CHANGE OF ACCOUNTING PERIOD

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 Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OCT 1, 2023 and ending DEC 31, 2023 A For the 2023 calendar year, or tax year beginning

Inspection

NEW BEDFORD, MA 02740 Hoja test is a group return for subcordinates? Yes X No proposed of process of principal officer. MARK RASMUSSIN Hoja test subcordinates? Yes X No No process of principal officer. MARK RASMUSSIN Hoja test subcordinates? Yes No IT No. ** attach a list. See instructions Yes X No Hoja test subcordinates Yes No It No. ** attach a list. See instructions Yes No It No. ** attach a list. See instructions Yes No It No. ** attach a list. See instructions Yes No It No. ** attach a list. See instructions Yes No It No. ** attach a list. See instructions Yes No It No. ** attach a list. See instructions Yes No It No. ** attach a list. See instructions Yes No It No. ** attach a list. See instructions Yes No It No. ** attach a list. See instructions Yes No It No. ** attach a list. See instructions Yes No Yes Yes Xes Xes Yes Xes Xes Yes Xes Xes Yes Xes Yes Xes Yes Xes Yes Xes Xes Yes Xes Xes Yes Xes Xes Yes Xes Xes Xes Yes Xes Xes Xes Yes Xes Xes Xes Xes Yes Xes X		Check if applicabl	C Name of organization		D Employer identifi	cation number
Doing business as whether and stores (or P.O. bot if mail is not delivered to street address) FIRST STREET OCT or town, states or province, country, and ZIP or foreign postal code FIRST STREET OCT or town, states or province, country, and ZIP or foreign postal code FIRST STREET OCT or town, states or province, country, and ZIP or foreign postal code FIRST STREET OCT or town, states or province, country, and ZIP or foreign postal code FIRST STREET OCT or town, states or province, country, and ZIP or foreign postal code FIRST STREET OCT or town, states or province, country, and ZIP or foreign postal code FIRST STREET OCT or town, states or province, country, and ZIP or foreign postal code FIRST STREET OCT or town, states or province, country, and ZIP or foreign postal code FIRST STREET OCT or town, states or province, country, and ZIP or foreign postal code FIRST STREET FIRST STREET OCT or town, states or province, country, and ZIP or foreign postal code FIRST STREET FIRST STREET OCT or town, states or province, country, and ZIP or foreign postal code Halls this is a group retreator for subcodinates? FIRST STREET OCT or town states of principal officer. MARK RASMUSSEN HIGH STREET STREET FIRST STREET FIRST STREET FIRST STREET FIRST STREET OCT OR STREET FIRST STREET OCT OR STREET FIRST STREET FIRST STREET OCT OR STREET FIRST STREET OCT OR STREET FIRST STREET FIRST STREET OCT OR STREET FIRST STRE			BUZZARDS BAY COALITION			
Number and street for P.D. for if mails not delivered to street address) Room/Suite E Telephonen number 114 FRONT STREET City or forwing attain or province, country, and ZIP or foreign postal code NEW BIDFORD, MA 02740 High is this a group return for subordinates? Yes X New BIDFORD, MA 02740 High is this a group return for subordinates? Yes X New BIDFORD, MA 02740 High is this a group return for subordinates returned? Yes No High is this a group return for subordinates returned? Yes No High is this a group return for subordinates returned? Yes No High is this a group return for subordinates returned? Yes No High is this a group return for subordinates returned? Yes No High is this a group return for subordinates returned? Yes No High is this a group return for subordinates returned? Yes No High is this a group return for subordinates returned? Yes No High is this a group return for subordinates returned? Yes No High is this a group return for subordinates returned? Yes No High is this a group return for subordinates returned? Yes No High is this a group return for subordinates returned? Yes No High is this a group return for subordinates returned? Yes No High is this a group return for subordinates returned? Yes No High is this a group return for subordinates returned? Yes No High is this a group return for subordinates returned? Yes No High is this a group return for subordinates returned? Yes No High is this a group return for returned returned? Yes No High is this a group return for returned returned? Yes No High is this a group return for returned returned? Yes No High is this a group return for returned returned? Yes No High is group return for returned? Yes No High is returned? Yes No H		Name			04-29719	78
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City or town, state or province, country, and ziP or foreign postal code Ho Scale Scal		Final	11 <i>1</i> FDONT CTDFFT			
New Bed Port New Part New P		termin			G Gross receipts \$	8,850,960.
The series of a policy of profession of the pr					H(a) Is this a group re	eturn
SARE AS C ABOVE (insert no.) 4947(a)(1) or 527 His National as the contents produced? Yes No. 1		tion	F name and address of principal officer: MAKK KASHOSSEN		for subordinates	? Yes X No
J Website: WWW . SAVEBUZZARDSBAY . ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 1987 M State of legal domicial: MA Part Summary B interly describe the organization's mission or most significant activities: THE ORGANIZATION IS DEDICATED TO THE PROTECTION, RESTORATION, SUSTAINABLE USE AND ENJOYMENT OF THE PROTECTION RESTORATION, SUSTAINABLE USE USE USE USE THE PROTECTION RESTORATION, SUSTAINABLE USE USE USE USE USE THE PROTECTION RESTORATION, SUSTAINABLE USE USE USE USE USE USE THE PROTECTION RESTORATION, SUSTAINABLE USE USE USE USE USE USE THE PROTECTION RESTORATION, SUSTAINABLE USE USE USE USE USE USE USE USE USE THE PROTECTION RESTORATION, SUSTAINABLE USE			SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
Part Summary	1	Tax-ex		or 52	If "No," attach a	list. See instructions
Part Summary						
Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS DEDICATED TO THE PROTECTION, RESTORATION, SUSTAINABLE USE AND ENJOYMENT OF THE PROTECTION of the open dent voting members of the governing body (Part VI, line 1b) 4 19. 4 19 5 Total unumber of individuals employed in calendar year 2023 (Part V, line 2a) 5 70. 6 Total number of volunteers (estimate if necessary) 6 5 70. 7 To Total unrelated business revenue from Part VIII, column (C), line 12 72 0. 8 Contributions and grants (Part VIII, line 1h) 9 Prior Year Current Year 12, 525, 360. 7, 499, 396. 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 11. Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12, 525, 360. 7, 499, 396. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 196, 777. 18, 669. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13, 234, 467. 7, 667, 749. 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 15) 3. 270, 358. 897,758. 16a Professional functiasing fees (Part IX, column (A), line 16) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.				L Yea	ar of formation: 1987 $ m I$	M State of legal domicile: MA
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Total number of individuals employed in calendar year 2023 (Part V, line 2a) S 70	Φ	1				
Total number of individuals employed in calendar year 2023 (Part V, line 2a) S 70	auc					
Total number of individuals employed in calendar year 2023 (Part V, line 2a) S 70	ern	2			1	
Total number of individuals employed in calendar year 2023 (Part V, line 2a) S 70	Š	3				
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Revenue September Septem	Ğ	/a				
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_	B	Net unrelated business taxable income from Form 990-1, Part I, line 11			
9		۵	Contributions and grants (Part VIII line 1h)			
Total revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 1uc, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 16 Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 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. Print/Type or print name and title Print/Type preparer's name CAITLIN LIMOGES, CPA Firm's name AAFCPAS, INC. Firm's address 50 WASHINGTON STREET WESTBOROUGH, MA 01581 Phone no. 508 – 366 – 9100	щe	9				
Total revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 1uc, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 16 Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 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. Print/Type or print name and title Print/Type preparer's name CAITLIN LIMOGES, CPA Firm's name AAFCPAS, INC. Firm's address 50 WASHINGTON STREET WESTBOROUGH, MA 01581 Phone no. 508 – 366 – 9100	ven	10			• •	* *
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 , 234 , 467 .	Be	11				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 .		1				
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3, 270, 358						
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3, 270, 358. 897, 758. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (A), lines 25) 242, 659. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9, 130, 700. 3, 109, 453. 19 Revenue less expenses. Subtract line 18 from line 12 4, 103, 767. 4, 558, 296. 20 Total assets (Part X, line 16) 444,000, 125. 48, 321, 787. 21 Total liabilities (Part X, line 26) 4, 100, 161. 3, 258, 377. 22 Net assets or fund balances. Subtract line 21 from line 20 39, 899, 964. 45,063, 410. 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.		1	D 51 111 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e) 0.	G	45			3,270,358.	897,758.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 J 100 J 161 J 3 J 258 J 377 J 39 J 899 J 964 J 45 J 063 J 410 J 100 J 161 J 3 J 100 J 161 J 100 J	Se	16a				
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19 Revenue less expenses. Subtract line 18 from line 12 4,103,767. 4,558,296. Beginning of Current Year End of Year 44,000,125. 48,321,787. 44,100,161. 3,258,377. 101 Isiabilities (Part X, line 26) 102 Net assets or fund balances. Subtract line 21 from line 20 1039,899,964. 45,063,410. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign MARK RASMUSSEN, PRESIDENT Type or print name and title Print/Type preparer's name CAITLIN LIMOGES, CPA CAITLIN LIMOGES, CPA CAITLIN LIMOGES, CPA Firm's name AAFCPAS, INC. Firm's address Firm's address Firm's EIN 04-2571780 Phone no. 508-366-9100	ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
Beginning of Current Year End of Year		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date MARK RASMUSSEN, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature CAITLIN LIMOGES, CPA CAITLIN LIMOGES, CPA 11/12/24 self-employed P01633588 Preparer Use Only Firm's name AAFCPAS, INC. Firm's low CASHINGTON STREET WESTBOROUGH, MA 01581 Phone no. 508-366-9100			Revenue less expenses. Subtract line 18 from line 12		4,103,767.	4,558,296.
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer MARK RASMUSSEN, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature CAITLIN LIMOGES, CPA CAITLIN LIMOGES, CPA 11/12/24 self-employed point 33588 Preparer Use Only Firm's address 50 WASHINGTON STREET WESTBOROUGH, MA 01581 Phone no. 508-366-9100					39,899,964.	45,063,410.
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Sign Here MARK RASMUSSEN, PRESIDENT Type or print name and title Print/Type preparer's name CAITLIN LIMOGES, CPA Preparer Use Only Firm's address Signature of officer Date Preparer's signature CAITLIN LIMOGES, CPA CAITLIN LIMOGES, CPA Date Print/Type preparer's name CAITLIN LIMOGES, CPA CAITLIN LIMOGES, CPA PIN Firm's lame AAFCPAS, INC. Firm's address SO WASHINGTON STREET WESTBOROUGH, MA 01581 Phone no. 508-366-9100						knowledge and belief, it is
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Use Only Firm's address 50 WASHINGTON STREET WESTBOROUGH, MA 01581 Phone no. 508-366-9100				, 0111		<u> </u>
WESTBOROUGH, MA 01581 Phone no. 508 - 366 - 9100					THIN SEIN S	
	-				Phone no. 50	8-366-9100
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Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Ш
1	Briefly describe the organization's mission: THE ORGANIZATION IS DEDICATED TO THE PROTECTION, RESTORATION,	
	SUSTAINABLE USE AND ENJOYMENT OF BUZZARDS BAY AND ITS WATERSHED.	
	SUSTATIVABLE USE AND ENCOMENT OF BUZZARDS DAT AND ITS WATERSHED.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ? Yes X	ĪΝο.
	If "Yes," describe these new services on Schedule O.	_ 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
Ū	If "Yes," describe these changes on Schedule O.	_ 140
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 \$1, 906, 353. including grants of \$) (Revenue \$ 28, 22'	7.)
	WATERSHED PROTECTION - ACTIVITIES IN OUR WATERSHED PROTECTION PROGRAM	— ′
	INCLUDE LAND CONSERVATION EFFORTS AIMED AT COLLABORATIONS AND	
	ACCELERATING THE RATE OF PERMANENT LAND PROTECTION IN THE BAY	
	WATERSHED. OUR BAY LANDS REVOLVING FUND HELPS LOCAL LAND CONSERVATION	
	INITIATIVES COMPETE IN THE REAL ESTATE MARKET.	
4b	(Code:) (Expenses \$)
	SCIENCE & ADVOCACY - BUZZARDS BAY ADVOCACY PROGRAMS WORK AT THE LOCAL,	
	STATE AND FEDERAL LEVEL TO ENCOURAGE SMART GROWTH, PROTECT IMPORTANT	
	WATERSHED LANDS, REDUCE POLLUTION, PREVENT OILS SPILLS AND IMPROVE	
	SEWAGE TREATMENT.	
4c	(Code:) (Expenses \$ 147 , 260 • including grants of \$) (Revenue \$	
40	COMMUNITY EMGAGEMENT/EDUCATION - THE COALITION PROVIDES PROGRAMS TO	— <i>'</i>
	GIVE ALL BAY RESIDENTS THE OPPORTUNITY TO UNDERSTAND, VALUE AND TAKE A	
	ROLE IN PROTECTING THIS IRREPLACEABLE ASSET, BUZZARDS BAY.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,527,042.	
	Form 990 ((2023)

Form 990 (2023) BUZZARDS BAY COALITION 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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		х
•	Schedule D, Part III	l °		-25
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا	v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	, (), in 199, Complete Concade I, Faite Faite II in imminimum			

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Form 990 (2023) BUZZARDS BAY COALITION
Part IV Checklist of Required Schedules (continued)

	. ,		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See 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? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash 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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u> </u>		
_	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		х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
. =		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_		(2022)

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		-22
n	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
·	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "You " enter the amount of tax exempt interest received or accrued during the year. 12b	12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Form 990 (2023) BUZZARDS BAY COALITION 04-2971978 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to line 2 through 7b bel Page 6

	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			
	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 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		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 appoint one or			
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, u		
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b		8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	- 21	
9		9		Х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21
000	tion B. I offoloo (Inis Section B requests information about policies not required by the internal Revenue Code.)		Yes	Na
10-	Did the expenientian have level charters branches ar offiliates?	10a	X	No
	Did the organization have local chapters, branches, or affiliates?	IUa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b	Х	
44.	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
		Ha	22	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	77	Х
D	Other officers or key employees of the organization	15b		Λ
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		v
	taxable entity during the year?	16a		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed MA Section 6104 requires on exempiration to make its Forms 1003 (1004 or 1004 A if applicable), 900, and 900 T (acetion 501(a))(3)	arl. A	01/0!!-!	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	orlly) a	avallat	л е
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	£	.:_!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 508-989-6363			
	114 FRONT STREET, NEW BEDFORD, MA 02740			

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-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average			((Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
ivanie and the	hours per week	box	, unle	ss per	son i	than o s both or/trus	n an	compensation	compensation from related	amount of other
	(list any hours for	r director				ted		the organization	organizations (W-2/1099-MISC/	compensation from the
	related organizations	trustee o	al truste		yee	m pensa	4	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARK RASMUSSEN	40.00									
PRESIDENT & CEO	0.50	Х	4	X				267,738.	0.	35,411.
(2) BETH MCDERMOTT	40.00									
VP ADVANCEMENT						X		230,485.	0.	16,515.
(3) BRENDAN ANNETT	40.00									
VP WATERSHED PROTECTION	0.50					X		183,680.	0.	15,982.
(4) RACHEL JAKUBA	40.00									
VP BAY SCIENCE						Х		140,995.	0.	20,770.
(5) KORRIN PETERSEN	40.00									
VP ADVOCACY						X		123,590.	0.	20,459.
(6) MICHAEL KELLY	40.00									
VP OPERATIONS						X		130,069.	0.	1,302.
(7) MICHAEL ANGELINI, ESQ	1.00									
CHAIR	0.50	Х		Х				0.	0.	0.
(8) MICHAEL HUGUENIN	1.00									
VICE-CHAIR	0.50	Х		Х				0.	0.	0.
(9) CHRIS SCHADE	1.00								_	_
TREASURER	0.50	Х		Х				0.	0.	0.
(10) MELISSA HASKELL	1.00									_
CLERK		Х						0.	0.	0.
(11) LAURA RYAN SHACHOY	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JOHN BULLARD	1.00									_
DIRECTOR	1	Х						0.	0.	0.
(13) ANDREW DIMMICK	1.00									
DIRECTOR	1	Х						0.	0.	0.
(14) KATHERINE JONES	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(15) D. LLOYD MACDONALD, ESQ	1.00									_
DIRECTOR	1 00	Х				-		0.	0.	0.
(16) CHRISTOPHER NEILL, PHD	1.00	,,							_	_
DIRECTOR	1 00	Х						0.	0.	0.
(17) JULIUS BRITTO	1.00	37							<u> </u>	^
DIRECTOR 332007 12-21-23		X	<u> </u>	<u> </u>		<u> </u>	<u> </u>	0.	0.	0 . Form 990 (2023)

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Form 990 (2023) BUZZARDS	BAY COA	ТТ	TT	ON					04-2971	978 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emr	oloye	ees,	and	ΙΗiς	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Posi		l than c	ne	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	son is	s both	an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trust	iee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ıl trus		ee,	треп		1099-NEC)	1099-14EC)	and related
	below	Individual trustee or director	nstitutional trustee	_	key employee	st co	er	1000 1120,		organizations
	line)	Indivi	Instit	Officer	Кеу е	Highest compensated employee	Former			
(18) VIRGINIA CLARK	1.00									
DIRECTOR		Х						0.	0.	0.
(19) DAVID CROLL	1.00									
DIRECTOR		Х						0.	0.	0.
(20) KENDRA MEDINA	1.00									
DIRECTOR		Х						0.	0.	0.
(21) CHRISTINE PARKS	1.00									_
DIRECTOR		Х						0.	0.	0.
(22) SKYLAH REIS	1.00									_
DIRECTOR		Х						0.	0.	0.
(23) DON DUFAULT	1.00									
DIRECTOR		Х						0.	0.	0.
(24) EMMA GREEN-BEACH	1.00									_
DIRECTOR		Х						0.	0.	0.
(25) PAUL ELIAS	1.00									
DIRECTOR		Х	4				4	0.	0.	0.
1b Subtotal								1,076,557.	0.	110,439.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)					4			1,076,557.	0.	110,439.
2 Total number of individuals (including but n) wh	o re	ceived more than \$100,	000 of reportable	
compensation from the organization									•	6
							_			Yes No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	mple	oye	e, or	hig	hest compensated emp	loyee on	
line 1e2 (clive - II tet - O - te - tet - C										2 X

line 1a? If "Yes," complete Schedule J for such individual 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 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

 3		Х	
 4	X		
 5		X	

Section B. Independent Contractors

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.

the organization. Report compensation for the calcindar year ending with or within the organization stax year.						
(A) Name and business address	(B) Description of services	(C) Compensation				
BRENNAN & FOURNIER						
56 OLIVER DR., BREWSTER, MA 02631	ACCOUNTING	106,369.				
2 Total number of independent contractors (including but not limited to those listed	above) who received more than					

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\$100,000 of compensation from the organization

Form 990 (2023) BUZZARD
Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII Chance Check Chec	nder
### Total. Add lines 1a-1f To	nder
### Total. Add lines 1a-1f Total. Add lines 1a-1f All other program service revenue Sections 51	
b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 2 a b c All other program service revenue f All other program service revenue	
b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 2 a b c All other program service revenue f All other program service revenue	
Business Code 2 a b c d e f All other program service revenue	
Business Code 2 a b c d e f All other program service revenue	
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Business Code 2 a b c d e f All other program service revenue	
2 a b c d d d d d d d d d d d d d d d d d d	
b c c c c c c c c c c c c c c c c c c c	
1. 7 ill other program convented	
1. 7 ill other program convented	
1. 7 ill other program convented	
1. 7 ill other program convented	
1. 7 ill other program convented	
g lotal. Add lines 2a-2f	
3 Investment income (including dividends, interest, and other similar amounts) 152,673.	673.
	073.
4 Income from investment of tax-exempt bond proceeds	
5 Royalties (i) Real (ii) Personal	
6 a Gross rents 6a 40,067.	
b Less: rental expenses 6b 1.	
c Rental income or (loss) 6c 40,066.	066
	066.
7 a Gross amount from sales of (i) Securities (ii) Other	
assets other than inventory 7a 1,086,719.	
b Less: cost or other basis	
and sales expenses	
§ 2 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	989.
d Net gain or (loss)	303.
including \$ 314,434. of	
contributions reported on line 1c). See Part IV. line 18 8a 43,878.	
	624.
c Net income or (loss) from fundraising events -49,62449 9 a Gross income from gaming activities. See	
b Less: direct expenses	
10 a Gross sales of inventory, less returns	
and allowances 10a b Less: cost of goods sold 10b	
c Net income or (loss) from sales of inventory Business Code	
b HIGHMANDOS INCOM	
11 a MISCELLANEOUS INCOME 900099 28,227. 28,227. b	
d All other revenue	
e Total. Add lines 11a-11d 28,227.	
12 Total revenue. See instructions 7,667,749. 28,227. 0. 140	

332009 12-21-23

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 85,566. 68,452. 17,114. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 118,996. 659,790. 420,721. 120,073. Other salaries and wages 7 Pension plan accruals and contributions (include 36,750. 24,191. 12,559. section 401(k) and 403(b) employer contributions) 32,796. 54,916. 22,120. Other employee benefits 9 60,736. 24,364. 36,372. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting 2,503. 2,503. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,060,934 1,008,779. 50,593. 1,562. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 94,268. 70,496. 18,305. 5,467. Office expenses 13 24,954. 1,859. 20,152. 2,943. Information technology 14 15 Royalties 69,677. 58,798. 10,879. 16 Occupancy 17,701. 15,472. 944. 1,285. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 9,640. 2,366. 7,274. Conferences, conventions, and meetings 19 49,129. 49,129. 20 Payments to affiliates 21 175,929. 153,182. 22,747. Depreciation, depletion, and amortization 22 36,393. 12,235. 23,958. 200. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 528,997. 528,997. LOSS ON IMPAIRMENT OF C $43,\overline{291}$ 41,984. PROGRAM SUPPLIES 1,307. 38,984. 38,984. LAB ANALYSIS 35,021.35,021. LAND PROTECTION COSTS 24,274. 257. 24,017. All other expenses 3,109,453. 2,527,042. 339,752. 242,659. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2023)

Part X | Balance Sheet

Paı	rt 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	Cash - non-interest-bearing	305,283.	1	2,690,647
	2	Savings and temporary cash investments	1,483,725.	2	1,779,086
	3	Pledges and grants receivable, net	2,196,510.	3	2,133,461
	4	Accounts receivable, net	671,600.	4	1,038,723
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	198,675.	9	123,482
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 16,861,308.	4		
	b	Less: accumulated depreciation 10b 3,828,225.		10c	13,033,083 8,316,616
	11	Investments - publicly traded securities	7,563,174.	11	8,316,616
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	18,686,207.	15	19,206,689
	16	Total assets. Add lines 1 through 15 (must equal line 33)	44,000,125.	16	48,321,787
	17	Accounts payable and accrued expenses	677,817.	17	736,524
	18	Grants payable	770 CC4	18	10.660
	19	Deferred revenue	772,664.	19	18,668
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u> </u>		controlled entity or family member of any of these persons	2 640 690	22	2 502 105
_	23	Secured mortgages and notes payable to unrelated third parties	2,649,680.	23	2,503,185
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		O.E.	
	06	of Schedule D	4,100,161.	25 26	3,258,377
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	4,100,101.	20	3,230,311
S		and complete lines 27, 28, 32, and 33.			
ŭ	27	Net assets without donor restrictions	27,457,954.	27	27.078.817
3ala	28	Net assets with donor restrictions	12,442,010.	28	27,078,817 17,984,593
힏		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	39,899,964.	32	45,063,410
Z	33	Total liabilities and net assets/fund balances	44,000,125.	33	48,321,787
	, 55	Total maximiles and not assets/fund salahoes	12,000,220	00	Form 990 (20)

	330 (2020)	<u> </u>	-,,-	•	ıα	gc
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,4	
3	Revenue less expenses. Subtract line 2 from line 1	3				96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39			64.
5	Net unrealized gains (losses) on investments	5		60	5,1	50.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	45	,06	3,4	10.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C).			
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?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Inspection
Employer identification number

OMB No. 1545-0047

BUZZARDS BAY COALITION 04-2971978 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8286022.	10050595.	7448217.	12525360.	7499396.	45809590.
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	8286022.	10050595.	7448217.	12525360.	7499396.	45809590.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				4		
	supported organization) included						
	on line 1 that exceeds 2% of the			\			
	amount shown on line 11,						
	column (f)						3391395.
6	Public support. Subtract line 5 from line 4.						42418195.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	8286022.	10050595.		12525360.		45809590.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	109,973.	179,695.	425,684.	384,878.	192,740.	1292970.
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.)	55,000.					55,000.
11	Total support. Add lines 7 through 10						47157560.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	651,775.
	First 5 years. If the Form 990 is for th			fourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stor	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	89.95 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	82.06 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. 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	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-	•			s
							(Form 990) 2023

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	clow, picase comp	olete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1) = 1 + 2	(2)====	(-,	(3)====	(0, ====	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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 business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(a) 2019	(b) 2020	(C) 2021	(a) 2022	(e) 2023	(f) Total
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1		
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	. —
60	check this box and stop here	a Cunnart Day					
	ction C. Computation of Publ			. (2)		T T	
	Public support percentage for 2023 (•	.,,		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Invest		-			16	<u>%</u>
	Investment income percentage for 20			ne 13 column (f)	1	17	%
	Investment income percentage from					18	——————————————————————————————————————
	a 33 1/3% support tests - 2023. If the						
198	more than 33 1/3%, check this box at					-41	
k	33 1/3% support tests - 2022. If the	e organization did n	not check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	an did not check a	box on line 14 19:	a or 19h check t	his hox and see in	structions	

332023 12-21-23

Schedule A (Form 990) 2023

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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	_		
	3c		
	_		
	4a		
	Al-		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ol-		
	9b		
	90		
	9с		
	10a		
	150		
	10b		
_	A /Farm	~ 000	2002

332024 12-21-23 Schedule A (Form 990) 2023

Par	t IV Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
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		
b	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			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			1
	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		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	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			1
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see institution)	ruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting) Orga	nizations	. aga a
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	,
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		A	
	instructions for short tax year or assets held for part of year):			
а	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	on 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-functionally	/ inteara	ited Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _{(continu}	ıed)	
<u>Secti</u>	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				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
Section E - Distribution Allocations (see instructions) (i) Excess Distributions Underd Pro					(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
<u>c</u>	From 2020				
<u>d</u>	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i_</u>	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<u> e </u>	Excess from 2023				

Schedule A (Form 990) 2023

T dit Vi	Part IV line 1; I Sectior	, Section <i>A</i> Part IV, Se	A, lines 1 ection D, 5, 6, and	, 2, 3b lines 2	3c, 4b, 4c and 3; Par	, 5a, 6, 9a, 9 t IV, Sectior	9b, 9c, 1 n E, lines	1a, 11b, 1c, 2a, 2	by Part II, line and 11c; Par 2b, 3a, and 3 o complete th	t IV, Sec b; Part V	tion B, lin , line 1; P	es 1 and art V, Se	l 2; Part I\ ction B, li	V, Section C, ine 1e; Part V,
SCHED	ULE A	, PAR	T II											
IN 20	23, T	HE OR	GANI	ZATI	ON CH	ANGED	THEI	R YE	AR END	FROM	9/30	ТО	12/31	. A
SHORT	YEAR	FORM	990	IS	BEING	FILED	FOR	THE	PERIOD	10/	1/202	3-12	/31/2	023.
										4				
								V						
					,									

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

2023

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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) organizations: Complete Part III.

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.				
Nam	e of organization				Emplo	oyer identification number
	BUZZARD	S BAY COALITION			_	04-2971978
Pa	rt I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 52	7 org	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures				
Pai	rt I-B Complete if the org	anization is exempt und	ler section 501(c)(3).		
	Enter the amount of any excise tax	-			\$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955		\$	
	If the organization incurred a section					
	Was a correction made?					
	If "Yes," describe in Part IV.					
Pai	rt I-C Complete if the org	anization is exempt und	ler section 501(c),	except section 5	01(c)	(3).
1	Enter the amount directly expended	I by the filing organization for se	ection 527 exempt funct	ion activities	\$	
2	Enter the amount of the filing organ	ization's funds contributed to of	ther organizations for se	ection 527		
	exempt function activities				\$	
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL,			
	line 17b	/	,		\$	
4	Did the filing organization file Form	1120-POL for this year?				Yes No
	Enter the names, addresses, and en made payments. For each organiza contributions received that were pro-	tion listed, enter the amount pai	id from the filing organiz	ation's funds. Also en	ter the	amount of political
	political action committee (PAC). If			•	parato	o sogrogatou runa or a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, enter	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

Part II-A Complete if the org	ianization is exe	npt under section	501(c)(3) and file		ction under
section 501(h)).	,				
A Check if the filing organiza	ation belongs to an aff	iliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and sha	re of excess lobbying	expenditures).			
B Check if the filing organiza	ation checked box A a	nd "limited control" pro	visions apply.		
Limi	its on Lobbying Expe	nditures		(a) Filing	(b) Affiliated group
		unts paid or incurred.)		organization's totals	totals
1a Total lobbying expenditures to infl	uence public opinion	grassroots lobbying)		1,205.	
b Total lobbying expenditures to infl	uence a legislative bo	dy (direct lobbying)		1,298.	
c Total lobbying expenditures (add l	ines 1a and 1b)			2,503.	
d Other exempt purpose expenditure	es			3,106,950.	
e Total exempt purpose expenditure	es (add lines 1c and 1d	d)		3,109,453.	
f Lobbying nontaxable amount. Ent	n columns.	305,473.			
If the amount on line 1e, column (a) o	ount is:				
not over \$500,000,					
over \$500,000 but not over \$1,000	ess over \$500,000.				
over \$1,000,000 but not over \$1,5	00,000, \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,	ss over \$1,500,000.				
over \$17,000,000,		76.060			
g Grassroots nontaxable amount (er		76,368.			
h Subtract line 1g from line 1a. If zer	o or less, enter -0-	4		0.	
i Subtract line 1f from line 1c. If zero	,			0.	
j If there is an amount other than ze		line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this					Yes No
		eraging Period Under	` '		
(Some organizations t		01(h) election do not l ate instructions for lir	•	of the five columns be	low.
		nditures During 4-Yea			
Calendar year	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
(or fiscal year beginning in)					
2a Lobbying nontaxable amount	368,862.	440,671.	605,606.	305,473.	1,720,612.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					2,580,918.
		1			
c Total lobbying expenditures	7,905.	8,365.	6,626.	2,503.	25,399.
d Grassroots nontaxable amount	92,216.	110,168.	151,402.	76,368.	430,154.
e Grassroots ceiling amount					
(150% of line 2d, column (e))					645,231.

Schedule C (Form 990) 2023

4,535.

1,205.

1,830.

f Grassroots lobbying expenditures

1,500.

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(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:				
	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	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 not be 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? t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	. or sec	tion	
	501(c)(6).		, 0. 000		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
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 tIII-B Complete if the organization is exempt under section 501(c)(4), section	e prior year?	3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			II-A, line	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).	cai			
_	· · · · · · · · · · · · · · · · · · ·		20		
	Current year				
	Carryover from last year				
	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3, what portion of the exceeds the				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pr				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par			-	ı	
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-A	lines 1 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	(

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

BUZZARDS BAY COALITION

Employer identification number 04-2971978

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts.	 Complete if th 	е
		(a) Donor advi	sed funds	(b) Funds	and other accou	nts
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	held in donor advis	sed funds		
	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	any other purpose	conferring		
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "\	es" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply	r).			
	X Preservation of land for public use (for example, recreati	ion or education)	Preservation o	f a historically imp	oortant land area	
	X Protection of natural habitat		Preservation o	f a certified histor	ic structure	
	X Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	ibution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of the	e Tax Year
а	Total number of conservation easements			2a		67
b			/		3,129	.12
С	Number of conservation easements on a certified historic structure	cture included on line	2a	2c		
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006	6, and not			
	on a historic structure listed in the National Register			2d		64
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	r terminated by the	e organization dur	ing the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located	1			
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ection, handling of			
	violations, and enforcement of the conservation easements it I	holds?			X Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing con	servation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handli 26 , 800 .	ing of violations, and	enforcing conserva	tion easements d	uring the year	
8	Does each conservation easement reported on line 2d above s	satisfy the requiremen	its of section 170(h	n)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	X 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	n's financial statem	ents that describe	es the	
	organization's accounting for conservation easements.					
Pai	rt III Organizations Maintaining Collections of	Art, Historical Tr	easures, or O	ther Similar A	ssets.	
	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	B, not to report in its re	evenue statement a	and balance sheet	t works	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	on, or research in f	urtherance of pub	lic	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that d	escribes these iten	ns.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its reven	ue statement and	balance sheet wo	rks of	
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furt	nerance of public	service,	
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical trea-	sures, or other similar	assets for financia	ıl gain, provide		
	the following amounts required to be reported under FASB AS	SC 958 relating to the	se items:			
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	for Form 990.		Sc	hedule D (Form	990) 2023

Par	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Simila	r Asset	s (continue	d)					
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its												
	collection items (check all that apply).												
а	Public exhibition	d	Loan or exc	hange program									
b	Scholarly research	е	Other										
С	c Preservation for future generations												
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt purpo	se in Part	XIII.						
5													
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No												
Par	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or												
	reported an amount on Form 990, Part X, line 21.												
1a	1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included												
	on Form 990, Part X? Yes No												
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:												
							Amount						
С	Beginning balance				1c								
d	Additions during the year												
е	· · · · · · · · · · · · · · · · · ·												
f	Ending balance				1f								
2a	Did the organization include an amount on Fo				oility?		Yes	No					
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part XIII			[
Par	rt V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line	10.								
		years back	(e) Four yea	ars back									
1a	Beginning of year balance	of year balance 9,747,012. 5,905,975. 7,019,953. 4,764,4											
b													
С	Net investment earnings, gains, and losses	936,619.	666,826.	-1,109,489	. 6	64,945.	27	8,188.					
d	Grants or scholarships												
е													
	and programs	3,805,414.	217,384.	139,082	. 1	29,450.	10	6,367.					
f													
g		10,269,812.	9,747,012.	5,905,975	. 7,0	19,953.	4,76	4,458.					
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:			•						
а	Board designated or quasi-endowment	21.1400	%										
b	Permanent endowment 57.7800	%											
С	Term endowment 21.0800	%											
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.											
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	d administered for	the								
	organization by:						Ye	s No					
	(i) Unrelated organizations?						3a(i)	X					
	(ii) Related organizations?						3a(ii)	X					
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b						
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.										
Par	rt 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 3	K, line 10.								
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulate	ed	(d) Book va	alue					
		basis (investn	nent) basis	(other) c	lepreciation	1							
1a	Land			0,562.			1,410,						
b	Buildings		13,75	9,283. 2	,827,7	97. 1	.0,931,	486.					
С	Leasehold improvements												
d		II		1,867.	889,0			836.					
е	Other		55	9,596.	111,3		448,	199.					
Total	II. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X line 10c column	(B))		1	3,033,	083.					

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 BUZZARDS BAY Part VIII Investments - Other Securities	COALITION	0	4-2971978 _{Page}
Complete if the organization answered "Yes" of	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 ea	nd-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)	4		
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description	¥	(b) Book value
(1) CONSERVATION PROPERTIES			18,448,901
(2) CONSTRUCTION IN PROCESS			757,788
(3)			
(4)			
(5)			
(6)			
(7)	7		
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		19,206,689
Part X Other Liabilities Complete if the organization answered "Yes" of			5
(a) Description of liability	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110 01 1111 000 1 0111 000, 1 0117, 1110 2	(b) Book value
(1) Federal income taxes			<u> </u>
(2)			
(3)			
(4)			
(5) (6)			+

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

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 ... X

Schedule D (Form 990) 2023

(7) (8) (9)

Sche	dule D (Form 990) 2023 BUZZARDS BAY COALITION		04-2971978	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenเ		
	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	(1 4 . 1		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Expen	ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	5	
Pa	t XIII Supplemental Information			
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; F	Part V, line 4; Part X, line 2; Part XI,	
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
PAI	RT II, LINE 5:			
BBC	C CONDUCTS AT LEAST ONE MONITORING VISIT	PER YEAR ON	EACH EASEMENT	

PROPERTY. BBC STAFF REVIEWS THE MEMORANDUM OF UNDERSTANDING (MOU) IF AN EASEMENT IS CO-HELD WITH ANOTHER ENTITY. BBC COMPARES THE CURRENT PROPERTY CONDITIONS WITH THE WRITTEN OBSERVATIONS AND PHOTOS FROM THE PREVIOUS MONITORING VISIT AND WILL MAKE SPECIAL NOTE OF ANY MAJOR NATURAL OR MAN-MADE CHANGES. BBC RECORDS ALL INFORMATION AND OBSERVATIONS NECESSARY FOR MONITORING REPORT IN FIELD NOTES. IF A VIOLATION IS FOUND ON THE PROPERTY, THE OWNER AND OTHER EASEMENT HOLDER WILL BE NOTIFIED IN WRITING IMMEDIATELY REGARDING THE NATURE OF THE VIOLATION AND ANY CORRECTIVE ACTION NEEDS TO TAKE PLACE.

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

PART II, LINE 9:

ALTHOUGH CONSERVATION RESTRICTIONS ARE REAL PROPERTY RIGHTS, THEY POSSESS

LITTLE OR NO MARKET VALUE DUE TO THE RESALE MARKET THAT IS LIMITED TO

OTHER CONSERVATION ENTITIES. BECAUSE OF THE LIMITED MARKET AND DUE TO THE

OBLIGATIONS INHERENT IN CONSERVATION RESTRICTION OWNERSHIP, THE

ORGANIZATION CONSERVATION RESTRICTION HOLDINGS ARE NOT REFLECTED IN THE

ACCOMPANYING COMBINED FINANCIAL STATEMENTS AS EITHER ASSETS OR

LIABILITIES. THE COST TO ACQUIRE A CONSERVATION RESTRICTION IS REFLECTED

AS AN EXPENSE.

PART V, LINE 4:

TO SUPPORT THE OPERATIONS AND PROGRAMS OF THE BUZZARDS BAY COALITION.

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE
WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR
UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND
MEASUREMENT ATTRIBUTE FOR THE COMBINED FINANCIAL STATEMENTS REGARDING A
TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE
ORGANIZATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS
WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED
FINANCIAL STATEMENTS AT DECEMBER 31, 2023. BBC'S INFORMATION RETURNS ARE
SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number BUZZARDS BAY COALITION 04-2971978 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-13-23

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

Schedule G (Form 990) 2023

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

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.												
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events							
Revenue			OCT 2023	OCT 2023		(add col. (a) through							
			RIDE	GOLF	3	col. (c)							
			(event type)	(event type)	(total number)	COI. (C))							
eve	1	Gross receipts	340,340.	17,972.		358,312.							
ď													
	2	Less: Contributions	311,424.	3,010.		314,434.							
			-										
	3	Gross income (line 1 minus line 2)	28,916.	14,962.		43,878.							
	4	Cash prizes											
es	5	Noncash prizes	1,849.	4,531.		6,380.							
ens	6	Rent/facility costs											
Ϋ́													
Direct Expenses	7	Food and beverages	14,809.	1,632.		16,441.							
Öire													
_	8	Entertainment	1,100.			1,100.							
		Other direct expenses	67,615.	1,966.		1,100. 69,581.							
		Direct expense summary. Add lines 4 through	93,502.										
		10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d)											
11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than													
		\$15,000 on Form 990-EZ, line 6a.											
_			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add							
nue			(a) billigo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))							
Revenue													
Ж	1	Gross revenue											
S	2	Cash prizes											
Direct Expenses													
é	3	Noncash prizes											
Û													
<u>ie</u>	4	Rent/facility costs											
	5	Other direct expenses											
			Yes %	Yes %	Yes %								
	6	Volunteer labor	No	No	No								
	7	Direct expense summary. Add lines 2 through	5 in column (d)										
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)										
		ter the state(s) in which the organization condu											
		the organization licensed to conduct gaming ac				Yes No							
b	If "	No," explain:											
	_												
	_												
		ere any of the organization's gaming licenses re		-	/ear?	Yes No							
b	lf "	Yes," explain:											
	_												

Sch	edule G (Form 990) 2023 BUZZARDS BAY COALTITION 04	-297	1978	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\square	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:			
	The organization's facility	13	a	%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
•	Enter the hame and address of the person who propares the organization of garming operation of the court and records.			
	Name			
	- Traine			
	Address			
	Address			
45.	Dona the approximation have a continuate with a third part. From whom the approximation was in a continuous according		Yes	No
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		_ res	
Ľ	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	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 the			
	organization's own exempt activities during the tax year \$			
Pa	IT 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 J (Form 990)

Department of the Treasury

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.

Open to Public

Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

OMB No. 1545-0047

BUZZARDS BAY COALITION

04-2971978

Pa	art I Questions Regarding Compensation							
			Yes	No				
1a	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			l				
	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)			l				
				l				
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		<u> </u>				
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.							
	X Compensation committee			l				
	Independent compensation consultant X 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			l				
	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:	_		v				
	The organization?	5a		X				
b	Any related organization?	5b		<u> </u>				
_	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:	0-		v				
	The organization?	6a		X				
b	Any related organization?	6b		lack				
-	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	_		У				
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			х				
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8						
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9	- 1	i				

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation 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) MARK RASMUSSEN	i)	267,738.	0.	0.	20,832.	14,579.	303,149.	0.
PRESIDENT & CEO		0.	0.	0.	0.	0.	0.	0.
(2) BETH MCDERMOTT	i)	230,485.	0.	0.	10,048.	6,467.	247,000.	0.
VP ADVANCEMENT (i		0.	0.	0.	0.	0.	0.	0.
(3) BRENDAN ANNETT	i)	183,680.	0.	0.	14,680.	1,302.	199,662.	0.
VP WATERSHED PROTECTION (i	i)	0.	0.	0.	0.	0.	0.	0.
(4) RACHEL JAKUBA	i)	140,995.	0.	0.	11,201.	9,569.	161,765.	0.
VP BAY SCIENCE	i)	0.	0.	0.	0.	0.	0.	0.
	i)							
(i	i)							
	i) _							
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

	E	SUZZARD	S BP	AY COAL	T.T.T	ON					04	-29	/ 1 9	/ 8		
Part I	Excess Bene															
	Complete if the o	organization a	nswer	ed "Yes" on F	orm (990, Pa	art IV, I	ine 25a or 25b	; or	Form 990-EZ, Pa	art V, I	ne 40	b.			
1 (a) N	ame of disqualified p	person ((b) Relationship between disqualified person and organization				lified	(c) Description of transaction			n			Corrected'es No		
(1)																
(2)																
(3)														+	-	
														+		
(4)														+	-	
(5)														+	-+	
(6)								<u> </u>								
	r the amount of tax i	-	-		-		-	•	-	•						
3 Ente	er the amount of tax,	if any, on line	2, abo	ove, reimburs	ed by	the or	ganiza	tion				\$				
D		., -														
Part II	Loans to and	l/or From	Intere	ested Pers	sons											
	Complete if the o	organization a	nswer	ed "Yes" on F	orm 9	990-EZ	, Part	V, line 38a, or	Forn	n 990, Part IV, Iir	ne 26;	or if th	ne orga	ınizatio	on	
	reported an amo	unt on Form	990, Pa	art X, line 5, 6	, or 2	2.										
	(a) Name of	(b) Relations		(c) Purpose		oan to or m the	1	e) Original	(f) Balance due		In	(h) Approve by board or		r (1) *********	
inte	erested person	with organiza	tion	of loan		iization?	principal amount				default?		comm			
					То	From	K .				Yes	No	Yes	No	Yes	No
(1)																
(2)																
(3)																
(4)																
(5)																
(6)						1										
(7)																
(8)																
(9)						+										
(10)					_											
Total	Overste ev Ae			Itina Inta				\$								
Part II																
	Complete if the o	organization a	nswer	ed "Yes" on F	orm 9	990, Pa	art IV, I	line 27.		Г						
(a)	Name of interested p	person		Relationship			(c) Amount of		(d) Type				Purp		
			in	terested pers the organiza		nd		assistance		assistan	ce		á	assista	ınce	
				trie Organiza	ation											
(1)																
(2)																
(3)																
(4)																
(5)																
(6)																
(7)																
(8)																
(9)																
(10)																

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

Schedule L (Form 990) 2023

Schedu	ıle L (Form 990) 2023 BUZZAR	DS BAY	COA	LITI	ON		04-2971	978	Page 2
Part									<u>. a.ge = </u>
	Complete if the organization answered	"Yes" on For	m 990	Part IV	line 28a 28	Rb or 28c			
	(a) Name of interested person	(b) Relation				(c) Amount of	(d) Description of		aring of
	(a) Name of interested person			e organ		transaction	transaction	organiz rever	zation's
		'		3					
(A)CE	RIS NEILL	MEMBER	○ □	тиг	DOVDD	24 030	A BOARD MEM	Yes	No X
	IKIS NEIDD	MEMDEK	OF	1115	DUARD	34,333.	A BOARD MEM		
(2)									
(3)									
(4)									
_(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
Part	V Supplemental Information								
	Provide additional information for respo	nses to ques	stions o	on Sche	dule L. See	instructions.			
SCH	L, PART IV, BUSINESS TH	RANSACT	ION	S IN	VOLVIN	G INTERESTE	D PERSONS:		
	,								
(A)	NAME OF PERSON: CHRIS I	NEILL							
(== /									
(B)	RELATIONSHIP BETWEEN II	NTEREST	ΈD	PERS	ON AND	ORGANIZATI	ON:		
\ \ \ \ \		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			011 11113	011011111111111111111111111111111111111	0211		
меме	BER OF THE BOARD OF DIR	ECTOR S							
MISMI	SER OF THE BOARD OF DIRE	BCTOND							
(D)	DESCRIPTION OF TRANSACT	תר⊃אז• ז	BO	A D D	MEMBED	OF THE ORG	ANIZATION		
(D)	DESCRIPTION OF TRANSAC	IION. A	<u> </u>	AILD	MEMDER	OF THE ONG	ANIZATION		
ד סווח	ING FISCAL YEAR 2023 IS	AT.CO A	СШ	7 D.D.	MEMBED		PANY THAT T	UD	
DOIL	NG FIDCAL TEAR 2025 ID	ALSO A	1 01	ALL	MEMDER	OF THE COM	IANI IIAI I.	ندد،	
ODCZ	NITZAMION IIMII IZEC EOD I	7 D O D 7 II	ODV	CED	VICEC	momat Evo	PMCPC TMCHD	משם	
ORGA	NIZATION UTILIZES FOR 1	LABURAT	ORI	SER	AICEP.	TOTAL EXP	ENSES INCUR	KED	
EOD.	MILE DEDICE COMODED 1 -M) DECEM	מפתו	21	2022	T-T-A C C E 4 O 4 O			
FOR	THE PERIOD OCTOBER 1 TO) DECEM	IBEK	31,	2023	WAS \$54,949			

SCHEDULE M (Form 990)

Name of the organization

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

BUZZARDS BAY COALITION

Employer identification number 04-2971978

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	ts
1	Art - Works of art						
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	Х	11	407,143.	FAIR MARKET	VALUE	
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	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens	_					
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()		_				
29	Number of Forms 8283 received by the organization	-	•				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			Τ
00-	Design the constant of the constant of the constant of	4. 11 41		and and the David I. Process of Albertain		Yes	No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of the					00-	х
	exempt purposes for the entire holding period?					30a	<u> </u>
	,	alia, that ra	autica tha ravious	of any nanatandard contribut	iono?	31 X	
31	Does the organization have a gift acceptance p				lions?	31 X	
32a	Does the organization hire or use third parties or contributions?		-			32a X	
b						52a 21	
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is che	cked		
55	describe in Part II.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a type or property	10. Willon Coldinin (a) is Che	Jilou,		
	GOOGING III I AIL II.						

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

Schedule M (Form 990) 2023

18	s report	ıng ın Pai	I l Informat rt I, column (b additional info), the numb	de the per of c	information reque contributions, the	ired by Part I, I number of iter	lines 30b, 32b, and ms received, or a d	d 33, a combir	and whether the organization nation of both. Also complete
SCHEDUL	E M,	LIN	E 32B:							
BUZZARD	S BA	Y CO	ALITION	USES	A B	ROKERAGE	FIRM'S	SERVICES	то	LIQUIDATE
GIFTS O	F ST	OCK.								
332142 09-11-23										Schedule M (Form 990) 202

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

BUZZARDS BAY COALITION

Employer identification number 04-2971978

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BUZZARDS BAY AND ITS WATERSHED. FORM 990, PART VI, SECTION B, LINE 11B: MANAGEMENT WORKS WITH THE EXTERNAL AUDITORS TO PREPARE THE FINANCIAL INFORMATION AND COMPILE THE DISCLOSURES REQUIRED FOR THE FORM 990. UPON THE PRESIDENT AND THE TREASURER REVIEW AND APPROVE THE FORM ITS COMPLETION, 990. ONCE APPROVED THE RETURN IS PROVIDED TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: THE OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE FORMALLY REQUESTED TO DISCLOSE ANY CONFLICTS OF INTEREST ANNUALLY AND THEY ARE ASKED TO SIGN A DISCLOSURE FORM. FORM 990, PART VI, SECTION B, LINE 15A: THE PRESIDENT PROVIDES THE EXECUTIVE COMMITTEE WITH COMPARABLE SALARY DATA OBTAINED FROM SIMILAR ORGANIZATIONS' 990'S. THE EXECUTIVE COMMITTEE USES THIS DATA AS PART OF ITS DECISION MAKING PROCESS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE MASSACHUSETTS NON PROFIT ANNUAL FILINGS WEBSITE THROUGH THE SECRETARY OF STATE. FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACTUAL SERVICES:

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

1,008,779. Schedule O (Form 990) 2023

LHA 332211 11-14-23

PROGRAM SERVICE EXPENSES

Schedule O (Form 990) 2023

Name of the organization

PAGE 2

Employer identification number

0.4 20.71 0.79

BUZZARDS BAY COALITION 04 - 2971978MANAGEMENT AND GENERAL EXPENSES 50,593. FUNDRAISING EXPENSES 1,562. 1,060,934. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,060,934. FORM 990, PART XII, LINE 2C: THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR.

332212 11-14-23 Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BUZZARDS BAY	04-29	04-2971978					
Part I Identification of Disregarded Entities. Comp	elete if the organization answered "Y	es" on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total inco	(d) (e) Total income End-of-year as		(f) irect controllin entity	ng
Part II Identification of Related Tax-Exempt Organications during the tax year.	zations. Complete if the organization	on answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more related to	ax-exempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct control entity	ling _{con}	512(b)(13) strolled ntity?
ACUSHNET RIVER RESERVE INC - 27-3510550 114 FRONT STREET NEW BEDFORD, MA 02740	LAND PROTECTION	MASSACHUSETTS	501(C)(3)		N/A	Tes	X

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

Schedule R (Form 990) 2023

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	managii	or Percentaç ownershi
		country)		sections 512-514)		433013	Yes	No	20 of Schedule K-1 (Form 1065)	Yes N	0
										$\perp \perp$	
	_										
							_			\vdash	
	_										
							-			++	
	_										
	_										

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

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

Schedule R (Form 990) 2023

Page 3

Yes No

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

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

1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed	in Parts II-IV?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		X
	b Gift, grant, or capital contribution to related organization(s)		1b		X
	c Gift, grant, or capital contribution from related organization(s)		1c		Х
	d Loans or loan guarantees to or for related organization(s)		1d		X
	e Loans or loan guarantees by related organization(s)		1e		X
f	f Dividends from related organization(s)		1f		X
	g Sale of assets to related organization(s)		1g		X
	h Purchase of assets from related organization(s)		1h		Х
	i Exchange of assets with related organization(s)		1i		X
	j Lease of facilities, equipment, or other assets to related organization(s)		1j		X
k	k Lease of facilities, equipment, or other assets from related organization(s)		1k		X
	l Performance of services or membership or fundraising solicitations for related organization(s)		11		X
	m Performance of services or membership or fundraising solicitations by related organization(s)		1m		X
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		X
	Sharing of paid employees with related organization(s)		10	Х	
р	p Reimbursement paid to related organization(s) for expenses		1p		Х
	q Reimbursement paid by related organization(s) for expenses		1q		X
·					
r	r Other transfer of cash or property to related organization(s)		1r		Х
	s Other transfer of cash or property from related organization(s)		1s		X
	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered		•		
	(a) (b) (c) Name of related organization Transaction type (a-s)	(d) Method of determining amount invol	ved		
1)	1)				
_,					
2)	2)				
٥١					
3)	3)				
41					
4)	4)				
E)					
5)	5)				
C)					
6) 	•	Schedule R	/Ee==	, 000	2022
3216	32163 09-28-23	Scriedule R	(rorn	ı 99U)	2023

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	Disproportionate allocations Yes No	General o managing partner?	(k) Percentage ownership
					1				

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 04-2971978 BUZZARDS BAY COALITION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 114 FRONT STREET return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW BEDFORD, MA 02740 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return Application Is For Return Code Code Form 4720 (other than individual) Form 990 or Form 990-EZ 01 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of THE ORGANIZATION 114 FRONT STREET - NEW BEDFORD, MA 02740 Telephone No. 508-989-6363 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ____ calendar year 20 _____ or OCT 1 _____ , 20 <u>23</u> , and ending _____ X tax year beginning _____ DEC 31 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return X Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

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 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

ΑF	or the	\pm 2022 calendar year, or tax year beginning $$ OCT $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	nding S	<u>EP 30, 2023</u>					
	Check if applicable	C Name of organization		D Employer identifi	cation number				
	Addres								
	□Name □change □Initial	<u> </u>		04-29719					
	return _Final _return/	114 FRONT STREET	loom/suite	E Telephone number 508-999-6363					
	termin- ated			G Gross receipts \$ 13,622,272.					
Ļ	Ameno return Applic	NEW BEDFORD, MA 02/40		H(a) Is this a group re					
	tion pendin	F Name and address of principal officer. HARR RADIFORDER		for subordinates	—				
		SAME AS C ABOVE		H(b) Are all subordinates in					
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or e: WWW.SAVEBUZZARDSBAY.ORG	527	<i>'</i>	list. See instructions				
	Nebsit	organization: X Corporation Trust Association Other	I Vear	H(c) Group exemption 1987	M State of legal domicile: MA				
		Summary	L Tear (VI State of legal dofficile, 1111				
	1	Briefly describe the organization's mission or most significant activities: THE OI	RGANI	ZATION IS D	EDICATED TO				
Governance		THE PROTECTION, RESTORATION, SUSTAINABLE U							
rnai	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets.				
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	20				
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	19				
es &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			63				
ξį		Total number of volunteers (estimate if necessary)			540				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0 . Current Year				
		Ocal-Stations and mode (De t.) (III. For All.)		Prior Year 7,448,217.	12,525,360.				
ne	8	Contributions and grants (Part VIII, line 1h)		7,440,217.	0.				
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		380,041.	512,330.				
Be	10 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		81,409.	196,777.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,909,667.	13,234,467.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
w	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,548,493.	3,270,358.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ē	b	Total fundraising expenses (Part IX, column (D), line 25) 691,083	3.						
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,264,920.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,813,413.	9,130,700.				
	19	Revenue less expenses. Subtract line 18 from line 12		2,096,254.	4,103,767.				
Net Assets or				ginning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)		<u>38,247,593.</u>	44,000,125.				
et A	21	Total liabilities (Part X, line 26)		3,309,659.	4,100,161.				
Z.	22 art II	Net assets or fund balances. Subtract line 21 from line 20		34,937,934.	39,899,964.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nte and to the heet of my	/ knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			r knowledge and belief, it is				
truo	, 001100	t, and complete. Declaration of property (early than officer) to become of an information of which	л ргорагог	nao any knowledge:					
Sig	n	Signature of officer		Date					
Her		MARK RASMUSSEN, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	i	CAITLIN LIMOGES, CPA CAITLIN LIMOGES,	CPA 0	8/15/24 self-employ					
Prep	oarer	Firm's name AAFCPAS, INC.		Firm's EIN 0	4-2571780				
Use	Only	Firm's address 50 WASHINGTON STREET							
		WESTBOROUGH, MA 01581		Phone no. 50	8-366-9100				
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No				

Form 990 (2022) BUZZARDS BAY COALITION, INC. 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	Х	
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		Х
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	<u> </u>		
Ŭ	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,	_		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-	- 21	
0	, ,	8		x
•	Schedule D, Part III	-		122
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	, the first control of the first tent is a second of the first tent in the first ten			

	990 (2022) BUZZARDS BAY COALITION, INC. 04-297	<u> 1978</u>	P	age '
Pai	rt IV Checklist of Required Schedules (continued)		1	
			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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,,
	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			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			\ .
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05.		.
	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%	00		_v
	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	0.7		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		┝≏
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		v	
	"Yes," complete Schedule L, Part IV	28a	X	Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		 ^
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			.
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		_v
•	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		 ^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		_v
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		_v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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-	Part V, line 1	34	Λ	х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		┝≏
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	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?	00		_v
07	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?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	X	l
ı al				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 I 🕶	L
	Educibio mark and a first 4000 Ed. 0 W. J. J. J	2	Yes	No
_		<u>2</u> 0		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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1c X Form 990 (2022)

(gambling) winnings to prize winners?

Form 990 (2022) BUZZARDS BAY COALITION, INC.

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

	o o i lectrimaca)		1	
0-	Enter the number of employees reported an Form W.C. Transmittel of Wage and Tay Statements		Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 63			
h	filed for the calendar year ending with or within the year covered by this return 2a 6 3 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
b 3a		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.5		
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country	-iu		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a b	0 11 11 5 000 5 17 17 10 10 11 11 10 10 11			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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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 20			
	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 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 508-999-6363			
	114 FRONT STREET, NEW BEDFORD, MA 02740			

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-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	T	. 112a		C)	,poi	Jule	(D)	(E)	(F)
Name and title	Average	(do		Pos	itior	l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week (list any		I			1		from	from related organizations	other compensation
	hours for	direct				9		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	om p		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARK RASMUSSEN	40.00	=	=	0	¥	Ξ ω	F			
PRESIDENT & CEO	0.50	Х	4	X				247,172.	0.	27,992.
(2) BRENDAN ANNETT	40.00									-
VP WATERSHED PROTECTION	0.50					X		175,180.	0.	15,333.
(3) RACHEL JAKUBA	40.00									
VP BAY SCIENCE						X		129,245.	0.	11,634.
(4) KORRIN PETERSEN	40.00									
VP ADVOCACY						Х		119,447.	0.	14,171.
(5) BETH MCDERMOTT	40.00									
VP ADVANCEMENT						X		121,765.	0.	2,845.
(6) STUART DOWNIE	40.00									
VP OUTDOOR EXPLORATION						X		100,255.	0.	11,678.
(7) MICHAEL ANGELINI, ESQ	1.00									
CHAIR	0.50	Х		Х				0.	0.	0.
(8) MICHAEL HUGUENIN	1.00]							_	_
VICE-CHAIR	0.50	Х		Х				0.	0.	0.
(9) CHRIS SCHADE	1.00	1								
TREASURER	0.50	Х		Х				0.	0.	0.
(10) MELISSA HASKELL	1.00	ļ								
CLERK (AS OF 8/2023)	0.50	Х		Х				0.	0.	0.
(11) SCOTT ZEIEN	1.00	ļ								_
CLERK (UNTIL 8/2023)	0.50	Х		Х				0.	0.	0.
(12) LAURA RYAN SHACHOY, ESQ	1.00	ļ							•	
DIRECTOR	1 00	Х						0.	0.	0.
(13) JOHN BULLARD	1.00	ļ							•	•
DIRECTOR	1 00	Х				_		0.	0.	0.
(14) ANDREW DIMMICK	1.00	٠,,							0	•
DIRECTOR	1 00	Х						0.	0.	0.
(15) KATHERINE JONES	1.00	. ,							<u> </u>	_
DIRECTOR (16) D. LLOVD MACDONALD, EGO.	1 00	Х	_					0.	0.	0.
(16) D. LLOYD MACDONALD, ESQ	1.00	х							0	^
(17) CHRISTOPHER NEILL, PHD	1.00	^	\vdash		-	\vdash		0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
232007 12-13-22	1	Δ		<u> </u>]	1 0.	0.	Form 990 (2022)

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Form 990 (2022) BUZZARDS	BAY COA	ТПТ	.Т.Т	NO.	Ι,	TI	IC.	1	04-29	<u>/ 1 :</u>	9/0	P	age c
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	iH b	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		1 than	ono	Reportable	Reportable		E	stimate	ed
	hours per	box	, unle	ss pe	rson i	is botl	h an	compensation	compensation	ı	ar	nount	of
	week	offi	cer ar	nd a d	irecto	or/trus	itee)	from	from related			other	
	(list any	ector						the	organizations	- 1		npensa	
	hours for	or dir	a.			ated		organization	(W-2/1099-MISC	2/		rom th	
	related	trustee or director	truste			bens		(W-2/1099-MISC/	1099-NEC)		•	janizat	
	organizations below	ıal tru	onal 1		oloye	E 8		1099-NEC)				d relat	
	line)	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anizati	ons
(18) JULIUS BRITTO	1.00		_	_									
DIRECTOR		Х						0.		0.			0.
(19) VIRGINIA CLARK	1.00												
DIRECTOR		Х						0.		0.			0.
(20) DAVID CROLL	1.00												
DIRECTOR X 0.							0.						
(21) KENDRA MEDINA 1.00							一						
DIRECTOR		Х						0.		0.			0.
(22) CHRISTINE PARKS	1.00												
DIRECTOR		х						0.		0.			0.
(23) SKYLAH REIS	1.00												
DIRECTOR		х					4	0.		0.		0.	
(24) DON DUFAULT	1.00									•			
DIRECTOR		х						0.		0.			0.
(25) EMMA GREEN-BEACH	1.00						7	7.		0.			
DIRECTOR		х					И	0.		0.			0.
(26) PAUL ELIAS	1.00												
DIRECTOR		Х						0.		0.			0.
1b Subtotal						\neg		893,064.		0.	8	3,6	53.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)						1		893,064.		0.	8	3,6	
2 Total number of individuals (including but n							no re	•	000 of reportable				
compensation from the organization	or invited to an			u u.		,	.0 .0	, oon ou more than \$100,	,ooo or repertable				6
compensation from the organization				1								Yes	No
3 Did the organization list any former officer,	director trust	ا مم	(AV 6	mn	love	_ Or	hia	ihest compensated emp	lovee on	ſ			
,			•		•		_		•	- 1	3		х
line 1a? If "Yes," complete Schedule J for some for any individual listed on line 1a, is the su													
											4	х	
	5 5 In 166, Complete Constant of Cach marriaga												
• •	-				-			-			-		v
Section B. Independent Contractors	rendered to the organization? If "Yes," complete Schedule J for such person 5 X												
Complete this table for your five highest contactors	mnonceted inc	lono	ndo	at 00	ontr	ooto	ro th	and received more than [©]	2100 000 of compo		ion fr		
the organization. Report compensation for	•	•							•	HISAL	.1011 110	OIII	
(A)				<u>., .,</u>				(B)			((C)	
Name and business	address	NO	ONE	3				Description of s	services	С		nsatio	n
							-						

Total number of independent contractors (including but not limited to those listed above) who received more than $\frac{\$100,000 \text{ of compensation from the organization}}{\text{SEE PART VII, SECTION A CONTINUATION SHEETS}}$

Form 990 BUZZARDS	BAY COA	ΊLΙ	ΤI	ON	, <u> </u>	IN	C.		04-297	1978
Part VII Section A. Officers, Directors, 1	rustees, Key Er	nplo	yee	s, aı	nd F	ligh	est	Compensated Employ	rees (continued)	
(A) (B) (C)						(D)	(E)	(F)		
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per					۵		from	from related	other
	week (list any	.or				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(** 2/ 1033 141100)	organization
	related	tee or	ıstee			ensate		(,		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividus	titutic	Officer	/ emp	hest	Former			
	line)	рц	Si.	#0	.e	'≟"	For			
(27) HILARY PROUTY VINEYARD	1.00	ļ								
DIRECTOR (UNTIL 8/2023)		Х						0.	0.	0.
						_				
		-								
		1			\vdash					
		-								
	+	-			\vdash					
		1								
		1								
		1								
-										
		1						1		
		-								
		-								
		-								
		-								
		1								
		1								
		1								
Total to Part VII, Section A, line 1c										

		Check if Schedule O contains a response or note to	any line in this Part VIII			
		Officer if Octification O Contains a response of flote to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
े इ	1 a	Federated campaigns 1a				
ran	k	Membership dues 1b				
Ē,		Fundraising events 1c 540,	816.			
iifts ar A	c	Related organizations 1d				
Contributions, Gifts, Grants and Other Similar Amounts	6	Government grants (contributions) 1e 4,105,	757.			
ion Sii	f	All other contributions, gifts, grants, and				
but		similar amounts not included above	787.			
nti Octri	ç	Noncash contributions included in lines 1a-1f 1g \$ 72,	507.			
a Su a D	ŀ	Total. Add lines 1a-1f	12,525,360.			
		Business	Code			
ė	2 8					
e vic	k					
Program Service Revenue	c	:				
am	c	[
ogr	6					
P	f	All other program service revenue				
	ç	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)	220,494.			220,494.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Perso	onal			
		Gross rents 6a 164,384.				
		Less: rental expenses 6b 11,655.				
		Rental income or (loss) 6c 152,729.				
		Net rental income or (loss)	152,729.			152,729.
	7 a	Gross amount from sales of (i) Securities (ii) Oth				
		assets other than inventory 7a 113,281. 390,	473.			
-	k	Less: cost or other basis				
nue			755.			
Revenue		()	718.			201 226
		Net gain or (loss)	291,836.			291,836.
ther	8 8	Gross income from fundraising events (not				
₽		including \$ 540,816. of				
		contributions reported on line 1c). See	794.			
		/				
			120 420			-129,438.
		Net income or (loss) from fundraising events	127,430.			125,450.
	9 2	Gross income from gaming activities. See				
	L	Part IV, line 19 9a 9b				
		Less: direct expenses 9b Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns				
	10 2	and allowances 10a				
	ŀ	Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory				
	`	Business	Code			
Sno	11 a	MISCELLANEOUS INCOME 900099		173,486.		
nec	k		<u> </u>	, , , , , , , , , , , , , , , , , , ,		
ella						
Miscellaneous Revenue		All other revenue				
2		Total. Add lines 11a-11d	173,486.			
	12	Total revenue. See instructions	13,234,467.	173,486.	0.	535,621.

232009 12-13-22

Form 990 (2022) BUZZARDS BAY COALITION, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	307,392.		245,913.	61,479
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		4		
7	Other salaries and wages	2,457,614.	1,668,920.	370,166.	418,528
8	Pension plan accruals and contributions (include	_,,,	_, : : : ; ; = : :	2.0,2000	
-	section 401(k) and 403(b) employer contributions)	93,777.	72,356.	5,665.	15,756
9	Other employee benefits	177,003.	122,354.	24,320.	15,756 30,329
0	Payroll taxes	234,572.	121,041.	78,696.	34,835
1	Fees for services (nonemployees):				-
а					
b		38,579.	37,824.	755.	
С		50,923.		50,923.	
d	Lobbying	6,626.	6,626.		
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	3,717,479.	3,560,298.	114,403.	42,778 362
2	Advertising and promotion	11,001.	7,026.	3,613.	362
3	Office expenses	251,071.	128,622.	100,517.	21,932
4	Information technology	76,657.	4,533.	37,854.	34,270
5	Royalties	104 500	FO 454	46.046	
6	Occupancy	124,500.	78,454.	46,046.	0 207
7	Travel	46,437.	36,534.	7,596.	2,307
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	40,799.	12,796.	9,859.	18,144
9	Conferences, conventions, and meetings	180,799.	177,887.	2,125.	10,144
0	Interest	100,012.	1//,00/•	2,123.	
!1 !2	Payments to affiliates	505,412.	369,962.	134,283.	1,167
3	La companya di	119,602.	48,313.	67,033.	4,256
.s 24	Other expenses. Itemize expenses not covered	113,002.	40,313.	07,033.	4,250
-	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.) LAND PROTECTION COSTS	269,646.	269,566.	80.	
a b	PROGRAM SUPPLIES	245,765.	238,557.	2,408.	4,800
C	LAB ANALYSIS	131,627.	131,627.	2,300	- ,000
d	VEHICLE EXPENSE	44,206.	43,297.	769.	140
e		22,200	20,20,0	, 0 3 0	
5	Total functional expenses. Add lines 1 through 24e	9,130,700.	7,136,593.	1,303,024.	691,083
:6	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)				

Pa	rt 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	Cash - non-interest-bearing	220,209.	1	305,283.
	2	Savings and temporary cash investments	1,550,149.	2	1,483,725.
	3	Pledges and grants receivable, net	1,219,078.	3	2,196,510.
	4	Accounts receivable, net	304,066.	4	671,600.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	164,592.	9	198,675.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 16,635,232.			
	b	Less: accumulated depreciation 10b 3,740,281.	12,686,848.	10c	12,894,951. 7,563,174.
	11	Investments - publicly traded securities	7,703,461.	11	7,563,174.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	14,399,190.	15	18,686,207.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	38,247,593.	16	44,000,125.
	17	Accounts payable and accrued expenses	574,036.	17	677,817.
	18	Grants payable		18	
	19	Deferred revenue	782,089.	19	772,664.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	4 050 504	22	0.640.600
_	23	Secured mortgages and notes payable to unrelated third parties	1,953,534.	23	2,649,680.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	2 200 (50	25	4 100 161
	26	Total liabilities. Add lines 17 through 25	3,309,659.	26	4,100,161.
S		Organizations that follow FASB ASC 958, check here			
JCe		and complete lines 27, 28, 32, and 33.	22 405 024		27 457 054
a <u>la</u>	27	Net assets without donor restrictions	22,495,924. 12,442,010.	27	27,457,954. 12,442,010.
Ö	28	Net assets with donor restrictions	12,442,010.	28	12,442,010.
ڃَ		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances	000	and complete lines 29 through 33.		00	
şţ	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
λA	31	Retained earnings, endowment, accumulated income, or other funds	34,937,934.	31	39,899,964.
ž	32	Total liebilities and not seed (fined belonges	38,247,593.	32	44,000,125.
	33	Total liabilities and net assets/fund balances	30,441,333.	33	44,UUU,143.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 23		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,13		
3	Revenue less expenses. Subtract line 2 from line 1	3	4	,10	3,7	67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34	,93	7,9	34.
5	Net unrealized gains (losses) on investments	5		85	8,2	63.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	39	,89	9,9	<u>64.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		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		ı
		-		Form	990	(2022)

232012 12-13-22

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

Open to Public Inspection

Name of the organization ${\tt BUZZARDS\ BAY\ COALITION\ ,\ INC.}$

Employer identification number

		BUZZ	ARDS BAY CO	OALITION, INC	.			0	4-2971978				
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The	organ	ization is not a private found											
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)								
3		A hospital or a cooperative		•		(b)(1)(A)(ii	ii).						
4	一	A medical research organiz					=	(iii). Enter	the hospital's name,				
-		city, and state:	•				· · · · · · · · ·	` ,	,				
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in				
-		section 170(b)(1)(A)(iv). (C		,		, 5							
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	(v)						
	X	· · · · · · · · · · · · · · · · · · ·	_					e neneral i	oublic described in				
•													
8		section 170(b)(1)(A)(vi). (Complete Part II.)											
9	H	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
3	ш	or university or a non-land-g				-		-	-				
		university:	grant conege or agrici	ulture (300 il 13ti uotioli3).	Litter the i	iarrio, city	, and state of	ine conege	, 01				
10		An organization that norma	Illy receives (1) more:	than 33 1/3% of its supp	ort from co	ontribution	e membereh	in fees an	d arose receipts from				
10	ш	activities related to its exem											
		income and unrelated busin											
		See section 509(a)(2). (Con		(1000 000tion of 1 tax) inc	in busines	oco doqui	rea by the org	amzanome	ator dancedo, 1070.				
11		An organization organized a	•	vely to test for public sat	fety See	section 50)9(a)(4)						
12		An organization organized a	•					ry out the	purposes of one or				
-		more publicly supported or	•					•					
		lines 12a through 12d that	-						STIGGIN WITE BOX OIT				
а		Type I. A supporting orga	* '					-	aivina				
_		the supported organization			•	-							
		organization. You must o		1 11	majority o	in the direct		00 01 1110 01	,pporting				
b		Type II. A supporting org			ion with its	s supporte	ed organization	n(s), by hav	vina				
_		control or management o					-		-				
		organization(s). You mus			po.oo.			,	55.154				
c	: [☐ Type III functionally inte			in connect	ion with. a	and functional	v integrate	ed with.				
		its supported organization	-					,	,				
d		☐ Type III non-functionally						ted organi:	zation(s)				
_		that is not functionally int						-					
		requirement (see instructi	-	•	•		•						
е		Check this box if the orga	·	-				I. Type III					
		functionally integrated, or					31 , 31	, ,,					
f	Ente	er the number of supported o		, 3	5 5								
g		vide the following information	•										
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
				,									
Tota	al												

(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	tion 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.")	8551418.	8286022.	10050595.	7448217.	<u> 12525360.</u>	46861612.
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	8551418.	8286022.	10050595.	7448217.	12525360.	46861612.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4428845.
	Public support. Subtract line 5 from line 4.						42432767.
Sec	ction B. Total Support	<u> </u>				1	T
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	8551418.	8286022.	10050595.	7448217.	12525360.	46861612.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	100 001	100 070	450 605	40= 604		101001
	and income from similar sources	109,801.	109,973.	179,695.	425,684.	384,878.	1210031.
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.)		55,000.				55,000.
	Total support. Add lines 7 through 10						48126643.
	Gross receipts from related activities,					12	358,085.
13	First 5 years. If the Form 990 is for the	-		•			
<u> </u>	organization, check this box and stor						
	ction C. Computation of Publi			. (4)		T I	00 17
	Public support percentage for 2022 (I					14	88.17 %
	Public support percentage from 2021					15	76.27 %
16a	33 1/3% support test - 2022. If the c						T
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the d				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	•	•	VI how the organiz	zation
	meets the facts-and-circumstances te	-		*	-		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu		-		• • •		 -
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 1/a, or 17b	, check this box a		
						Schedule 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.)

Sec	etion A. Public Support	elow, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(5) 2010	(5) 2020	(4) 2021	(0) 2022	(i) iotai
•	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						
Ū	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				1		
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	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.)	1					
Sec	etion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(=) == : =	(-/	(5, = - = -	(=, = = = :		(-)
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	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 assets (Explain in Part VI.)						
13	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	year as a section	501(c)(3) organizatio	on,
	check this box and stop here	· ·		*	•	() ()	<i>'</i> —
Sec	tion C. Computation of Publ						
15	Public support percentage for 2022 (ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the	organization did n	not check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
та		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9c		
10a		
10b		
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Par	rt IV Supporting 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		
b	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			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of			
	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 sup- organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amon			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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		
Sect	etion 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			
	the supported organization(s).	1		<u> </u>
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	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		
	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		
	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			
Sect	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions)		
· a	The organization satisfied the Activities Test. Complete line 2 below.	a dottorioj.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	itity (see instruction	16)	
	Activities Test. Answer lines 2a and 2b below.	thy (see mondenon	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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			
	these activities but for the organization's involvement.	2b	igsquare	_
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b | 232025 12-09-22 | Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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.

Open to Public Inspection

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) organizations: Complete Part III.

Name of org	BUZZARD	S BAY COALITION,	, INC.		Employer identification number $04-2971978$
Part I-A	7 organization.				
2 Politica	al campaign activity expendit	ation's direct and indirect politi ures gn activities			\$
Part I-B	Complete if the org	anization is exempt und	der section 501(c)	(3).	
2 Enter to 3 If the o	he amount of any excise tax rganization incurred a sectio	incurred by the organization un incurred by organization mana n 4955 tax, did it file Form 4720	gers under section 4955 0 for this year?	i	Yes No
	" describe in Part IV.				0.47 \70\
 2 Enter the exemp 3 Total end line 17 4 Did the 5 Enter the made properties 	he amount directly expended the amount of the filing organity transfer of the filing organity transfer of the filing organization file Form the names, addresses and encayments. For each organizations received that were professed to the filing organizations organizations received that were professed to the filing organizations received that were professed that were professed to the filing organizations received that were professed that were pr	anization is exempt und by the filing organization for sization's funds contributed to contributed to contribute and 2. Enter here analysis and 2. Enter here apployer identification number (Ention listed, enter the amount paramptly and directly delivered to additional space is needed, pro-	ection 527 exempt func other organizations for s and on Form 1120-POL EIN) of all section 527 po aid from the filing organi o a separate political org	tion activities ection 527 , olitical organizations to zation's funds. Also en anization, such as a se	\$ \$ \$ \$ Yes No which the filing organization ter the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's contributions received and

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

Schedule C (Form 990) 2022

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Schedule	C (Form 990) 2022	BUZZARD	S BAY	Y COALITION	, INC.	04-2	971978 Page 2
Part II		anization is	s exem	pt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
A Chec	k if the filing organizati	-		- · ·	Part IV each affiliated	group member's name	e, address, EIN,
D Obse	expenses, and share				. data a a a a a lo		
B Chec	Limits	s on Lobbyin	g Expen	d "limited control" pro ditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Tot	al lobbying expenditures to influe	ence public o	ninion (a	rassroots lobbying)		1,500.	
	al lobbying expenditures to influe			, ,		5,126.	
	al lobbying expenditures (add lin	-				6,626.	
	ner exempt purpose expenditures					9,105,493.	
	al exempt purpose expenditures					9,112,119.	
	obying nontaxable amount. Enter	-				605,606.	
	e amount on line 1e, column (a) or			oying nontaxable am		77777	
	t over \$500,000			he amount on line 1e.			
	er \$500,000 but not over \$1,000,			0 plus 15% of the exce	ess over \$500.000.		
	er \$1,000,000 but not over \$1,50			0 plus 10% of the exce			
	er \$1,500,000 but not over \$17,0			0 plus 5% of the exces			
	er \$17,000,000		\$1,000,0				
-							
g Gra	assroots nontaxable amount (ent	er 25% of line	1f)	4		151,402.	
h Sul	otract line 1g from line 1a. If zero	or less, enter	r -0			0.	
i Sul	otract line 1f from line 1c. If zero	or less, enter	-0			0.	
j If th	nere is an amount other than zero	o on either line	e 1h or li	ne 1i, did the organiza	ation file Form 4720		
rep	orting section 4911 tax for this y	/ear?					Yes No
	(Some organizations that	at made a se	ction 50	raging Period Under 1(h) election do not l te instructions for lir	nave to complete all o	of the five columns be	low.
				ditures During 4-Yea	0 /		
			<u> </u>	100			
(or	Calendar year fiscal year beginning in)	(a) 2019	9	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lot	obying nontaxable amount	539,	037.	368,862.	440,671.	605,606.	1,954,176.
	bying ceiling amount			223,0020	==3,4.2	113,110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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	539,037.	368,862.	440,671.	605,606.	1,954,176.			
b Lobbying ceiling amount (150% of line 2a, column(e))					2,931,264.			
c Total lobbying expenditures	6,741.	7,905.	8,365.	6,626.	29,637.			
d Grassroots nontaxable amount	134,759.	92,216.	110,168.	151,402.	488,545.			
e Grassroots ceiling amount (150% of line 2d, column (e))					732,818.			
f Grassroots lobbying expenditures		1,830.		1,500.	3,330.			

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 BUZZARDS BAY COALITION, INC. 04-29719 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes No		Amount	
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:				
	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	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?t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	or sec	tion	
ı aı	501(c)(6).	1 00 1 (0)(0)	, 01 300		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
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		3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			II-A, line	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 political expenditures)	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
	Total		١ .		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.		3		
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
			4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par			5		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list)· Part II-A	lines 1 a	nd 2 (See	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	.,	(000	
	,,,				

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

BUZZARDS BAY COALITION, INC.

Employer identification number 04-2971978

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Funds or Ac	counts. Complete if the
	organization answered Tes On Form 990, Part IV, line	(a) Donor advised fund	s l	b) Funds and other accounts
1	Total number at end of year	(,,		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in do	onor advised fund	de .
Ū	are the organization's property, subject to the organization's	_		
6	Did the organization inform all grantees, donors, and donor ad			
Ū	for charitable purposes and not for the benefit of the donor or			
	·		•	
Par				
1	Purpose(s) of conservation easements held by the organization			
•	X Preservation of land for public use (for example, recreat		ervation of a histo	orically important land area
	X Protection of natural habitat	· — \		fied historic structure
	X Preservation of open space			ma materia di adtare
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in	the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a 65
b				2b 3,106.12
C	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a	(/		
	historic structure listed in the National Register			2d 62
3	Number of conservation easements modified, transferred, rele			
	year	, , ,	, ,	Ç
4	Number of states where property subject to conservation eas	ement is located	1	
5	Does the organization have a written policy regarding the peri		andling of	
	violations, and enforcement of the conservation easements it			X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			
	1160			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing	conservation ea	sements during the year
	11,600.			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of se	ction 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes X No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financ	ial statements tha	at describes the
_	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	•	es, or Other S	ımılar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue st	atement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or res	earch in furtherar	ice of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes	these items.	
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or resear	rch in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
				•
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022

	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tre	easures, or	Other	Similar	Assets	(continue	ed)
3	Using the organization's acquisition, accession							,	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	change prograi	m				
b	Scholarly research	е		0.0					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further t	ne organization	n's exemr	ot purpos	e in Part	XIII.	
5	During the year, did the organization solicit or	•	•	· ·	•				
•	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other asse	ets not in	cluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
	, 1	ŗ	3					Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.				•	y ·		_ 100	
Pai).			
	Sompleto	(a) Current year	(b) Prior year	(c) Two years		d) Three ye	ars back	(e) Four ye	ars back
1a	Beginning of year balance	5,905,975.	7,019,953.			· ·	5,137.	· · ·	61,028.
b	Contributions	3,391,595.	134,593.				7,500.		69,040.
c	Net investment earnings, gains, and losses	666,826.	-1,109,489		,945.		8,188.		20,767.
d	Grants or scholarships	, -			,				
	Other expenditures for facilities								
·	. '	217,384.	139,082.	129	,450.	10	6,367.		95,698.
	Administrative expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,		,		,
g	End of year balance	9,747,012.	5,905,975.	7,019	953.	4 76	4,458.	4 2	55,137.
2	Provide the estimated percentage of the curre			•	,				,
a	Board designated or quasi-endowment	28.2100	% Column (8	ij) ricia as.					
h	Permanent endowment 60.1700	%	_/0						
C	Term endowment 11.6200 g								
·	The percentages on lines 2a, 2b, and 2c shou								
32	Are there endowment funds not in the posses	•	tion that are held a	nd administers	ad for the				
ou	organization by:	solori or the organize	tion that are note a	na aaniinistore	JG 101 1110			Y	es No
	(i) Unrelated organizations							3a(i)	X
								3a(ii)	<u> </u>
h	(ii) Related organizations	ione lietod ae roquir	od on Schodulo D2						
4	Describe in Part XIII the intended uses of the							SD	
	t VI Land, Buildings, and Equipme		willent fulfus.						
	Complete if the organization answered). Part IV. line 11a. 9	See Form 990.	Part X. lir	ne 10.			
	Description of property	(a) Cost or o		t or other		cumulated	, T	(d) Book v	value.
	Description of property	basis (investr		(other)		reciation	1	(u) book v	alue
10	Land	,	,	84,317.	асрі	. 30.40011		1,484,	317
_	Land			7,914.	2 7	62,83		0,705	
b	Buildings Leasehold improvements		13,40	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4,1	52,03	~ 	0,,00,	
d		I	1 3/	5,319.	R	68,60	8.	476	711.
	Equipment Other			7,682.		08,83			844.
	Other							2,894,	
1 ULA	<u>. Add iii lea Ta ti ii dugit Te. (COJUMN (a) MUST et</u>	<u>juai FUIIII 990, PAR .</u>	A. COIUITIII (B). IINE I	UC.1			-	-, -, -,	, , , <u>, , , , , , , , , , , , , , , , </u>

Schedule D (Form 990) 2022

Schedule D (Form 990) 202	BUZZARDS	BAY	COALITION,	INC.		04-2971978	Page 3
Part VII Investmen	ts - Other Securities	.					
Complete if th	e organization answered "	Yes" on	Form 990, Part IV, lin	e 11b. See F	orm 990. Part X. line 12.		

1	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)	4	
(5)		
(6)		
(7)		
(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.

(a) Description	(b) Book value
(1) CONSERVATION PROPERTIES	18,210,614.
(2) CONSTRUCTION IN PROCESS	475,593.
(3)	
(4)	
<u>(5)</u>	
(6)	
<u>(7)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	18,686,207.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2022

	dule D (Form 990) 2022 BUZZARDS BAY COALITION, I		04-297197	78 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Staten	-	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information.

b Other (Describe in Part XIII.) c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 5:

BBC CONDUCTS AT LEAST ONE MONITORING VISIT PER YEAR ON EACH EASEMENT PROPERTY. BBC STAFF REVIEWS THE MEMORANDUM OF UNDERSTANDING (MOU) IF AN EASEMENT IS CO-HELD WITH ANOTHER ENTITY. BBC COMPARES THE CURRENT PROPERTY CONDITIONS WITH THE WRITTEN OBSERVATIONS AND PHOTOS FROM THE PREVIOUS MONITORING VISIT AND WILL MAKE SPECIAL NOTE OF ANY MAJOR NATURAL OR MAN-MADE CHANGES. BBC RECORDS ALL INFORMATION AND OBSERVATIONS NECESSARY FOR MONITORING REPORT IN FIELD NOTES. IF A VIOLATION IS FOUND ON THE PROPERTY, THE OWNER AND OTHER EASEMENT HOLDER WILL BE NOTIFIED IN WRITING IMMEDIATELY REGARDING THE NATURE OF THE VIOLATION AND ANY CORRECTIVE ACTION NEEDS TO TAKE PLACE.

Schedule D (Form 990) 2022

PART II, LINE 9:

ALTHOUGH CONSERVATION RESTRICTIONS ARE REAL PROPERTY RIGHTS, THEY POSSESS

LITTLE OR NO MARKET VALUE DUE TO THE RESALE MARKET THAT IS LIMITED TO

OTHER CONSERVATION ENTITIES. BECAUSE OF THE LIMITED MARKET AND DUE TO THE

OBLIGATIONS INHERENT IN CONSERVATION RESTRICTION OWNERSHIP, THE

ORGANIZATION CONSERVATION RESTRICTION HOLDINGS ARE NOT REFLECTED IN THE

ACCOMPANYING COMBINED FINANCIAL STATEMENTS AS EITHER ASSETS OR

LIABILITIES. THE COST TO ACQUIRE A CONSERVATION RESTRICTION IS REFLECTED

AS AN EXPENSE.

PART V, LINE 4:

TO SUPPORT THE OPERATIONS AND PROGRAMS OF THE BUZZARDS BAY COALITION.

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE
WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR
UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND
MEASUREMENT ATTRIBUTE FOR THE COMBINED FINANCIAL STATEMENTS REGARDING A
TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE
ORGANIZATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS
WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED
FINANCIAL STATEMENTS AT SEPTEMBER 30, 2023. BBC'S INFORMATION RETURNS ARE
SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 04-2971978 BUZZARDS BAY COALITION, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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

Schedule G (Form 990) 2022

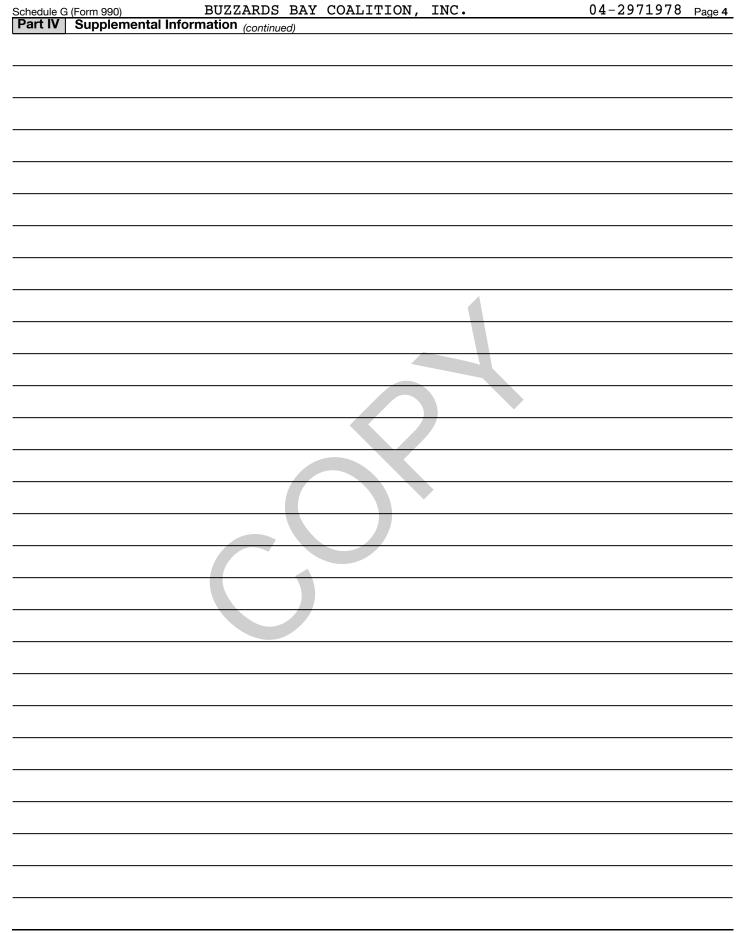
Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DIDE	CUITM	2	(add col. (a) through
			RIDE (event type)	SWIM (event type)	(total number)	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	347,419.	190,580.	37,611.	575,610.
	2	Less: Contributions	322,231.	185,168.	33,417.	540,816.
	3	Gross income (line 1 minus line 2)	25,188.	5,412.	4,194.	34,794.
	4	Cash prizes				
es	5	Noncash prizes	9,759.	16,255.	5,522.	31,536.
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	17,930.	5,413.	1,263.	24,606.
ቯ	8	Entertainment		1,300.		1,300.
	9	Other direct expenses		28,871.	7,167.	106,790.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			164,232.
Da	11 rt I	Net income summary. Subtract line 10 from line II Gaming. Complete if the organization a		000 Dart IV line 10 or a		-129,438.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered Yes on Form	990, Part IV, line 19, or i	reported more than	
4)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c))
Rev	1	Gross revenue				
Ś	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
٦	_	Other direct expenses				
	<u> </u>	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac No," explain:				Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
IJ	<u>"</u>	100, одржи.				

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 BUZZARDS BAY COALITION, INC. 04-	<u> 29719'</u>	78 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	es No
	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?	Ye	es No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	// %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	News		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Ye	es No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	lf "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	bilector/officer Employee muleperfuent contractor		
47	Mandaton diatributiona		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Ye	es No
	retain the state gaming license?	L YE	es I No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines	9, 96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		



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 Name of the organization

Department of the Treasury

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

BUZZARDS BAY COALITION, INC.

Employer identification number 04-2971978

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	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			l
	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)			l
				l
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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			l
	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			l
	organization or a related organization:			v
a	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		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only section 504(5)(0) 504(5)(4) and 504(5)(00) superiortisms would consult to lines 5.0			l
E	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
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: The organization?	5a		х
		5b		X
J	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	00		
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		х
	Any related organization?	6b		Х
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARK RASMUSSEN	(i)	247,172.	0.	0.	15,252.	12,740.	275,164.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRENDAN ANNETT	(i)	175,180.	0.	0.	14,000.	1,333.	190,513.	0.
	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)						<u> </u>	1 1/5 200) 2000

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022 Open To Public

Inspection

Name of the organization Employer identification number BUZZARDS BAY COALITION, INC. 04-2971978 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved (a) Name of (i) Written (b) Relationship (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No **Total** Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (e) Purpose of (b) Relationship between (d) Type of assistance assistance assistance interested person and the organization

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

Schedule L (Form 990) 2022

Part IV Business Transactions Inv	ARDS BAY CO.			IC.			04-	2971	978	Page 2
Complete if the organization answer	<u> </u>			Sh or 28c						
(a) Name of interested person	(b) Relationship person and t	between i	nterested	(c) Amou transac		(d) Descript transacti		organi	aring of zation's nues?
									Yes	No
CHRIS NEILL	MEMBER OF	THE	BOARD	96,	416.	A	BOARD	MEM		X
						╀				
						╁				┼
						\vdash				_
						_				
						-				
Part V Supplemental Information						<u> </u>				1
Provide additional information for r		on Sched	lule L (see ir	nstructions).						
SCH L, PART IV, BUSINESS	TRANSACTION	NS IN	VOLVIN	G INTE	RESTE	ED	PERSO	NS:		
(A) NAME OF PERSON: CHRI	S NETLL									
(II) WHILL OF FERDON. CITE	<u>D HUILU</u>									
(B) RELATIONSHIP BETWEEN	INTERESTED	PERS	ON AND	ORGAN	IZATI	ON	:			
MEMBER OF THE BOARD OF D	IRECTORS									
(D) DESCRIPTION OF TRANS	ACTION: A BO	DARD I	MEMBER	OF THE	E ORG	AN	IZATI	ON		
(-,										
DURING FISCAL YEAR 2023	IS ALSO A ST	CAFF I	MEMBER	OF THE	E COM	1PA	NY TH	AT T	HE	
	D I ADODATIONS	, ann	TODO	шоша т			апа т	ATOTTD:	D 11 D	
ORGANIZATION UTILIZES FO	R LABORATOR	SER	VICES.	TOTAL	ı EXF	EN	SES I	NCUR.	KED	
FOR THE YEAR ENDED SEPTE	MBER 30, 202	23. W	AS \$96	,416.						
				•						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Employer identification number

	BUZZARDS BAY	COALL	TION, INC.	•	04-2	97197	8	
Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		ınts	
1	Art - Works of art							
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		4.4	To Total				
9	Securities - Publicly traded	X	11	72,507.	FAIR MARKET	VALU	E	
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	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts	•						
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
<u>28</u>	Other ()							
29	Number of Forms 8283 received by the organiz	-	•					
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29		1	_	
						Ye	s	No
30a	During the year, did the organization receive by		*	· · · · · · · · · · · · · · · · · · ·				
	must hold for at least 3 years from the date of		•	•				37
	exempt purposes for the entire holding period?	?				30a	_	<u>X</u>
	If "Yes," describe the arrangement in Part II.						.	
31	Does the organization have a gift acceptance p	-	· · ·	•	ons?	31 X	+	
32a	Does the organization hire or use third parties		-				.	
	contributions?					32a X	-	
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	D.	Schedule M	(Form 99	90) 2	2022

232141 09-09-22

232142 09-09-22 Schedule M (Form 990) 2022

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BUZZARDS BAY COALITION, INC. **Employer identification number** 04-2971978

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BUZZARDS BAY AND ITS WATERSHED. FORM 990, PART VI, SECTION B, LINE 11B: MANAGEMENT WORKS WITH THE EXTERNAL AUDITORS TO PREPARE THE FINANCIAL INFORMATION AND COMPILE THE DISCLOSURES REQUIRED FOR THE FORM 990. UPON THE PRESIDENT AND THE TREASURER REVIEW AND APPROVE THE FORM ITS COMPLETION, 990. ONCE APPROVED THE RETURN IS PROVIDED TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: THE OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE FORMALLY REQUESTED TO DISCLOSE ANY CONFLICTS OF INTEREST ANNUALLY AND THEY ARE ASKED TO SIGN A DISCLOSURE FORM. FORM 990, PART VI, SECTION B, LINE 15A: THE PRESIDENT PROVIDES THE EXECUTIVE COMMITTEE WITH COMPARABLE SALARY DATA OBTAINED FROM SIMILAR ORGANIZATIONS' 990'S. THE EXECUTIVE COMMITTEE USES THIS DATA AS PART OF ITS DECISION MAKING PROCESS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE MASSACHUSETTS NON PROFIT ANNUAL FILINGS WEBSITE THROUGH THE SECRETARY OF STATE. FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACTUAL SERVICES:

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

3,560,298. Schedule O (Form 990) 2022

PROGRAM SERVICE EXPENSES

Schedule O (Form 990) 2022 Name of the organization BUZZARDS BAY COALITION, INC.	Employer identification number 04-2971978
MANAGEMENT AND GENERAL EXPENSES	114,403.
FUNDRAISING EXPENSES	42,778.
TOTAL EXPENSES	3,717,479.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,717,479.
FORM 990, PART XII, LINE 2C:	
THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 04-2971978 BUZZARDS BAY COALITION, INC. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (a) (c) (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) **(g)** Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No ACUSHNET RIVER RESERVE INC - 27-3510550 114 FRONT STREET NEW BEDFORD, MA 02740 LAND PROTECTION MASSACHUSETTS 501(C)(3) LINE 12A, I Х

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

Schedule R (Form 990) 2022

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	Percentage ownership
		foreign country)		sections 512-514)		a55015	Yes	No	K-1 (Form 1065)	Yes I	lo
					4						
					4						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec. (1	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Country)						Yes	No
									-

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

Not	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		_		Yes	No				
1	1 During the tax year, did the organization engage in any of the following transactions with one or more rel	lated organizations listed ir	n Parts II-IV?							
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-		1a		Х				
	b Gift, grant, or capital contribution to related organization(s)			1b		Х				
	c Gift, grant, or capital contribution from related organization(s)			1c		Х				
	d Loans or loan guarantees to or for related organization(s)			1d		Х				
	e Loans or loan guarantees by related organization(s)			1e		Х				
	• • • • • • • • • • • • • • • • • • • •									
f	f Dividends from related organization(s)			1f		Х				
				1g		Х				
h	g Sale of assets to related organization(s) Purchase of assets from related organization(s)									
i	i Exchange of assets with related organization(s)			1h 1i		X				
i	j Lease of facilities, equipment, or other assets to related organization(s)			1i		Х				
,	j zeaze en taemines, equipment, en entre access to related enganization(e)			٠,						
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k		Х				
				11		X				
	m Performance of services or membership or fundraising solicitations by related organization(s)			1m		X				
'n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	.,		1n		X				
				10	Х					
U	Sharing of paid employees with related organization(s)			10	21					
_	n. Poimburgement paid to related organization(a) for expanses			1p		Х				
	p Reimbursement paid to related organization(s) for expenses			1a		X				
ч	q Reimbursement paid by related organization(s) for expenses			-19		- 21				
_	W. Other transfer of each or green that a valeted experiention (s)			4		Х				
				1r 1s		X				
<u>s</u>			Jaking alian and Angrapa aking Managa alian	15		Λ				
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete thin	is line, including covered re	elationships and transaction thresholds.							
	(a) (b) Transaction	(c) Amount involved	(d) Method of determining amount invo	lvod						
	type (a·s)	Amount involved	Method of determining amount invo	iveu						
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Schedule R (Form 990) 2022

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations Yes No	General of managing partner?	(k) Percentage ownership
	_				4				

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print BUZZARDS BAY COALITION, INC. 04-2971978 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 114 FRONT STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions NEW BEDFORD, MA 02740 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) THE ORGANIZATION NEW BEDFORD, MA 02740 The books are in the care of ► 114 FRONT STREET Telephone No. ► 508-999-6363 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. AUGUST 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning $\underline{\text{OCT } 1}$, 2022, and ending SEP 30, 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

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

Form 8868 (Rev. 1-2022)