n 4720 with the		X		
	es of a commercial fundraiser or fundraising coun ress, and telephone number of the service provide		s used? If "yes,"		×		
	ntion receive any governmental funding? If so, pro , and telephone number. See Attached List	ovide an attachment listin	g the name of	X			
During this reporting period, did the organiza number of raffles and the date(s) they occurr	ation hold a raffle for charitable purposes? If "yes red.	" provide an attachment i	ndicating the		X		
	nation program? If "yes," provide an attachment in tracts with a commercial fundraiser for charitable		gram is operated		X		
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?							
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	C.E.O.		31/2022	2		
Signature of authorized officer	Printed Name	Title		Date			

THE BAY FOUNDATION

EIN#: 33-0420271

GOVERNMENTAL CONTACT LISTING

FUNDING SOURCE	PROGRAM/PROJECT	CONTACT NAME	TITLE	EMAIL	PHONE	ADDRESS
FEDERAL						
U.S. ENVIRONMENTAL PROTECTION AGENCY	NATIONAL ESTUARY PROGRAM	Erica Yelensky	Program Manager	yelensky.erica@epa.gov	415-972-3021	75 Hawthorne Street, WTR-2-2, San Francisco, CA 94105
U.S. ENVIRONMENTAL PROTECTION AGENCY	ENVIRONMENTAL JUSTICE	Erica Yelensky	Program Manager	yelensky.erica@epa.gov	415-972-3021	75 Hawthorne Street, WTR-2-2, San Francisco, CA 94105
U.S. ENVIRONMENTAL PROTECTION AGENCY	WETLAND PROGRAM DEVELOPMENT GRANT (COMPLETED)	Melissa Scianni	Program Manager	Scianni.Melissa@epa.go	415-972-3821	75 Hawthorne Street, San Francisco, CA 94105
U.S. ENVIRONMENTAL PROTECTION AGENCY	SMB Eelgrass project	Suzanne Simon	Grant Program Director	ssimon@estuaries.org	703-524-0248	2300 Clarendon Blvd. Suite 603 Arlington, VA 22201
U.S. DEPARTMENT OF COMMERCE/N.O.A.A. thru NATIONAL FISH AND WILDLIFE FOUNDATION	PALOS VERDES KELP FOREST RESTORATION	Paul Gaffney	Program Manager	gaffney@nfwf.org	202-857-0166	1133 15th Street, N.W. Suite 1100, Washington, D.C., 20005
U.S. DEPARTMENT OF COMMERCE/N.O.A.A. N.M.F.S.	SOUTHERN CA GREEN ABALONE RESTORATION	Kim Raneses	Program Officer	Kim.Raneses@noaa.gov	206-526-6131	501 West Ocean Blvd., Long Beach, CA 90802-4213
U.S. DEPARTMENT OF COMMERCE/N.O.A.A. N.M.F.S.	SOUTHERN CA ABALONE RESTORATION	Sheryl Robinson	Program Officer	sheryl.robinson@noaa.	503-230-5421	501 West Ocean Blvd., Long Beach, CA 90802-4213
U.S.C. SEAGRANT	HYDRODYNAMIC WAVE ATTENUATION - CSUN	Sheree Schrager	Authorized Officer	sheree.schrager@csun.	818-677-2901	8111 Nordhoff St., Northridge, CA 91330-8303
U.S. DEPARTMENT OF COMMERCE/N.O.A.A.	SOUTHERN CA WHITE ABALONE RESEARCH	Courtney Kwiatkowski	Manager	courtney.kwiatkowski@	202-857-0166	1133 15th Street NW, Suite 1100, Washington, DC 20005
U.S. DEPARTMENT OF COMMERCE/N.O.A.A.	SOUTHERN CA WHITE ABALONE RESTORATION PROJECT	Rina Studds	Program Officer	rina.studds@noaa.gov	301-427-8651	1315 East-West Highway 14th Floor Silver Spring, MD 20910
NATIONAL FISH AND WILDLIFE FOUNDATION	BALLONA COMMUNITY RESTORATION (NFWF-BWER)	Erica Engstrom	Project Manager	Erica.Engstrom@nfwf.o	415-490-5211	1133 15th Street NW, Suite 1000, Washington DC 20005
STATE						
DEPT OF PARKS AND RECREATION, DIV. OF BOATING AND WATERWAYS	CLEAN VESSEL EDUCATION GRANT, SOCAL	Keren Dill	Program Manager	keren.dill@parks.ca.gov	916-902-8817	One Capitol Mall, Suite 500, Sacramento, CA 95814
DEPARTMENT OF PARKS AND RECREATION	MALIBU LAGOON (COMPLETED)	Danielle LeFer	Program Manager	Danielle.LeFer@parks.c	818 880 0365	1925 Las Virgenes Rd., Calabasas, CA 91302
CALIFORNIA COASTAL CONSERVANCY	LA LIVING SHORELINE PROJECT	Emely Lopez	Project Manager	emely.lopez@scc.ca.go	510-286-0342	1515 Clay St, 10th Floor, Oakland, CA 94612
CALIFORNIA COASTAL CONSERVANCY	SCC EXPLORE THE COAST (COMPLETED)	Kara Kemmler	Project Manager	kara.kemmler@scc.ca.g	510-286-1015	1515 Clay St, 10th Floor, Oakland, CA 94612
CALIFORNIA COASTAL CONSERVANCY	MALIBU LIVING SHORELINE PROJECT	Emely Lopez	Project Manager	emely.lopez@scc.ca.go	510-286-0342	1515 Clay St, 10th Floor, Oakland, CA 94612
CALIFORNIA COASTAL CONSERVANCY	12)	Emely Lopez	Project Manager	emely.lopez@scc.ca.go	510-286-0342	1515 Clay St, 10th Floor, Oakland, CA 94612
CALIFORNIA COASTAL CONSERVANCY	MANHATTAN BEACH DUNE RESTORATION PROJECT	Emely Lopez	Project Manager	emely.lopez@scc.ca.go	510-286-0342	1515 Clay St, 10th Floor, Oakland, CA 94612
LOCAL						
LOS ANGELES WORLD AIRPORTS (LAWA)	LAX DUNES RESTORATION	Michael Strouse	Program Manager	mstrouse@lawa.org	424-646-7251	7301 World Way West, 7th Floor, Los Angeles, CA 90045
COASTAL QUEST AND CALIFORNIA OCEAN PROTECTION COUNCIL	BOATER MPA OUTREACH	Tegan Hoffmann	Executive Director	Info@coastal-quest.org	510-847-3167	2635 Alcatraz Ave. #609, Berkeley, CA 94705
PRIVATE						
PATAGONIA (SMALL RETAIL GRANT)	RETHINK DISPOSABLE	Alyssa Bautista	Environmental Grants Manager / Floor Lead	alyssa.bautista@patago	310- 395-6895	1344 4th St, Santa Monica, CA 90405
LEGADO (PRIVATE BUSINESS)	PLAYA-DOCKWEILER RESTORATION PROJECT	Josh Kaplan	Project Manager	jkaplan@legado.net	562-743-4447	121 S. Beverly Drive Beverly Hills, CA 90212
SCHMIDT FAMILY FOUNDATION	MARAUDER ROBOTICS	Grace Ha	Program Associate	gha@schmidtmarine.or	267-467-5755	101 The Embarcadero #118, San Francisco, CA 94105