PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

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

2023 A For the 2022 calendar year, or tax year beginning OCT 2022 and ending SEP Check if applicable: C Name of organization D Employer identification number Address change HEAL THE BAY Name change 95-4031055 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1444 9TH STREET 310-451-1500 5,316,376. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 90401 SANTA MONICA, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: TRACY QUINN Yes X No for subordinates? SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.HEALTHEBAY.ORG H(c) Group exemption number **K** Form of organization: X Corporation Association Other L Year of formation: 1985 M State of legal domicile: CA Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO MAKE SOUTHERN CALIFORNIA **Activities & Governance** COASTAL WATERS & WATERSHEDS SAFE & CLEAN. if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 2000 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 5,364,107. 4,680,104. Contributions and grants (Part VIII, line 1h) 8 281,074. 319,779. Program service revenue (Part VIII, line 2g) 4,738. 105,112. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -45,862. -458,697. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 5,604,057. 4,646,298. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,696,622. 3,009,594. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 96,000. 44,026. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,162,121. 1,939,573. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,902,769. 5,045,167. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 701,288. -398,869. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 5,549,387. 6,298,526 Total assets (Part X, line 16) 749,808. 1,920,215 21 Total liabilities (Part X, line 26) 799,579. 三年 4,378,311 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign TRACY QUINN, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 08/15/24 P01399868 LIZBETH G. NEVAREZ LIZBETH G. NEVAREZ Paid self-employed Firm's EIN $95-1\overline{777440}$ Firm's name GREEN HASSON & JANKS LLP Preparer Firm's address 700 S FLOWER STREET, SUITE 3300 Use Only Phone no. 310.873.1600 LOS ANGELES, CA 90017 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Form 990 (2022) HEAL THE BAY 95-4031055 Page 2

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	HEAL THE BAY IS DEDICATED TO MAKING SOUTHERN CALIFORNIA COASTAL WATERS
	AND WATERSHEDS, INCLUDING SANTA MONICA BAY, SAFE, HEALTHY AND CLEAN.
	THE ORGANIZATION USES RESEARCH, EDUCATION, COMMUNITY ACTION AND
	ADVOCACY TO PURSUE ITS MISSION.
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? Yes X No
3	· / / · · · · · · · · · · · · · · · · ·
_	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 \$ $\frac{1,978,645.}{}$ including grants of \$ $\frac{0.}{}$) (Revenue \$ $\frac{0.}{}$)
	MEMBERSHIP AND EDUCATION
	HEAL THE BAY IS DEDICATED TO EDUCATING THE PUBLIC ABOUT MAKING SOUTHERN
	CALIFORNIA COASTAL WATERS AND WATERSHEDS, INCLUDING SANTA MONICA BAY,
	SAFE, HEALTHY AND CLEAN.
	<u></u>
4b	(Code:) (Expenses \$1, 417, 553. including grants of \$0. (Revenue \$319, 779.)
	SANTA MONICA PIER AQUARIUM
	HEAL THE BAY OPERATES THE SANTA MONICA PIER AQUARIUM, WHICH IS LOCATED
	BEACH LEVEL AT THE EAST END OF THE SANTA MONICA PIER. THE SANTA MONICA
	PIER AQUARIUM PROVIDES A UNIQUE, HANDS-ON WAY TO INTERACT WITH LOCAL
	MARINE LIFE IN A SAFE AND EDUCATIONAL ENVIRONMENT. THE AQUARIUM
	FEATURES LIVE EXHIBITS, INCLUDING A SHARK TANK, EELS AND TIDE-POOL
	TOUCH TANKS, WHILE PROMOTING THE CONSERVATION AND PROTECTION OF
	CALIFORNIA COASTAL HABITATS. THE HEAL THE BAY AQUARIUM ATTRACTS OVER
	20,000 SCHOOL CHILDREN AND 60,000 PUBLIC VISITORS EACH YEAR.
4c	(Code:) (Expenses \$
	ADVOCACY AND LOBBYING
	HEAL THE BAY CAMPAIGNS FOR TOUGH LEGISLATION THAT KEEPS HARMFUL PLASTIC
	OUT OF THE PACIFIC OCEAN AND THE ENVIRONMENT, ADVOCATES FOR THE END OF
	FOSSIL FUEL EXTRACTION OFFSHORE AND IN OUR NEIGHBORHOODS, AND RAISES
	AWARENESS ABOUT SEA LEVEL RISE, GLOBAL WARMING, COASTAL EROSION, AND
	OTHER LOCAL IMPACTS OF CLIMATE CHANGE AND PRESSES LOCAL AND STATE
	REGULATORS TO TAKE ACTION.
4d	Other program services (Describe on Schedule O.)
ru	(Expenses \$ 271,763 • including grants of \$ 0 •) (Revenue \$ 0 •)
1-	2 225
40	
	Form 990 (2022)

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Form 990 (2022) HEAL THE BAY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ 3 7
	If "Yes," complete Schedule D, Part IV	9		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," 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
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		Х
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			 -
D	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	שדו		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	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 Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			177
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Part IV	Checklist of Required Schedules	(continued))
	enconnec or mequired contention	(continuea)	,

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? 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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8 / Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	Х	
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Form 990 (2022) HEAL THE BAY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 95-4031055 Page **5**

Section 4.5 Proceedings of the employees reported on Form WS. Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this intum. 2a 70						Yes	No
the for the calendary year ending with or within the year covered by this return b if all least on is reported on line 24, dit the organization file all required fideral employment tax returns? 3	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements				100	110
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "a file of the calendar year, did the organization that was an interest in, or a signature or other authority over, a financial accounts (FBAR). 5ch Was the organization appropriate on that It was or is a party to a prohibitote tax sheller transaction? 5ch Did any taxolization from 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ch Did any taxolization from 900-T for organization that was or is a party to a prohibitote tax sheller transaction? 5ch Did any taxolization state organization file Form 88867? 5ch Did any taxolization state was on the state an ormally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5ch If Yes, "did the organization network spury solicitation and express statement that such contributions or gifts were not tax deductible? 6ch Did the organization received any primer in excess of \$5° nade party is a contribution and party for goods and services provided? 7ch Did the organization selection selection of the value of the goods or services provided? 7ch Did the organization selection selection of the value of the goods or services provided? 7ch Did the organization selection selection of the value of the goods or services provided? 8ch Did the organization of the contribution of case, solicity organization selection			2a	70			
3a X X 1 1 1 1 1 1 1 1	b				2b	х	
b If Yes, "Insist iffeed a Form 980-T for this year? If 'No' 1 file's Sp. provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts ("FART). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa X Did any tax before transaction at any time during the tax year? Sa X Did any tax before transaction at any time during the tax year? Sa X Did any tax before transaction at any time during the tax year? Sa S X Did any tax before transaction at any time during the tax year? Sa S X Did any tax before transaction at any time during the tax year? Sa S X Did any tax before transaction at any time during the tax year? Sa S X Did any tax before transaction at any time during the tax year? Sa S X Did any contributions the tax end tax deductible as charitable contributions? Sa Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Did the organization receive deductible contributions under section 170c). 5d Did the organization receive apayment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5d If Yes, "did the organization notify the donor of the value of the goods or services provided? 5d If Yes, "did the organization excelled account, or charge the good to the payor of the services provided? 7d If Yes," and the unmber of Forms 8282 filed during the year 6 Did the sognalization excelved any funds, directly or indirectly, to pay premiums on a personal bonefic contract? 7e X Did If Yes, and the organization excelved a contribution of care disposed of tample personal property for which							Х
4a A 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 accounts? 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 (FBAF). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b If any taxable party nority the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to time Sao r5b, did the organization the organization the organization than the organization than the organization and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). a bill the organization receive a payment in extress of \$75 made partly as a contribution and partly for goods and services provided to the payer? 7 Organization receive a payment in excess of \$75 made partly as a contribution or and partly for goods and services provided to the payer? 8 bill "Yes," inclicate the number of Forms 8282 filed during the year 9 bill the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 c bill the organization receive any premiums, directly or indirectly, on a personal benefit contract? 9 file the organization receive any premiums, directly or indirectly, on a personal benefit contract? 9 file the organization receive any premiums, directly or indirectly, on a personal benefit contract? 9 file to organization receive							
francial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yes, 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? 5b Did any stackle party notify the organization file Form 88861? 6c If Yes' to line Sa or 5b, did the organization file Form 88861? 6d Does the organization 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? b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 Organization services applied to the services of the services provided? 7 Organization and 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? 7 Organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1086-07 and 10 organization and provided funds. 8 Sponsoring organization have excess business holding as lary time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Section 501(c) 17 organizations. Enter: a intiation fees and capital contributions included on Part VIII, line 12 for public used fulls deliberated in the membrane of the manual fulls							
b If Yes, "increase the name of the foreign country See instructions for filling 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? 5b Id any taxable party notify the organization that it was or is a party to a prohibited six shelter transaction? 5c If Yes's 10 ine Sa or 8b, did the organization flee Form 888617 (Ferm 88617) 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 deductibles on a charitable contributions? 6b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and express statement that such contributions or gifts were not tax deductibles a charitable contribution and partly to goods and services provided to the payor? 7 Organizations that may receive deductible contribution and partly to goods and services provided to the payor? 8 If Yes, "did the organization notify the donor of the value of the goods or services provided? 9 If Yes, "did the organization notify the donor of the value of the goods or services provided? 10 Id the organization received a payment in excess of \$75 made partly as a contribution and partly to goods and services provided to the payor? 7 To X 10 Id the organization received a contribution of the value of the goods or services provided? 11 If Yes, "indicate the number of Forms 88821 fleed during the year 12 If Id the organization received a contribution of the payment of the goods or services provided? 13 If the organization received a contribution of the payment of the goods or services provided? 14 If Yes, "Indicate the number of Forms 88821 fleed during the year 15 If the organization received a contribution of across boats and the payment of the goods and services provided? 16 If the organizat				•	4a		Х
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	3		
	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	2:	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99					Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset					х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
-	persons other than the governing body?		·	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			1.5		
а	The governing body?	,	•	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			0.5		
•	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code)	1 -	Į.	
	(This Section B requests information about policies not required by the internal net	renue	<u> </u>		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			100		
		•		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		ŭ			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	th a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			,,		
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	nd finan	cial	
	statements available to the public during the tax year.		, ,,,			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	TRACY QUINN - (310) 451-1500	_				
	1444 NINTH STREET, SANTA MONICA, CA 90401					

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization n (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Posi heck i			one	Reportable	Reportable	Estimated
	hours per		, unles					compensation	compensation	amount of
	week			-		17440	loo,	from	from related	other
	(list any hours for	director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (trustee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	nd mo		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	Individual trustee or	Institutional	er	Key employee	Highest compensated employee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) TRACY QUINN	40.00									
PRESIDENT/CEO (FROM 5/22)	0.00	Х		Х				140,856.	0.	4,785.
(2) SHELLEY LUCE	40.00									
PRESIDENT/CEO (UNTIL 6/22)	0.00						Х	104,663.	0.	3,169.
(3) MEREDITH MCCARTHY	40.00									
SR. DIR. COMM. OUTREACH & PARTNERSHI	0.00					Х		100,875.	0.	20,914.
(4) RICHARD WEGMAN	20.00									
INTERIM COO (FROM 7/23)	0.00			Х				0.	0.	0.
(5) SHARON LAWRENCE	2.00									
CHAIR/IMMEDIATE PAST CHAIR (FROM 1/2	0.00	Х		Х				0.	0.	0.
(6) PAUL STIMPFL	2.00									
IMMEDIATE PAST CHAIR (UNTIL 1/23)/BO	0.00	Х		Х				0.	0.	0.
(7) MICHAEL SULLIVAN	2.00									
FIRST CHAIR/CHAIRPERSON (FROM 1/23)	0.00	Х		Х				0.	0.	0.
(8) IAN EDDLESTON	2.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(9) ORALIA MICHEL	2.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(10) KARI BOILER	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(11) LUCIANA BRAFMAN	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(12) MEG GILL	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(13) BARRY GRIBBON	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(14) MATTHEW J. HART	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(15) DAVID HERTZ	1.00								-	
BOARD MEMBER		Х						0.	0.	0.
(16) BOB KANE	1.00								-	
BOARD MEMBER		Х						0.	0.	0.
(17) RICHARD KATZ	1.00								-	-
BOARD MEMBER	0.00	Х						0.	0.	0.
232007 12-13-22		•				•		•		Form 990 (2022

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Port VIII									JJ 4031	UJJ Fage U	
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hiç	ghes	t Co	ompensated Employee	s (continued)	(F)	
(A)	Decition .										
Name and title	Average	(do	not c				one	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of	
	week		l an	uau	recto	i/ii us	(66)	from	from related	other	
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	eord	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	ndividual trustee or director	nstitutional trustee		99/	mpen		1099-NEC)	1000 NEO)	and related	
	below	dualt	ution	-	oldm	st co	ь			organizations	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former				
(18) DONNA LAMAR	1.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(19) STEPHANIE MEDINA	1.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(20) BRIAN O'MALLEY	1.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(21) CRAIG PERKINS	2.00										
BOARD MEMBER/AT LARGE CHAIR (FROM 1/	0.00	Х		Х				0.	0.	0.	
(22) DAVID WEIL	1.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(23) JEFFREY WILLIAMS	2.00										
BOARD MEMBER/FIRST CHAIR (FROM 1/23)	0.00	Х		Х				0.	0.	0.	
(24) SCOTT ZOLKE	1.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(25) GREG MORENO	1.00										
BOARD MEMBER (FROM 1/23)	0.00	Х						0.	0.	0.	
(26) DR. CAMELA OTT, M.D.	1.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
1b Subtotal								346,394.	0.	28,868.	
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)								346,394.	0.	28,868.	

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NAMEVENTS		
12016 CLARKSON ROAD, LOS ANGELES, CA 90064	EVENT PRODUCTION	215,394.
RIVIERA COUNTRY CLUB, 1250 CAPRI DRIVE,	FOOD, BEVERAGE AND	
PACIFIC PALISADES, CA 90272	EVENT SERVICES	171,540.
PERY CONSULTING GROUP, LLC		
7607 WISCASSET DRIVE, WEST HILLS, CA 91304	ACCOUNTING SERVICES	149,500.
JONATHAN CLUB, 545 SOUTH FIGUEROA STREET,	FOOD AND BEVERAGE	
LOS ANGELES, CA 90071	SERVICES	125,000.

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2022)

\$100,000 of compensation from the organization

Form 990 HEAL THE BAY 95-4031055

Form 990 HEAL THE	BAY								95-403	T022
Part VII Section A. Officers, Directors, Tru	ustees, Key En	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(cl		Pos	C) sition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee 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)	other compensatior from the organization and related organizations
27) DANNY SPYRA	1.00	₹7							0	^
SOARD MEMBER (UNTIL 1/23)	0.00	X						0.	0.	0
		•								
		•								

Form 990 (2022) HEAL THE BAY
Part VIII Statement of Revenue

			Check if Schedule O contains a	resnonse (or note to any lin	e in this Part VIII			
			Officer if Octredule O Cortains a	response (or note to any iin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded
							function revenue	business revenue	from tax under sections 512 - 514
				1a					Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns						
ira our			Membership dues	1b	222,677.				
s, C		С	Fundraising events	1c	1,073,205.				
ar ar		d	Related organizations	1d					
s, C		е	Government grants (contributions)	1e	650,774.				
Sign		f	All other contributions, gifts, grants, and						
bel			similar amounts not included above	1f	2,733,448.				
ള		а	Noncash contributions included in lines 1a-1f	1g \$	211,095.				
Sor		_	Total. Add lines 1a-1f	J +		4,680,104.			
<u> </u>		<u></u>	Total / Nad III/co Tu Ti		Business Code				
_	_	_	AQUARIUM REVENUE		713990	319,779.	319,779.		
ice	2	-			713330	313,113.	313,113.		
e er	b								
n S		С							
Jrar Se		d							
Program Service Revenue		е							
Δ.			All other program service revenue						
		g	Total. Add lines 2a-2f			319,779.			
	3		Investment income (including divider						
			other similar amounts)			105,112.			105,112.
	4		Income from investment of tax-exem	pt bond p	roceeds				
	5		Royalties						
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a	7,500.					
		b	Less: rental expenses 6b	0.					
			Rental income or (loss) 6c	7,500.					
			Net rental income or (loss)			7,500.			7,500.
			` '	ecurities	(ii) Other	,			,
	•	u	assets other than inventory 7a		()				
		h	Less: cost or other basis						
Φ		U							
Ď			and sales expenses 7b Gain or (loss) 7c						
eve			· /						
her Revenue			Net gain or (loss)						
the	8	а	Gross income from fundraising events (r						
ŏ			including \$ 1,073,205.						
			contributions reported on line 1c). So	I					
			Part IV, line 18		122,600.				
		b	Less: direct expenses	8b	640,837.				
		С	Net income or (loss) from fundraising	g events		-518,237.			-518,237.
	9	а	Gross income from gaming activities	s. See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming ac	tivities					
	10	а	Gross sales of inventory, less returns	3					
			and allowances	10a	41,557.				
		b	Less: cost of goods sold		29,241.				
			Net income or (loss) from sales of inv			12,316.			12,316.
			,		Business Code				·
sno	11	а	MISCELLANEOUS INCOME		900099	39,724.			39,724.
Miscellaneous Revenue		b				,			,
lla									
Sce		Ç	All other revenue						
Ξ			All other revenue			39,724.			
			Total Add lines 11a-11d			4,646,298.	319,779.	0.	-353,585.
	12		Total revenue. See instructions			±,0±0,430.	J J J J , 1 1 9 .	ı	333,303.

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Form **990** (2022)

Form 990 (2022) HEAL THE BAY Part IX Statement of Functional Expenses

Dο	Check if Schedule O contains a respons	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and 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,	222 402	102 761	4 070	25 661
_	trustees, and key employees	233,492.	193,761.	4,070.	35,661
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2,278,525.	1,890,811.	39,720.	347,994
7	Other salaries and wages	2,210,323.	1,090,011.	39,720.	347,994
8	Pension plan accruals and contributions (include	25 323	21 014	441.	2 060
^	section 401(k) and 403(b) employer contributions)	25,323. 285,358.	21,014. 236,802.	4,974.	3,868 43,582
9	Other employee benefits	186,896.	155,094.	3,258.	28,544
0	Payroll taxes	100,030.	133,034.	3,230.	40,544
1	Fees for services (nonemployees):				
a	Management	35,168.	22,775.	4,645.	7,748
b	Legal	173,850.	22,113.	173,850.	7,740
C	Accounting	13,977.	13,977.	173,030.	
d	Lobbying Professional fundraising services. See Part IV, line 17	96,000.	13,311.		96,000
e	Investment management fees	50,000.			20,000
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	405,895.	362,019.	2 187.	41 689
12	Advertising and promotion	2,646.	2,252.	2,187.	41,689 381
13	Office expenses	117,021.	65,390.	45,379.	6,252
14	Information technology	143,420.	116,146.	2,029.	25,245
5	Royalties	210,1201	220,2200	2,0231	20,210
16	Occupancy	638,729.	554,290.	8,548.	75,891
7	Travel	112,508.	108,590.	846.	3,072
8	Payments of travel or entertainment expenses			V = V 1	<u> </u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,595.	26,889.	46.	660
20	Interest	,	,	-	
.o 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	77,804.	64,565.	1,356.	11,883
23	Insurance	64,452.	54,904.	978.	8,570
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 0.)				
а	PROGRAM SUPPLIES	54,215.	54,215.		
b	STAFF DEVELOPMENT	19,154.	16,413.	281.	2,460
С	DIRECT MAIL EXPENSE	16,193.			16,193
d	RECRUITMENT	8,156.	6,942.	41.	1,173
е	All other expenses	28,790.	20,467.	1,507.	6,816
5	Total functional expenses. Add lines 1 through 24e	5,045,167.	3,987,316.	294,169.	763,682
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)				

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HEAL THE BAY

Form 990 (2022)

Part X | Balance Sheet

Part X		Balance Sheet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			452,527.	1	666,382
2				3,288,905.	2	3,244,017	
3	3	Pledges and grants receivable, net			996,004.	3	492,679
4		Accounts receivable, net				4	
5		Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa	ıntial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
6	6	Loans and other receivables from other disqualified	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described in	in sect	tion 4958(c)(3)(B)		6	
န္ 7	7	Notes and loans receivable, net				7	
Assets 6 8 9	3	Inventories for sale or use				8	
₹ 9	•	Prepaid expenses and deferred charges			103,252.	9	130,616
10)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,845,898.			
	b	Less: accumulated depreciation	10b	1,569,079.	271,139.	10c	276,819
11		Investments - publicly traded securities				11	
12		Investments - other securities. See Part IV, line 11				12	
13		Investments - program-related. See Part IV, line 1				13	
14	1	Intangible assets		<u> </u>		14	979,928
15	5	Other assets. See Part IV, line 11		<u> </u>	437,560.	15	508,085
16		Total assets. Add lines 1 through 15 (must equal			5,549,387.	16	6,298,526
17		Accounts payable and accrued expenses			350,177.	17	403,004
18		Grants payable				18	
19		Deferred revenue				19	
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete Pa				21	
မ္မ 22		Loans and other payables to any current or former					
		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
23		Secured mortgages and notes payable to unrelate				23	
24		Unsecured notes and loans payable to unrelated				24	
25	5	Other liabilities (including federal income tax, pays					
		parties, and other liabilities not included on lines	-	·	200 621		1 517 011
		of Schedule D			399,631. 749,808.		1,517,211
26		Total liabilities. Add lines 17 through 25			743,000.	26	1,920,215
ပ္သ		Organizations that follow FASB ASC 958, chec and complete lines 27, 28, 32, and 33.	K nere				
<u>ت</u> ا					4,049,429.	27	3,266,553
<u>a</u> 27		Net assets without donor restrictions			750,150.	28	1,111,758
<u>හි</u> 28 ප		Net assets with donor restrictions Organizations that do not follow FASB ASC 95			750,150.	20	1,111,730
돌		and complete lines 29 through 33.	o, che	ck liefe			
ნ ₂₀		•				29	
၂ 29 ၁ ၁၀		Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equ				30	
ASS 30		Retained earnings, endowment, accumulated incomment				31	
Net Assets or Fund Balances 25 28 25 30 31 35 35 35 35 35 35 35 35 35 35 35 35 35		Total net assets or fund balances			4,799,579.	32	4,378,311
ž 32		Total liabilities and net assets/fund balances			5,549,387.	33	6,298,526
		Total liabilities and fiet assets/fully balances			3,313,3014	JJ	Form 990 (202

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,64		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,04		
3	Revenue less expenses. Subtract line 2 from line 1	3	-398		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,799	9,5	79.
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	-2	2,3	99.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,378	8,3	11.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization
HEAL THE BAY

Employer identification number 95-4031055

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	organ	nization is not a private found						
1	\Box	A church, convention of ch					I)(A)(i).	
2	一	A school described in sect					- N N	
3	H	A hospital or a cooperative		•		V6V1VAVii	i\	
4	H	A medical research organiz					•	the hospital's name
7		city, and state:	anon operated in con	njanotion with a noopital	accombca	000110	11 17 0(B)(1)(A)(III). Entor	the respitate riams,
5		An organization operated for	or the benefit of a col	llege or university owner	l or operat	ed by a go	vernmental unit describe	ad in
3		section 170(b)(1)(A)(iv). (C		nege of drilversity owner	or operat	cd by a gc	verninental unit describe	SG III
6				aantal wait daaaribad in		70/6\/4\/A\	6.4	
6	T	A federal, state, or local gov	_					
7	X	An organization that norma	-	ntial part of its support if	om a gove	ernmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C		(4)(A)(1) (O	\			
8	Н	A community trust describe			-			
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	eor
		university:						
10	Ш	An organization that norma						
		activities related to its exen		·				-
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	•				201 1141	
11		An organization organized a	•	•	•			
12	Ш	An organization organized a	•	· · ·	-		•	
		more publicly supported or						Sheck the box on
_		lines 12a through 12d that				•	, ,	air in a
a	·		· · · · · · · · · · · · · · · · · · ·	·	•	-		
		the supported organization			majority c	n trie airec	tors or trustees of the st	apporting
L		organization. You must o			ion with its		d organization(s) by bay	ina
t	, r		•					-
		control or management o			arrie perso	ris triat co	ntroi or manage the supp	Jorted
,		organization(s). You mus Type III functionally inte			in connect	tion with	and functionally intograte	od with
C	, L	its supported organization					• •	with,
		Type III non-functionally		•				zation(s)
•		that is not functionally int					• • • • • •	
		requirement (see instructi	-		•		•	VC11033
6		Check this box if the orga	•	•	•			
	· L	functionally integrated, or					Type i, Type ii, Type iii	
1	Ente	er the number of supported of	• •	nany integrated supports	ng organiz	ation.		
		vide the following information		ed organization(s)				L
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
	al							
100	41						i	I

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	6293272.	3007360.	4138095.	5364107.	4545859.	23348693.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	6293272.	3007360.	4138095.	5364107.	4545859.	23348693.	
Ū	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,							
							2779031.	
•	``						20569662.	
	Public support. Subtract line 5 from line 4.						20309002.	
	••	(=) 2012	(h) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total	
	ndar year (or fiscal year beginning in)	(a) 2018 6293272.	(b) 2019 3007360.	(c) 2020 4138095.	(d) 2021 5364107.	(e) 2022 4545959	(f) Total 23348693.	
	Amounts from line 4	0293212.	3007300.	4130093.	3304107.	4343039.	23340093.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	ا م	25 160	0 000	10 620	110 (10	170 410	
	and income from similar sources	25.	35,160.	9,983.	12,638.	112,612.	170,418.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	9,469.	2,716.	15,333.	14,086.			
11	Total support. Add lines 7 through 10						23600439.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 1	<u>,291,867.</u>	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 50	01(c)(3)		
	organization, check this box and stop	here						
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2022 (I	ine 6, column (f), di	ivided by line 11, o	olumn (f))		14	87.16 %	
15	Public support percentage from 2021	Schedule A, Part I	II, line 14			15	86.44 %	
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies	as a publicly suppo	orted organization				X	
b	33 1/3% support test - 2021. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation				
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact	_						
	meets the facts-and-circumstances te			-				
b	10% -facts-and-circumstances test	-			-			
		_						
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization							
<u> </u>	The second secon	s.ae. oncon a i		,	, Index and box a		(Form 990) 2022	

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
K	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(a) 2019	(b) 2019	(a) 2020	(4) 2021	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section 5	i01(c)(3) organizatio	on.
					•		
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	<u>%</u>
18						18	<u>%</u>
19a	a 33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box ar						Ш
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

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Schedule A (Form 990) 2022

HEAL THE BAY

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	4		
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		<u> </u>
ule	A (Forn	n 990)	2022

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Га	Gupporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	444		
Sec	<u>detail in</u> Part VI. etion B. Type I Supporting Organizations	11c		
	and Driffer capperang organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
·	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). ction D. All Type III Supporting Organizations	1		
360	Tion D. All Type III Supporting Organizations			
	Did the considering and ideals and of the considering and in the last describe fitting the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)) -		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The second second			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	l ' l	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
L	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
a				
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

232025 12-09-22 Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	· ugo ·
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
<u>b</u>	From 2018				
c	From 2019				
d	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
_ <u>i</u>	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7:				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
_	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				
_			·		<u></u>

Schedule A (Form 990) 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Name of the organization

THE BAY

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

Employer identification number

95-4031055

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

<u>HEAL THE BAY</u> 95-4031055

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$225,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$165,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Training according to the Early 1 T	\$130,370.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$130,000.	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization Employer identification number

HEAL '	THE BAY	95	5-4031055
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			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
8		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization

Employer identification number

HEAL THE BAY

95-4031055

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
23453 11-15-	22		Schedule B (Form 990) (2022

Page 4 Schedule B (Form 990) (2022)

Name of organization **Employer identification number** HEAL THE BAY 95-4031055 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Em	ployer identification number
	HEAL TH				95-4031055
Pa	art I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 o	organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			
Pa	art I-B Complete if the org	anization is exempt und	ler section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955		\$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
48	a Was a correction made?				Yes No
	o If "Yes," describe in Part IV.			=0.1	() (0)
_	art I-C Complete if the org				
	Enter the amount directly expended	, , ,	•	***************************************	\$
2	Enter the amount of the filing organ				•
_	exempt function activities				\$
3	Total exempt function expenditures				Φ
4	line 17b Did the filing organization file Form				
5					
Ŭ	made payments. For each organiza		•	~	
	contributions received that were pro	omptly and directly delivered to	a separate political orga	anization, such as a separ	ate segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Pa	art II-A		n is exempt under section 501(c)(3) and file	ed Form 5768 (elec	ction under
	Check Check	expenses, and share of exces	gs to an affiliated group (and list in Part IV each affiliated s lobbying expenditures). ed box A and "limited control" provisions apply.	group member's name	, address, EIN,
		Limits on Lobb	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1:	a Total lol	obying expenditures to influence publ	ic opinion (grassroots lobbying)	15,848.	
	b Total lol	obying expenditures to influence a leg	gislative body (direct lobbying)	10,326.	
	c Total lol	obying expenditures (add lines 1a and	d 1b)	26,174.	
				4,257,653.	
	e Total ex	empt purpose expenditures (add lines	s 1c and 1d)	4,283,827.	
			unt from the following table in both columns.	364,191.	
	If the am	ount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not ove	r \$500,000	20% of the amount on line 1e.		
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$1	7,000,000	\$1,000,000.		
	g Grassro	ots nontaxable amount (enter 25% of	line 1f)	91,048.	
	h Subtrac	t line 1g from line 1a. If zero or less, e	enter -0-	0.	
	i Subtrac	t line 1f from line 1c. If zero or less, er	nter -0-	0.	
	j If there	is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720		
	reportin	g section 4911 tax for this year?			Yes No
			4-Year Averaging Period Under Section 501(h)	of the five columns he	low

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total			
2a Lobbying nontaxable amount	308,211.	317,603.	363,426.	364,191.	1,353,431.			
b Lobbying ceiling amount (150% of line 2a, column(e))					2,030,147.			
c Total lobbying expenditures	66,748.	26,567.	31,762.	26,174.	151,251.			
d Grassroots nontaxable amount	77,053.	79,401.	90,857.	91,048.	338,359.			
e Grassroots ceiling amount (150% of line 2d, column (e))					507,539.			
f Grassroots lobbying expenditures	66,748.	26,567.	31,762.	15,848.	140,925.			

Schedule C (Form 990) 2022

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

To each Tes Tesponse on lines to uniones to		(a)	(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
9						
n	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	• • •					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? † III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5).	or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		3	Li		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal				
а	Current year		2a			
	Carryover from last year		2b			
С	Total		2c			
3	4		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
	expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par	t IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II-A, I	ines 1 a	nd 2 (See		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HEAL THE BAY

Employer identification number 95-4031055

Pa	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or	Accounts.	Complete if the	
	Signification anomored 155 on 1511 cos, 1 aren, ins	(a) Donor advise	ed funds	(b) Funds an	d other account	s
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advised f	unds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	y other purpose conf	ferring		
	impermissible private benefit?				Yes	No
Pai	rt II Conservation Easements. Complete if the organic	anization answered "Ye	s" on Form 990, Part	: IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).				
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a h	istorically impo	rtant land area	
	Protection of natural habitat		Preservation of a c	ertified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a	conservation e	asement on the	last
	day of the tax year.			Held	at the End of the	Tax Year
а	Total number of conservation easements			. 2a		
b				a.		
С						
	Number of conservation easements included in (c) acquired af					
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				g the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period		tion, handling of			
	violations, and enforcement of the conservation easements it l	holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h				s during the yea	r
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and er	forcing conservation	easements dur	ing the year	
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremen	s of section 170(h)(4))(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements	that describes	the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Othei	r Similar As	sets.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement and b	balance sheet w	orks/	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	, or research in furthe	erance of public		
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	e statement and bala	nce sheet work	s of	
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furthera	nce of public se	ervice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
	(m)					
2	If the organization received or held works of art, historical trea-	sures, or other similar a	ssets for financial gai	in, provide		
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1			\$		
	Assets included in Form 990, Part X			_		
LHA	For Paperwork Reduction Act Notice, see the Instructions				dule D (Form 9	90) 2022

232051 09-01-22

Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Oth	ner Si	milar	Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	e signif	icant u	se of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	xempt	purpos	se in Part	XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's col	lection?				Yes	☐ No
Par	t IV Escrow and Custodial Arrang							ine 9, or	
	reported an amount on Form 990, Par		_						
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other assets n	ot inclu	uded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
					[Amount	
С	Beginning balance					1c			
d	Additions during the year				- 1	1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo							Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been j	orovided on Part X	an				
Par	t V Endowment Funds. Complete it	f the organization ans	swered "Yes" on Fo	rm 990, Part IV, Iir	ne 10.				
		(a) Current year	(b) Prior year	(c) Two years back		Three y	ears back	(e) Four	years back
1a	Beginning of year balance	146,412.	146,412.	146,412	2.	1	46,412.		146,412.
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	146,412.	146,412.	146,412	2.	1	46,412.		146,412.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	•	%	,					
b	Permanent endowment 100	%	_						
С	Term endowment	 %							
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	d administered for	r the				
	organization by:	-							Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, line	10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) Accu	mulate	d	(d) Book	value
	,	basis (investm	ent) basis	(other)	depred	ciation		. ,	
1a	Land								
	Buildings								
С	Leasehold improvements		62	9,429.	39	2,94	14.	236	,485.
d	Equipment			1,982.		0,52		21	,461.
е	Other			4,487.		5,61		18	8,873.
	. Add lines 1a through 1e. (Column (d) must ed		•			-			,819.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 HEAL THE BA	Υ	9	5-4031055 Page 3
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 e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		44 O E 000 B 1 V II 40	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(1)			
(2)			
(3)			
(5)			
<u>(6)</u>			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1) DEPOSITS	•		41,129.
(2) CONSTRUCTION UNDER CONTRA	CT WITH THE CI	TY OF LOS ANGELES	466,956.
(3)			, , , , , , , , , , , , , , , , , , , ,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		508,085.
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 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO CITY OF LOS ANGELE	S		466,956.
(3) LEASE LIABILITY			1,050,255.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B) lin	e 25.)		1,517,211.

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

Schedule D (Form 990) 2022

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Par	t XI	Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total	revenue, gains, and other support per audited financial statements			1	4,701,517.
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a			
b	Donat	ted services and use of facilities	2b	25,978.		
С		veries of prior year grants				
d		(Describe in Part XIII.)				
е		nes 2a through 2d			2e	25,978. 4,675,539.
3	Subtr	act line 2e from line 1			3	4,675,539.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other	(Describe in Part XIII.)	4b	-29,241.		
С		nes 4a and 4b			4c	-29,241. 4,646,298.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,646,298.
Pai	t XII	Reconciliation of Expenses per Audited Financial Stateme		Expenses per F	Returr	າ.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•			
1	Total	expenses and losses per audited financial statements			1	5,122,785.
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ted services and use of facilities	2a	25,978.		
b	Prior	year adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d	51,640.		
е	Add li	nes 2a through 2d			2e	77,618. 5,045,167.
3	Subtr	act line 2e from line 1			3	5,045,167.
4		ints included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes 4a and 4b			4c	0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,045,167.
Pai	t XIII	Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part X	K, line 2; Part XI,
lines	2d and	l 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional inform	ation.		
		T T3T 4				
PAF	RT V	, LINE 4:				
	. ~ = =	D. C. DOW TWO CONTROL TITLE CONTROL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL T				
PRC	CEE	DS FROM ENDOWMENT FUNDS ARE USED FOR EI	DUCATIO	NAL PROGRA	MS.	
n 3 F	.m 37	T TATE 0				
PAF	(.I. X	, LINE 2:				
		HE DAY DECOMITEE MILE INDICE OF MAY DO	T T T C M C	TN	37337	7777
HEF	<u>7Г Т.</u>	HE BAY RECOGNIZES THE IMPACT OF TAX POS	STTTONS	IN THE FI	NAN	CIAL
аm 2		THE TE WILL POSTETON TO MODE I THEN WE		mo DE 0110	m 2 T 2	TED ON
STA	7.T.F.W	ENTS IF THAT POSITION IS MORE LIKELY TH	IAN NO'I	TO BE SUS	TAT	NED ON
		D. G.D. O				
AUL)IT,	BASED ON THE TECHNICAL MERITS OF THE I	POSTTIO	N. DURING	THE	YEAR
						_
ENL	ED	SEPTEMBER 30, 2023, HEAL THE BAY PERFORM	RMED AN	EVALUATIO	N OI	<u>'</u>
	·			a m	 -	
UNC	ERT	AIN TAX POSITIONS AND DID NOT NOTE ANY	MATTER	S THAT WOU	LD I	KEQUIRE
D = -		THION IN HUR RIVINGIA CHARLENG		AIIM 11317-		
KEC	:OGN	ITION IN THE FINANCIAL STATEMENTS OR WI	IICH MI	GHT HAVE A	N EI	FECT ON
T TT -	,	A BABADA CAMARIC				
T.T.S	'I'A	X-EXEMPT STATUS.				

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

HEAL TH	E BAY				95-4031	055
Part I Fundraising Activities required to complete this par	 Complete if the organization answ t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais a	e X Solicit f X Solicit g X Special	ation of ation of al fundra	non-g gover iising	overnment grants nment grants events fficers, directors, trus		
key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	viduals or entities (fundraisers) purs			~	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
BOOMERANG GROUP - 30600 NORTH		Yes	No			
PIMA ROAD, #171, SCOTTSDALE,	FUNDRAISING SERVICES		Х	1,148,262.	96,000.	1,052,262.
Total 3 List all states in which the organization	on is registered or licensed to solicit	contrib	 utions	1,148,262. For has been notified	96,000. it is exempt from re	1,052,262. gistration
or licensing.						

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

Schedule G (Form 990) 2022

	rt I		ne organization answered		t IV, line 18, or reported	
		of fundraising event contributions and gr				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BRING BACK		NONE	(add col. (a) through
			THE BEACH	OTHER		col. (c))
Ð			(event type)	(event type)	(total number)	33 (3))
Revenue	1	Gross receipts	1,091,352.	104,453.		1,195,805.
	2	Less: Contributions	968,752.	104,453.		1,073,205.
	3	Gross income (line 1 minus line 2)	122,600.			122,600.
	4	Cash prizes				
SS	5	Noncash prizes	191,620.			191,620.
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	145,001.	1,618.		146,619.
	8	Entertainment				
	9	Other direct expenses	300,308.	2,290.		302,598.
	10	Direct expense summary. Add lines 4 through				640,837.
		Net income summary. Subtract line 10 from I				-518,237.
Pa	rt I	II Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.				
d)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c))
eve						
	1	Gross revenue				
Se	2	Cash prizes				
rect Expenses	3	Noncash prizes				
	4	Rent/facility costs				
D	5	Other direct expenses				
_	J	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	5:	,		
		•				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a	-	etates?		Yes No
		Marilla and Later		states:		ies No
		No," explain:				
		ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	/ear?	Yes No
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Schedule G (Form 990) 2022 HEAL THE BAY	95-4031055 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
Enter the harms and address of the person who propares the organization organization of garming special events become and record	
Name	
Name	
Address	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the am	ount
	ount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Nama	
Name	
Address	
Address	
4C. Coming respectively	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of anythre approided	
Description of services provided	
Director/officer Employee Independent contractor	
ATT 1	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAL	SERS:
/->	
(I) NAME OF FUNDRAISER: BOOMERANG GROUP	
(I) ADDRESS OF FUNDRAISER:	
20600	
30600 NORTH PIMA ROAD, #171, SCOTTSDALE, AZ 85266	

Schedule G	(Form 990) HEAL THE BAY	95-4031055	Page 4
Part IV	(Form 990) HEAL THE BAY Supplemental Information (continued)		
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SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Department of the Treasury

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

Name of the organization

HEAL THE BAY

Part I Questions Regarding Compensation

Employer identification number
95-4031055

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

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SHELLEY LUCE	(i)	104,663.	0.	0.	3,140.	29.	107,832.	0.
PRESIDENT/CEO (UNTIL 6/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

HEAL THE BAY

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

95-4031055

Par	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of	Noncash contri		Method of de			
		applicable	contributions or	amounts report Form 990, Part VI		noncash contribu	ition ar	nounts	3
1	Art - Works of art		Terrio continuated	1 01111 000, 1 411 11	,				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	6	67	,661.	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15									
16	Real estate - Residential Real estate - Commercial								
17	Real estate - Other								
18	Collectibles	X	2		005	T-33-63-7			
19	Food inventory	X		4	<u>,895.</u>	FMV			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (AUCTION ITEMS)	X	27		,245.				
26	Other (SUPPLIES)	X	2	4	,189.				
27	Other (TICKETS)	X	1		105.	FMV			
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions					
	for which the organization completed Form 828	-	•		29				
	· ·	, ,	ŭ		•			Yes	No
30a	During the year, did the organization receive by	contributio	n anv property rep	orted in Part I. lines	s 1 throug	ıh 28. that it			
	must hold for at least 3 years from the date of t				-				
	exempt purposes for the entire holding period?		,	•			30a		Х
h	If "Yes," describe the arrangement in Part II.						Ou		
31	,	olicy that re	acuires the review o	of any nonetandard	l contribut	tions?	31	х	
o∠d	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?								
	contributions?						32a	Δ	
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	tor which column	(a) is che	cked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).		Schedule N	1 (Forn	n 990)	2022

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
NONCASH DONATIONS ARE LISTED BY TOTAL NUMBER OF CONTRIBUTIONS.
SCHEDULE M, LINE 32B:
HEAL THE BAY SOLICITS IN-KIND DONATIONS FOR THE LIVE AND SILENT AUCTION
AT ITS ANNUAL GALA. HEAL THE BAY ALSO TYPICALLY CONTRACTS WITH A THIRD
PARTY TO SOLICIT ADDITIONAL ITEMS AND TO CONDUCT THE SALE AND TRANSFER
OF ALL AUCTION ITEMS. ALL PROCEEDS BENEFIT HEAL THE BAY.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HEAL THE BAY

Employer identification number 95-4031055

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:						
RESEARCH AND ADVOCACY						
HEAL THE BAY'S UNIQUE APPROACH OF EXPERT RESEARCH COMBINED WITH						
VOLUNTEER ACTION AND PUBLIC EDUCATION PROGRAMS HAS BEEN TREMENDOUSLY						
SUCCESSFUL IN WORKING WITH LOCAL AND FEDERAL GOVERNMENT, INDUSTRY AND						
THE PUBLIC TO CLEAN UP SANTA MONICA BAY AND SOUTHERN CALIFORNIA COASTAL						
WATERS. THERE IS A CLEAR TRACK RECORD OF SCIENTIFIC EVIDENCE THAT THE						
OVERALL HEALTH OF THE BAY HAS IMPROVED DUE TO HEAL THE BAY'S ACTIONS.						
EXPENSES \$ 271,763. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.						
FORM 990, PART VI, SECTION A, LINE 1A:						
THE BOARD DELEGATES AUTHORITY TO THE EXECUTIVE COMMITTEE TO ACT ON BEHALF						
OF THE BOARD. THE EXECUTIVE COMMITTEE CONSISTS OF THE FOLLOWING:						
1. CHAIRPERSON, MICHAEL SULLIVAN						
2. FIRST CHAIR, JEFFREY WILLIAMS						
3. IMMEDIATE PAST CHAIR, SHARON LAWRENCE						
4. TREASURER, IAN EDDLESTON						
5. SECRETARY, ORALIA MICHEL						
6. AT LARGE CHAIR, CRAIG PERKINS						
7. GOVERNANCE CHAIR, STEPHANIE MEDINA						
8. MARKETING CHAIR, DONNA LAMAR						
9. BOARD MEMBER, BOB KANE						
FORM 990, PART VI, SECTION B, LINE 11B:						

14430815 758461 9532.T

THE FORM 990 IS REVIEWED IN DETAIL BY SENIOR MANAGEMENT AND IS THEN

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization HEAL THE BAY

Employer identification number 95-4031055

DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING.

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

POTENTIAL CONFLICTS OF INTEREST ARE RAISED AS THEY OCCUR IN BOARD MEETINGS

AND/OR EXECUTIVE COMMITTEE MEETINGS AND RECORDED IN THE MINUTES, AS

APPROPRIATE. THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO THE BOARD OF

DIRECTORS AND PROFESSIONAL STAFF ON AN ANNUAL BASIS.

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

THE BOARD OF DIRECTORS VOTES ON AND ESTABLISHES THE SENIOR MANAGEMENT TEAM

AND SETS THE SALARY FOR THE PRESIDENT/CEO. COMPARABILITY DATA SUCH AS

COMPENSATION SURVEYS AND OTHER FORM 990'S ARE USED BY THE BOARD TO

SUBSTANTIATE COMPENSATION. THE BOARD OF DIRECTORS APPROVES AN ANNUAL

PERCENTAGE INCREASE FOR ALL STAFF, INCLUDING SENIOR MANAGEMENT, WHEN THE

BUDGET IS APPROVED. THIS INCREASE IS REVIEWED AND APPROVED BY THE FINANCE

COMMITTEE AND EXECUTIVE COMMITTEE INDEPENDENTLY, WITHOUT THE PARTICIPATION

OF INTERESTED PERSONS PRIOR TO BEING PRESENTED TO THE BOARD FOR FINAL

RATIFICATION.

THE BOARD OF DIRECTORS APPROVES SALARY INCREASES FOR STAFF AND MANAGEMENT
WHEN THE ANNUAL BUDGET IS APPROVED. THIS INCREASE IS REVIEWED AND APPROVED
BY THE FINANCE COMMITTEE AND EXECUTIVE COMMITTEE PRIOR TO BEING PRESENTED
TO THE FULL BOARD OF DIRECTORS FOR FINAL RATIFICATION.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990) 2022	Page 2
Name of the organization HEAL THE BAY	Employer identification number 95-4031055
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BAD DEBT EXPENSE	-22,399.
EODW 000 DADW VII LINE 2C.	
FORM 990, PART XII, LINE 2C: NO PROCESSES HAVE CHANGED FROM THE PRIOR YEAR.	
THE THOULDS IN THE THE THE THE THE	