2023 Exempt Organization Business Tax Return

prepared for:

RECLAM THE BAY

68 Main Street Waretown, NJ 08758-2221

L. Robin Macmillan, CPA 311 Glendola Avenue Beach Haven, NJ 08008

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

private foundations)
ade public.

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A F	or the	2023 calend	ar year, or tax year beginning , 2023, and ending		, 20		
B c	heck if ap	oplicable:	C Name of organization	D Employer	identification number		
	Address c	dress change RECLAM THE BAY			61006		
=	· · · · · · · · · · · · · · · · · · ·			E Telephone number			
=	nitial retur		68 Main Street	2019532889			
=	-inal retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group E	xemption		
=		n pending	Waretown, NJ 08758-2221	Number	•		
G /	ccount	ting Method:	X Cash	Check if	the organization is not		
	/ebsite	•			attach Schedule B		
J T	ax-exen	npt status (che	eck only one) — 🔀 501(c)(3) 🔲 501(c) () (insert no.) 🔲 4947(a)(1) or 🔲 527	(Form 990).			
			▼ Corporation				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets			
(Par	t II, coli	umn (B)) are S	S500,000 or more, file Form 990 instead of Form 990-EZ		\$ 176,721.		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instructio			
			the organization used Schedule O to respond to any question in this Part I				
	1		ons, gifts, grants, and similar amounts received		89,469.		
	2		ervice revenue including government fees and contracts	2			
	3	_	ip dues and assessments	3			
	4	Investment	t income	4	36.		
	5a	Gross amo	ount from sale of assets other than inventory 5a				
	b	Less: cost	or other basis and sales expenses				
	С		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	5a) 5c			
	6	Gaming ar	d fundraising events:				
۵	а		ome from gaming (attach Schedule G if greater than				
Revenue			6a				
eve	b		me from fundraising events (not including \$ of contribution aising events reported on line 1) (attach Schedule G if the	18			
Œ			1 45 000	202			
				282. 777.			
	c d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub				
	_ u	line 6c)		· · 60	5,505.		
	7a	•		854.	5,505.		
	b			811.			
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)		13,043.		
	8	•	nue (describe in Schedule O)				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				
	10		I similar amounts paid (list in Schedule O)				
	11		aid to or for members				
S	12		ther compensation, and employee benefits				
Expenses	13		al fees and other payments to independent contractors				
Ser	14		y, rent, utilities, and maintenance				
Ä	15		ublications, postage, and shipping				
_	16		enses (describe in Schedule O)				
	17		enses. Add lines 10 through 16				
	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	18			
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SS	- •		ir figure reported on prior year's return)		240,009.		
Net Assets	20	=	nges in net assets or fund balances (explain in Schedule O)				
Ž	21		or fund balances at end of year. Combine lines 18 through 20				
				- -			

REV 03/21/24 PRO

Page 2

Pai	· · · · · · · · · · · · · · · · · · ·					;
	Check if the organization used Schedule	e O to respond to a	ny question in this			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			219,836.	22	308,433.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			20,173.	24	30,878.
25	Total assets		[240,009.	25	339,311.
26	Total liabilities (describe in Schedule O)			0.	26	0.
27	Net assets or fund balances (line 27 of column	n (B) must agree with	n line 21)	240,009.	27	339,311.
Par	III Statement of Program Service Accom	plishments (see th	e instructions for I	Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IÍI 🗷		Expenses
What	is the organization's primary exempt purpose?	See Part III	Stmt	,		uired for section c)(3) and 501(c)(4)
	ribe the organization's program service accompli				,	nizations; optional for
perso	easured by expenses. In a clear and concise nons benefited, and other relevant information for each	ach program title.	e services provided	i, the number of	Othio	
28	Educational Outreach Programs					
	To provide education and awarenes benefit of shellfish in our estua	s about the en	nvironmental			
	(Grants \$ 3,900.) If this amount	includes foreign gra	ints, check here .	🗆	28a	11,952.
29	Shellfish Production					
	Program to grow shellfish to repl	enish the bay	- while prov	idina		
	hands on education of the benefit		i			
	(Grants \$ 6,020.) If this amount				29a	11,202.
30	-1					11,202.
00	Shoreline stabilization by creati	ng habitat and	 ٦			
	placing shellfish in the bay.					
	(Grants \$ 0.) If this amount	includes foreign are	ente chock horo		30a	4,365.
21	Other program services (describe in Schedule O)	Mordecai Island s	stabilization	· · · · ·	Sua	4,303.
31					210	2 101
20		through 21a	ints, check here .	🗆	31a	
	Total program service expenses (add lines 28a				32	30,710.
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule					<u>-</u>
	Check if the organization used Schedule	To to respond to al	I	railiv		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	"	Estimated amount of ther compensation
Ric	hard Bushnell					
	irman of the Board	5.00	0.	0		0.
	liam Walsh Jr					
	sident	5.00	0.	0		0.
	Lopp					
	e President	5.00	0.	0		0.
	rly McCurry	3.00	<u> </u>			
	retary	5.00	0.	0		0.
	ard Pietrowicz	3.00	0.			<u> </u>
	asurer	5.00	0.	0		0.
	esa Simon	3.00	0.	0	•	0.
	ector	1 00	0			0
		1.00	0.	0	•	0.
	Fasano ector	1 00				0
		1.00	0.	0	+	0.
	ther Butera					•
	ector	1.00	0.	0	•	0.
	n Sanchez			_		-
	ector	1.00	0.	0	•	0.
	k Duggan					
Dir	ector	1.00	0.	0		0.
	Part IV Stmt	2.00	0.	0		0.

Part V

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			×
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	00.5		
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	05-		~
00		35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
	section 4911:; section 4912:; section 4955:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
D	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
_		400		^
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed: NJ			
42a	The organization's books are in care of: ReClam the Bay Telephone no. (732)	2)32	5-26	63
	Located at: 68 Main Street, Waretown NJ ZIP + 4 0879	58-2	221	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		V	NI -
44-	D'I II		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
u	explanation in Schedule O	44d		
150	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
45a		+3d		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-FZ. See instructions	45h		~

								Y	es	NO
46		ne organization engage, directly or ir								
		ndidates for public office? If "Yes," of	:	Part I				46		×
Part		Section 501(c)(3) Organizations								
		All section 501(c)(3) organization	s must answer que	stions 47–49b an	d 52, and co	mplete th	e tabl	es for	lines	S
		50 and 51.			5					
		Check if the organization used Scl	nedule O to respond	to any question in	this Part VI					
47	Di4 +	as organization angaga in labbuing	activities or boye a	postion EO1/b) aloo	tion in offect	during the	tov.	Y	es	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par				during the		47		V
40	•	organization a school as described in					⊢	47		×
48 49a		ne organization make any transfers to					-	48 49a		×
49a b		s," was the related organization a se						49a 49b		^
50		blete this table for the organization's							and	kov
30		byees) who each received more than								NG)
	- Ciripi	sycoo, who caem received mere than	· · · · · · · · · · · · · · · · · · ·	(c) Reportable		benefits,				
	(a)	Name and title of each employee	(b) Average hours per week	compensation	contributions	to employee		imated a		
	(α)	rtaine and this of each employee	devoted to position	(Forms W-2/1099-MIS(1099-NEC)		, and deferred nsation	othe	r compe	nsatio	n
None				1099-1420)	Compe	TISALIOTI				
110116										
f	Total	number of other employees paid ov	er \$100 000							
51		plete this table for the organization			nt contractor	s who eacl	n recei	ved m	ore t	thar
•	\$100,	000 of compensation from the organ	nization. If there is no	ne, enter "None."	in contractor	s wile each	1 10001	vou iii	.0.0	iiiai
	(a)	Name and business address of each independ	lant contractor	(b) Type of s	ondoo	10) Compe	naction		
	(a)	Name and business address of each independ	ent contractor	(b) Type or s	ervice	۷,	Compe	iisalioii		
None	<u> </u>									
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	•					
52		he organization complete Schedu	ile A? Note: All se	ction 501(c)(3) org	ganizations r	nust attac	h a_			
	comp	eleted Schedule A					. 🗶	Yes [_ N	0
		of perjury, I declare that I have examined this					nowledge	e and be	elief, it	is
true, co	rrect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepare	er has any knowle	edge.				
					04	/29/2024	4			
Sign		Signature of officer			Da	te				
Here		Edward Pietrowicz, Tr	easurer							
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date	Check X] if P	TIN		
Prep	arer	L Robin Macmillan			05/01/202			00444	1934	:
Use (Firm's name L. Robin Macmi	llan, CPA		Fir	0 =	-4208			
			Avenue, Beach H)8 Ph	one no. (6	09)4			
May th	a IRS	discuss this return with the prepare	shown above? See i	netructions				Vac	Y N	^

RECLAM THE BAY 32-0161006

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part IV: List of Officers, Directors, Trustees, and Key Employees

Continuation Statement

Name and Title	Average hours per week devoted to position	Reportable compensation (Forms W-2/1099- MISC) (If not paid, enter -0-)	Health benefits, contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
Deb Licato-Meiman				
Director	1.00	0.	0.	0.
Frank Vives				
Director	1.00	0.	0.	0.
	2.00	0.	0.	0.

RECLAM THE BAY 32-0161006 1

Additional Information From Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 16: Other Expenses

Continuation Statement

Description	Amount
Administration /Operations	1,370.
Boat Expense	1,804.
Education Outreach	11,952.
Member Services	1,067.
Planting Shellfish in the Bay	4,365.
Shellfish Production	11,202.
Meeting Expense	1,700.
Project Support	566.
Technology	225.
Depreciation	3,668.
Storage	821.
Total	38,740.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose Continuation Statement

Organization's Primary Exempt Purpose
To provide education and awareness about
the environmental benefit of shellfish
filtering, feeding and cleaning our estuary

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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 Inspection

Employer identification number Name of the organization RECLAM THE BAY 32-0161006 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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). 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 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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) d 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 III, 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). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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.)

Secti	Section A. Public Support							
Calen	dar 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.")	62,548.	56,916.	75,207.	111,619.	134,579.	440,869.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose	25,984.	26,040.	52,444.	37,207.	36,752.	178,427.	
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization'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	88,532.	82,956.	127,651.	148,826.	171,331.	619,296.	
7a	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							
_								
С 8	Add lines 7a and 7b							
0	line 6.)						(10, 20)	
Section	on B. Total Support						619,296.	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
9	Amounts from line 6	88,532.	82,956.	127,651.	148,826.	171,331.	619,296.	
	Gross income from interest, dividends,	00,332.	02,000.	127,031.	110,020.	171,331.	010,200.	
10a								
iua	payments received on securities loans, rents, royalties, and income from similar sources	31.	67.	42.	36.	36.	212.	
	payments received on securities loans, rents, royalties, and income from similar sources	31.	67.	42.	36.	36.	212.	
	payments received on securities loans, rents,	31.	67.	42.	36.	36.	212.	
	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less	31.	67.	42.	36.	36.	212.	
b	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	31.	67.	42.	36.	36. 36.		
b	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						212.	
b	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b							
b	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business							
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Supporting Organizations Part IV

(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.)

S

-	on A. All Supporting Organizations		Yes	No
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.	1		
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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 .	9c		
l0a	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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			ı
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
	provide detail in Part VI .	11c		
Secti	on 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) 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		
Secti	on 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		
Secti	on 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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on 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	instru	ction	s).
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity 	(see ir	nstruci	tions).
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 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> . 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? <i>If "Yes" or "No," provide details in Part VI</i> .	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		

				•
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (expl	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	ions A through E.
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):			
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	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-functional (see instructions)	ally i	integrated Type III suppor	rting organization

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. 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. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 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 . . .

Excess from 2023 . . .

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Name of	f the organization		Employer identification number
RECI	LAM THE BAY		32-0161006
Organi	zation type (check on	e):	
Filers o	of:	Section:	
Form 9	90 or 990-EZ	∑ 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private for	undation
		☐ 527 political organization	
Form 9	90-PF	☐ 501(c)(3) exempt private foundation	
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation	ation
		☐ 501(c)(3) taxable private foundation	
		covered by the General Rule or a Special Rule . In (8), or (10) organization can check boxes for both the General Rule is	and a Special Pula See
instruct		, (o), or (10) organization can check boxes for both the General Fulls	arid a Special hule. See
Genera	al Rule		
X		illing Form 990, 990-EZ, or 990-PF that received, during the year, con represently from any one contributor. Complete Parts I and II. See instructions.	
Specia	l Rules		
	regulations under se 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 ed from any one contributor, during the year, total contributions of the ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Comple	90), Part II, line 13, 16a, or e greater of (1) \$5,000; or
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any o contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.		us, charitable, scientific,	
	contributor, during the contributions totaled during the year for a	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the year, contributions <i>exclusively</i> for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total contribution <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of section to this organization because it received <i>nonexclusively</i> religious, charitable, etc.	ses, but no such utions that were received of the parts unless the

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

totaling \$5,000 or more during the year

Schedule B (Form 990) (2023)

Name of organization
RECLAM THE BAY

Separate Bay

RECLAM THE BAY

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I	if additional	space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	The Davis & Smith Family Foundation, Inc 2261 Woodlark Cir Bethlehem PA 18017	\$ 20,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2	The Essex Avenue Foundation Foundation Source 501 Silverside RD Wilmington DE 19809	\$20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

RECLAM THE BAY

Separation 12-0161006

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023)

Employer identification number

32-0161006 RECLAM THE BAY Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift `from Part I (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Name of organization

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
RECLAM THE BAY	32-0161006
Pt V, PBC: There are no Personal Benefit Contracts.	
Pt III, Line 31: Mordecai Island stabilization	
Pt I, Line 16:	
Description: Administration /Operations \$1,370	
Description: Boat Expense \$1,804	
Description: Education Outreach \$11,952	
Description: Member Services \$1,067	
Description: Planting Shellfish in the Bay \$4,365	
Description: Shellfish Production \$11,202	
Description: Meeting Expense \$1,700	
Description: Project Support \$566	
Description: Technology \$225	
Description: Depreciation \$3,668	
Description: Storage \$821	
Pt II, Line 24:	
Description: Inventory For Resale Beginning of Year: \$8,702	End of Year: \$13,500
Description: Net Fixed Assets Beginning of Year: \$11,471 End	of Year: \$17,378
Pt II, Line 26:	
Description: Sales Tax Beginning of Year: \$0 End of Year: \$0	

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity For calendar year 2023, or fiscal year beginning , 2023, and ending , 20 Do not send to the IRS. Keep for your records.

OMB No.	1545-0047
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epartment of the Treasury		Go to www.irs.gov/Form887	'9 <i>TE</i> for the latest information	1.	
ame of filer				EIN or SSN	Ţ
ECLAM THE BAY				32-0161006	
ame and title of officer or	person subject to tax			32-0101000	
dward Pietrow:	•	ar.			
		turn Information			
			79-TE and enter the applica	ble amount if any	from the return Forr
			her forms, enter whole dollars		
			or the return being filed with		
			not enter -0-). But, if you ente	ered -0- on the retu	rn, then enter -0- on the
• •	· <u> </u>	ore than one line in Part I.			
	k here		Form 990, Part VIII, column (A		1b
	check here X		Form 990-EZ, line 9)		2b 153,133.
	check here		POL, line 22)		3b
	check here		nent income (Form 990-PF, F		4b
	eck here		68, line 3c)		5b
	eck here		Part III, line 4)		6b
	eck here		Part III, line 1)		7b
	eck here		of tax year (Form 5227, Item		8b
	eck here	,	Part II, line 19)		9b
	check here		nent requested (Form 8038-CF		10b
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