Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

Open to Public Inspection

B	Check if	C Name of organization		D Employer identific	cation number
	Addre				
H	Jchang □Name	DAINEEPER		ر م ا د م	120240
H	chang □Initial		D / ':		120240
	return Final return/	1736 FRANKLIN STREET, SUITE 800	Room/suite	E Telephone numbe 510 –	r 735-9700
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,638,739.
	Ameno return	OAKHAND, CA 94012-3423		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer; DECAL CITORDI CITORDI		for subordinates	? Yes X No
	pendir	9 SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
Τ.	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
J	Websit	e: ► WWW.BAYKEEPER.ORG		H(c) Group exemptio	n number 🕨
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1987	State of legal domicile: CA
Pa		Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROT QUALITY AND HABITAT OF SAN FRANCISCO BAY	ECT Al	ND RESTORE T	HE WATER
'n	1	Check this box if the organization discontinued its operations or dispo		e than 25% of its net as	ssets
Ş.	1			3	8
ၓ	1	Number of independent voting members of the governing body (Part VI, line 1b)			8
οğ		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			11
iţie		Total number of volunteers (estimate if necessary)			100
ţ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, line 34			0.
	<u> </u>	Tect dimolated basiness taxable meeting ment of the color		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		714,444.	963,689.
nŭ	1	Program service revenue (Part VIII, line 2g)		683,808.	649,671.
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,378.	3,627.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,897.	21,752.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,397,733.	1,638,739.
	_	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	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		839,549.	829,778.
JSe	16a			0.	0.
Expenses	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 256,7	33.	-	
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		249,152.	682,554.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,088,701.	1,512,332.
		Revenue less expenses. Subtract line 18 from line 12		309,032.	126,407.
or				eginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		1,221,495.	1,424,142.
Ass	21	Total liabilities (Part X, line 26)		202,700.	278,940.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,018,795.	1,145,202.
Pá	art II	Signature Block	•		
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wl	hich prepare	r has any knowledge.	
Sig	n	Signature of officer		Date	
Her	re	SEJAL CHOKSI-CHUGH, EXECUTIVE DIRECTO	R		
		Type or print name and title			
Pai	d	Print/Type preparer's name DAVID M. BOTT	I .	Date Check Color Check Color of Self-employ	PTIN P01295922
Pre	parer	Firm's name WILSON MARKLE STUCKEY HARDESTY	& BOT	Firm's EIN	26-3789391
	Only	Firm's address 101 LARKSPUR LANDING CIRCLE, #2 LARKSPUR, CA 94939-1750			5-925-1120
Mar	v the II	RS discuss this return with the preparer shown above? (see instructions)		11 110110 110. 2 2	X Yes No
·via	,				100 140

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Pai	Check if Cahadula Companies a various average average and the control of the Cahadula Companies and the control of th	X
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: PROTECT AND RESTORE THE WATER QUALITY AND HABITAT OF SAN FRAI	ICTSCO
	BAY. THE MISSION OF SAN FRANCISCO BAYKEEPER (BAYKEEPER) IS TO	
	AND RESTORE THE WATER QUALITY AND HABITAT OF SAN FRANCISCO BA	
	MORE THAN 27 YEARS, BAYKEEPER HAS TAKEN ON THE GREATEST THREE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	l by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	al expenses, and
	revenue, if any, for each program service reported.	440 454
4a	(Code:) (Expenses \$1, 107, 740including grants of \$) (Revenue \$)	649,671.
	BAYKEEPER IS WORKING TOWARD A SAN FRANCISCO BAY THAT IS:	
	EDEE EDOM DOLLUMION GO GOMMINITHING AND WILDLINE ADENIM MUDI	TAMENIED DV
	- FREE FROM POLLUTION-SO COMMUNITIES AND WILDLIFE AREN'T THRI	SATENED BY
	TOXICS, TRASH, OR OIL SPILLS SAFE FOR RECREATION-WHERE SWIMMERS, SURFERS, BOATERS, AND I	DENCH COEDS
	CAN ENJOY THE WATER WITHOUT FEAR OF CONTAMINATION.	BEACH-GOERS
	- WITH HEALTHY BEACHES-PROTECTED FROM EROSION CAUSED BY SAND	MINING AND
	DREDGING.	TITIVING TIND
	- READY FOR THE FUTURE-WITH SHORELINES AND WETLANDS THAT CAN	WITHSTAND
	SEA LEVEL RISE, AND WHERE OUR COMMUNITIES MAKE THE MOST OF SO	
	RESOURCES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,107,740.	·

10010503 718997 2010246

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Form 990 (2016) BAYKEEPER 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?	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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? 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			
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	endowments, or 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	Х	
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
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	446		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		-25
124	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Ves." complete Schedule F. Parts Land IV.	14b		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	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	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

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Part IV Checklist of Required Schedules (continued) BAYKEEPER

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u> </u>		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	045		X
L	Schedule K. If "No", go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		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, 6, or 22 for receivables from or payables to any current or			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			17
	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			v
00	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 in Schedule O for Part VI, lines 11b and 19?		Х	
	Note. All Form 990 filers are required to complete Schedule O	38	L	Щ_

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Form 990 (2016) BAYKEEPER Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this Part v				Ш
				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 10			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	•	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r			37	
	(gambling) winnings to prize winners?	I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_{2a}			
	filed for the calendar year ending with or within the year covered by this return		_	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				Х
			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•	4-		Х
L	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		22
D	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Localista (EBAB)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
va		ie organization solicit	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.		- Ou		
	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 se	rvices provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				
	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation 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:	ا ما			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	446			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	116			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	111b	120		
		1041? 12b	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120			
13 a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.		134		
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	13b			
С	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b		
				990	(0040)

68-0120240 **BAYKEEPER** Form 990 (2016)

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 in Schedule O. See instructions.	740 7	СОРОП	50
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	ton / it do to hining body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		100	-110
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	:		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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, or 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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			3,7
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	Na
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	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			
	in Schedule O how this was done	12c	X	
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	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	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	401-		
S00	exempt status with respect to such arrangements? tion C. Disclosure	16b		
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	ole	
.5	for public inspection. Indicate how you made these available. Check all that apply.	anak		
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 510-735-9700			

Form **990** (2016)

OAKLAND

CA

94612-3423

1736 FRANKLIN STREET, SUITE 800,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	l	411120		C)	про	ilout	(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per	box, unles		ot check more than one inless person is both an rand a director/trustee)			h an	compensation	compensation	amount of
	week (list any		Jei aii		ii ecic)/ ii us	100)	from the	from related organizations	other compensation
	hours for	Individual trustee or director				Đ		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	(,	organization
	organizations	al trus	nal trı		loyee	omp				and related
	below	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JEFF RUSSELL	line) 1.00	트	lus	₽	ē.	, 등 등	윤			
DIRECTOR	1.00	Х						0.	0.	0.
(2) JOVITA PAJARILLO	1.00	<u> </u>						0.	0.	0.
SECRETARY	1.00	x						0.	0.	0.
(3) PETER MOLNAR	1.00							0.	•	
CHAIR CHAIR		x						0.	0.	0.
(4) BEN PATTON	1.00	 								<u> </u>
TREASURER		х		x				0.	0.	0.
(5) CHRISTINA SWANSON	1.00							-		
DIRECTOR		х						0.	0.	0.
(6) DIANE LIVIA	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(7) TIM EICHENBERG	1.00									
DIRECTOR		Х						0.	0.	0.
(8) PALMER HILL	1.00									
DIRECTOR		Х						0.	0.	0.
(9) SEJAL CHOKSI-CHUGH	40.00								_	
EXECUTIVE DIRECTOR				Х				124,174.	0.	4,082.
(10) JEREMY NELSON	32.00									
FINANCE AND ADMIN. DIR.				Х				72,619.	0.	2,168.
										_
		1								
-										_
		1								
	•	_	_	_		_	_			

Form 990 (2016) BAYKEEPER 68-0120240 Page 8

Pai	Tt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director oppo oppo	not c	Pos heck	c) sition more erson		one th an stee)	(D) Reportable compensation from the	es (continued) (E) Reportable compensation from related organization (W-2/1099-MIS	on d s	am comp fro orga and	(F) timate nount o other pensa om the anizati d relate nizatio	of tion e on ed
С	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	II, Section A			· · · · · · · · · · · · · · · · · · ·			<u> </u>	196,793. 0. 196,793. ecceived more than \$100	0,000 of reportab	0 • 0 • 0 •		5,2	0.
3 4 5 Sec 1	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some For any individual listed on line 1a, is the suand related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," competion B. Independent Contractors Complete this table for your five highest contractors (A)	uch individual um of reportab 0,000? If "Yes, accrue comper	le connections at the second s	omp mple ion f	ensa ete S from uch	atior Sche any pers	n and edul y uni son	d ot e J r relat	ther compensation from for such individual ted organization or individual that received more than	the organization idual for services \$100,000 of con		3 4 5		No X X
	Name and business			ONI					Description of s		C	comper	nsation	1
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lii	mite	d to	tho	se li 0	stec	d above) who received n	nore than			200 //	

Form **990** (2016)

		(2016) BAYKE					68-012	0240 Page
Pa	rt VII							
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f	Total. Add lines 1a-1f	ts, and ve	Business Code 541100 900099	963,689. 649,437. 234.	649,437. 234.	Teverine	512 - 514
	3	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax	dividends, inter	rest, and proceeds	649,671. 3,627.			3,627
	b c d	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		(ii) Other				
Other Revenue	8 a	Gross income from fundraising including \$	g events (not of 1c). See a					
	9 a b	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam	ctivities. See a b					
	10 a b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a					
		Miscellaneous Revenu UNREALIZED GAIN	е	Business Code 900001	21,752.			21,752

632009 11-11-16

25,379. Form **990** (2016)

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

21,752. 638,739.

649,671.

0.

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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) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses 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, 100,575. 21,675. 205,901 83,651. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 502,423 371,431. 4,372 126,620. persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,250. 14,540. 68,810. 47,020. Other employee benefits 9 52,644. 36,427. 5,086. 11,131. Payroll taxes 10 Fees for services (non-employees): 11 a Management 386,233. 386,233. Legal 29,998. 29,998. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ Other, (If line 11g amount exceeds 10% of line 25, 6,500. 2,320 680 3,500. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 19,604. 11,955. 1,809. 5,840. Information technology 14 Royalties 15 13,280. 6,068. 62,810. 43,462. 16 Occupancy 2,231. 1,543. 23. 665. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 18,425. 11,033. 749. 6,643. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 5,790. 7,441. 518. 1,133. Depreciation, depletion, and amortization 22 9,186. 4,538. 1,638. 3,010. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 54,024. 11,695. 2,805. 39,524. OPERATING EXPENSES MAINTENANCE EXPENSE 40,000. 40,000. PUBLICATIONS AND OUTREA 31,661. 20,805. 312. 10,544. 14,441. 14,441. BAY PATROL e All other expenses 1,512,332. 1,107,740. 147,859 256,733. Total functional expenses. Add lines 1 through 24e 25

Form **990** (2016)

Check here

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

68-0120240 Page **11** Form 990 (2016)
Part X Balance Sheet BAYKEEPER

Pai	LA	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			227,605.	1	729,230.
	2	Savings and temporary cash investments			229,349.	2	277,426.
	3	Pledges and grants receivable, net			14,200.	3	28,720.
	4	Accounts receivable, net	502,016.	4	103,632.		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	tion 501(d	c)(9) voluntary			
छ		employees' beneficiary organizations (see instr).	-	• •		6	
Assets	7	Notes and loans receivable, net		_		7	
¥	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			32,548.	9	20,275.
	10a	Land, buildings, and equipment: cost or other	I I				
		basis. Complete Part VI of Schedule D	10a	197,051.			
	b	Less: accumulated depreciation		165,492.	9,924.	10c	31,559.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		197,242.	12	224,689.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	8,611.	15	8,611.		
	16	Total assets. Add lines 1 through 15 (must equ			1,221,495.	16	1,424,142.
	17	Accounts payable and accrued expenses	115,586.	17	172,510.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former					
i≝		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L	-			22	
=	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate		_	75,000.	24	95,000.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). (Complete Part X of			
		Schedule D			12,114.	25	11,430.
	26	Total liabilities. Add lines 17 through 25			202,700.	26	278,940.
		Organizations that follow SFAS 117 (ASC 958					
Se		complete lines 27 through 29, and lines 33 an					
ŭ	27	Unrestricted net assets		791,827.	27	891,129.	
ala	28	Temporarily restricted net assets			226,968.	28	254,073.
дE	29			<u></u> [29	
Ξ		Organizations that do not follow SFAS 117 (A	SC 958),	check here			
5		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
ASS	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances			1,018,795.	33	1,145,202.
	34	Total liabilities and net assets/fund balances			1,221,495.	34	1,424,142.

Form **990** (2016)

Form 990 (2016) BAYKEEPER 68-0120240 Page **12**

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 2 3	L,63 L,51	8,7 2,3 6,4	32. 07.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		1 1 1	E 2	0.2
Pa	column (B)) rt XII Financial Statements and Reporting	10	L,14	J , Z	04.
ı a					
	Check if Schedule O contains a response or note to any line in this Part XII		·····	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		100	110
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:		2b	Х	
	X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	2c	Х	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	_		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	aan /	(2016)
			LOUI	33U ((CO 10)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization BAYKEEPER 68-0120240 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f 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 No above (see instructions))

Total

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

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

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The yellon of convices or facilities	
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 577,007. 741,435. 631,933. 912,151. 963,635	
include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 577,007. 741,435. 631,933. 912,151. 963,635	
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	
ization's benefit and either paid to or expended on its behalf	3826161
or expended on its behalf	3826161
	3826161
2. The value of convices or facilities	3826161
3 The value of services or facilities	3826161.
furnished by a governmental unit to	3826161
the organization without charge	3826161
4 Total. Add lines 1 through 3 577,007. 741,435. 631,933. 912,151. 963,635	0 00001010
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)	250,050.
6 Public support. Subtract line 5 from line 4.	3576111.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016	(f) Total
Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 7 Amounts from line 4 577,007. 741,435. 631,933. 912,151. 963,635	(f) Total 5. 3826161.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties	
and income from similar sources 9,025. 7,945. 3,504. 3,378. 3,627	27,479.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
11 Total support. Add lines 7 through 10	3853640.
12 Gross receipts from related activities, etc. (see instructions) 12	2,098,143.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14	92.80 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	91.17 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this	
stop here. The organization qualifies as a publicly supported organization	▶ X
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, chec	k this box
and stop here. The organization qualifies as a publicly supported organization	▶□
17a 10% -facts-and-circumstances test - 2016. 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 or	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶□
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15	is 10% or
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how	the
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶□
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruct	ons ▶

Schedule A (Form 990 or 990-EZ) 2016

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 com	piete i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,		,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	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						
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.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	(4, 23.2	(5) 25 15	(5,25)	(4,) = 0.10	(5) = 5 : 5	(1)
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	I s first second thi	I rd fourth or fifth t	av vear as a secti		zation
•	check this box and stop here	· ·			•		
Se	ction C. Computation of Publi						
	Public support percentage for 2016 (li			column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2016. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2015. If the						
	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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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
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	2		
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a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body or a supported organization? b A Amily member of a person described in (i) above? c A 35% controlled entity of a person described in (i) or (b) above?! Yes' to a, b, or c, provide detail in Part Vi. 11c Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "I'V" describe in Part V In own the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization derives the supported organization, describe how the powers to appoint and/or remove directors or trustees are all times during the tax year. 1 Did the directors, trustees, or membership of one or more supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization's directors or subsets were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees during the tax year. 1 Did the organization operated for the benefit of any supported organization? If "Yes," explain in Part V In organization operated, supporting organization. Section C. Type II Supporting Organizations 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 supporting organization was vested in the same persons that controlled or managed the supported organization's provided to ach of the supported organization's provided organization's provided to ach of the supported organization's provided organization's provided to ach of the supported organization's provided organization's provided organization's provided organization's provided organization's provided organization's provid		, c c (senimos)		Yes	No
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trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		20		
	h		od		
	D		3h		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	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 instruction of the contraction of					
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections 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	1 b			
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 1-1/2% 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 .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 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	ly integrat	ed Type III supporting org	ganization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2016

Par	t V T	ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Di	stributions			Current Year
1	Amounts	paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts	paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizat	tions, in excess of income from activity			
3	Administ	rative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts	paid to acquire exempt-use assets			
5	Qualified	set-aside amounts (prior IRS approval required)			
6	Other dis	tributions (describe in Part VI). See instructions			
7	Total an	nual distributions. Add lines 1 through 6			
8	Distributi	ons to attentive supported organizations to which the	ne organization is responsive	9	
	(provide	details in Part VI). See instructions			
9	Distributa	able amount for 2016 from Section C, line 6			
10	Line 8 an	nount divided by Line 9 amount			
			(i)	(ii)	(iii)
.	F D:	- Authorities Allega Atlanta (and instrumentions)	Excess Distributions	Underdistributions	Distributable
secti	on E - Di	stribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributa	able amount for 2016 from Section C, line 6			
2	Underdis	tributions, if any, for years prior to 2016 (reason-			
	able caus	se required- explain in Part VI). See instructions			
3		istributions carryover, if any, to 2016:			
а					
b					
С	From 20	13			
d	From 20	14			
е	From 20	15			
f	Total of I	ines 3a through e			
		o underdistributions of prior years			
h	Applied t	o 2016 distributable amount			
i	Carryove	r from 2011 not applied (see instructions)			
j	Remaind	er. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributi	ons for 2016 from Section D,			
	line 7:	\$			
а	Applied t	o underdistributions of prior years			
b	Applied t	o 2016 distributable amount			
С	Remaind	er. Subtract lines 4a and 4b from 4			
5	Remainir	ng underdistributions for years prior to 2016, if			
	any. Sub	tract lines 3g and 4a from line 2. For result greater			
	than zero	o, explain in Part VI. See instructions			
6	Remainir	ng underdistributions for 2016. Subtract lines 3h			
	and 4b fr	om line 1. For result greater than zero, explain in			
	Part VI. S	See instructions			
7	Excess	distributions carryover to 2017. Add lines 3j			
	and 4c				
8	Breakdo	wn of line 7:			
а					
b	Excess fi	rom 2013			
С	Excess fi	rom 2014			
d	Excess fi	rom 2015			
_	Eycess fi	rom 2016			

Schedule A (Form 990 or 990-EZ) 2016

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 C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016

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

Tax) (see separate instructions), then				
•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Emp	oloyer identification number
	BAYKEEP				68-0120240
Pa	art I-A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527 o	organization.
2	Provide a description of the organize Political campaign activity expendit Volunteer hours for political campa	tures		>	\$
Pa	art I-B Complete if the ord	ganization is exempt unde	er section 501(c)(3).	
	Enter the amount of any excise tax	•	. , ,	•	<u> </u>
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	>	* \$
	If the organization incurred a section				
	Was a correction made?				
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt unde	er section 501(c),	except section 501	(c)(3).
1	Enter the amount directly expended	d by the filing organization for sec	tion 527 exempt functi	ion activities	\$
2	Enter the amount of the filing organ	nization's funds contributed to oth	er organizations for se	ction 527	
	exempt function activities		_	> :	\$
3	Total exempt function expenditures				
	line 17b			> :	\$
4					
5	Enter the names, addresses and er	mployer identification number (EIN	I) of all section 527 pol	itical organizations to whi	ich the filing organization
	made payments. For each organiza	ation listed, enter the amount paid	from the filing organization	ation's funds. Also enter t	the amount of political
	contributions received that were pr	omptly and directly delivered to a	separate political orga	anization, such as a separ	rate segregated fund or a
	political action committee (PAC). If	additional space is needed, provi	de information in Part I	V.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(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 or 990-EZ) 2016

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	rt II-A Complete if the organizati	on is exempt under section 501(c)(3) and fil		ection under		
	section 501(h)).					
A CI	Check 🕨 📖 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,					
	expenses, and share of excess lobbying expenditures).					
B CI	heck 🕨 🔛 if the filing organization chec	ked box A and "limited control" provisions apply.				
		bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals		
1a	Total lobbying expenditures to influence put	olic opinion (grass roots lobbying)	4,213.			
b	Total lobbying expenditures to influence a le	gislative body (direct lobbying)	3,753.			
С	Total lobbying expenditures (add lines 1a ar	d 1b)	7,966.			
d			1,099,774.			
е	Total exempt purpose expenditures (add line	es 1c and 1d)	1,107,740.			
f	Lobbying nontaxable amount. Enter the amount	ount from the following table in both columns.	185,774.			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:				
	Not over \$500,000	20% of the amount on line 1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.				
	Over \$17,000,000	\$1,000,000.				
			46 444			
_	Grassroots nontaxable amount (enter 25% of	,	46,444.			
	Subtract line 1g from line 1a. If zero or less,		0.			
		enter -0-	0.			
j		er line 1h or line 1i, did the organization file Form 4720	_			
	reporting section 4911 tax for this year?		L	Yes No		
	(Some organizations that made	4-Year Averaging Period Under section 501(h) a section 501(h) election do not have to complete all	of the five columns be	elow.		

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total			
2a Lobbying nontaxable amount	141,303.	235,548.		185,774.	562,625.			
b Lobbying ceiling amount (150% of line 2a, column(e))					843,938.			
c Total lobbying expenditures	1,891.	1,022.	1,894.	7,966.	12,773.			
d Grassroots nontaxable amount	35,326.	58,887.		46,444.	140,657.			
e Grassroots ceiling amount (150% of line 2d, column (e))					210,986.			
f Grassroots lobbying expenditures	451.	650.	276.	4,213.	5,590.			
Schodulo C (Form 000 or 000 EZ) 2016								

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 BAYKEEPER 68-012024 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)).

of the lo	h "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		a) '		(t	o)
	obbying activity.	Yes	No	•	Amo	ount
1 D	uring the year, did the filing organization attempt to influence foreign, national, state or					
lo	cal legislation, including any attempt to influence public opinion on a legislative matter					
or	r referendum, through the use of:					
a Vo	olunteers?					
b Pa	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
сМ	ledia advertisements?					
	lailings to members, legislators, or the public?					
e Pi	ublications, or published or broadcast statements?					
f G	rants to other organizations for lobbying purposes?					
g Di	irect contact with legislators, their staffs, government officials, or a legislative body?					
h R	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i O	ther activities?					
	otal. Add lines 1c through 1i					
	id the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	"Yes," enter the amount of any tax incurred under section 4912					
	"Yes," enter the amount of any tax incurred by organization managers under section 4912					
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	II A Composite if the everemination is exempt under coeffice EO4/eV/A ecetic	on 501(c)	(5), o	r se	ction	
	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)					
	501(c)(6).				Vos	N
art I	501(c)(6).		Г		Yes	N
art I	501(c)(6). /ere substantially all (90% or more) dues received nondeductible by members?			1	Yes	N
art I W Di Di	for substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior yea	 ır? ((5), o	2 3 or se	ction	
art I 1 W 2 Di 3 Di 2art I	/ere substantially all (90% or more) dues received nondeductible by members?	ne prior yea on 501(c) "No," Ol	 ır? ((5), o	2 3 or se Par	ction	
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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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number BAVKEEPER 68-0120240

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts Complete if the
ı u	organization answered "Yes" on Form 990, Part IV, line		3 Of Accounts. Complete if the
	organization answered Tes Officini 990, Fait IV, line V	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Berief davised farias	(b) I dilas dila stiloi dessalte
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 wr	-	
_	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or or	donor advisor, or for any other purpose	
Da	impermissible private benefit?		Yes No
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (e.g., recreation or edu	· —	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	ter 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year ▶		
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of A		Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	ublic 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 treas		
	the following amounts required to be reported under SFAS 116		
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.

Schedule D (Form 990) 2016

68-0120240 Page 2

Schedule D (Form 990) 2016

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	t III Organizations Maintaining C		t. Historical Tr	easures. or Otl	ner Simila	ar Asse	ts /conti		age Z	
	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
Ū	(check all that apply):									
а	(check all that apply): Public exhibition d Loan or exchange programs									
b	Scholarly research	e	Other	nange programs						
C	Preservation for future generations	e								
4	Provide a description of the organization's co	lloctions and ovalain	how thoy further th	no organization's o	omnt nurno	so in Par	+ VIII			
5	During the year, did the organization solicit or					ise III Fai	L AIII.			
3							Voc] No	
Par	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990. Part IV, line 9, or									
· u	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.									
	Is the organization an agent, trustee, custodia		iary for contribution	s or other assets n	nt included					
ıu	on Form 990, Part X?						Yes	X	No	
h	If "Yes," explain the arrangement in Part XIII a	and complete the following	lowing table:				J 163		J 140	
b	in res, explain the arrangement in rait Air A	and complete the following	lowing table.				Amoun	+		
_	Beginning balance				1c					
	Additions during the year									
f	Distributions during the year									
	Ending balance Did the organization include an amount on Fo						Yes	T	No	
	If "Yes," explain the arrangement in Part XIII.				•		J 162			
	t V Endowment Funds. Complete if									
. u.	2 rad Willer Lands Complete in	(a) Current year	(b) Prior year	(c) Two years back	1	eare hack	(e) Fou	r veare	hack	
10	Beginning of year balance	192,833.	195,823.	295,236	1 , , , ,	64,253.	(e) i ou		,104.	
	F	152,055.	907.	233,230	•	01,233.				
	Contributions	23,799.	-3,897.	2,084		38,757.		32	708.	
	Net investment earnings, gains, and losses	23,733.	3,037.	2,004	•	30,737.			700.	
	Grants or scholarships									
е	Other expenditures for facilities			100,000	1	05,421.		25	000	
	and programs	1,752.		1,497	+	2,353.	25,000 2,559			
	Administrative expenses	214,880.	192,833.	195,823	+	95,236.			253.	
g	End of year balance		•	•	• 4.	75,250.		304,	233.	
2	Provide the estimated percentage of the curr	erit year erid balance		ij) rieid as.						
	Board designated or quasi-endowment	0/	_%							
	Permanent endowment \(\bigcup_{\text{\tinit}\\ \text{\tin}\tint{\text{\tin}\tint{\text{\text{\texitil{\text{\texict{\text{\texict{\texitil\tin\tint{\text{\texit{\texi\tint{\texit{\texi}\tiin\tint{\texit{\texi{\texi{\texi{\texi{\texi{\texit{\tinit\tin\									
С	Temporarily restricted endowment	% 								
2-	The percentages on lines 2a, 2b, and 2c should be the department for the percentages of the department	•			. 41	-4:				
за	Are there endowment funds not in the posses	ssion of the organiza	ition that are neid a	na aaministerea tol	the organiz	ation	1	V	Nia	
	by: (i) unrelated organizations						0-(:)	Yes X	No	
							3a(i)		X	
	(ii) related organizations		l O -ll- I - DO				3a(ii)	\vdash		
	If "Yes" on line 3a(ii), are the related organization						3b	Щ		
Dai	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment tunas.						—	
Fai	Complete if the organization answered		Dort IV line 11e C	as Form 000 Dort	V line 10					
	· •		· · · · · · · · · · · · · · · · · · ·		•		(-I) D	1		
	Description of property	(a) Cost or ot basis (investm	' '		Accumulate epreciation	a	(d) Boo	k valu	е	
	Land	- 	Dasis I	(Othler)	- CPI ECIALIOII					
	Land									
	Buildings			5,860.	3,64	17	 		13	
	Leasehold improvements			1,191.	161,84			2,213.		
	Equipment		19	<u> </u>	±0±,04	- 7 • -		, , ,		
	Other		V == 1== (D) !!: - 1	0-1			2	1,5	50	
rotal	. Add lines 1a through 1e. (Column (d) must ed	juai Form 990, Part)	x, column (B), line 1	UC.)				<u> </u>	J 9 •	

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.			ugo e
Complete if the organization answered "Yes"	on Form 990, Part IV, I		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) MARIN COMMUNITY			
(B) FOUNDATION	214,88		
(C) SCHWAB BROKERAGE ACCOUNT	9,80	9. END-OF-YEAR MARKE	T VALUE
(D)			
(E)			
(F)			
(G)			
(H)	224 604		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	224,689	9.	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		ine 11c. See Form 990, Part X, line 13.	nd of year market value
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(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 I	ine 11d. See Form 990. Part X. line 15	
	Description	ine trailed reminede, ratez, interes.	(b) Book value
(1)	•		1
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEFERRED RENT		11,430.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		11 122	
Total. (Column (b) must equal Form 990, Part X, col. (B) line		11,430.	
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Che	eck here if the text of the footnote has bee	en provided in Part XIII L

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 BAYKEEPER 68-0120240 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, li		1 1	1 (20 720
1	Total revenue, gains, and other support per audited financial statements		1	1,638,739.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	5 (, ,			
b				
C				
d		•		0.
e	• • • • • • • • • • • • • • • • • • • •			1,638,739.
3	Subtract line 2e from line 1		3	1,030,739.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4- 1		
a	, , , ,			
b		<u>-</u>	4.5	0.
_	Add lines 4a and 4b			1,638,739.
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial S			
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, li		nises per metu	
1	Total expenses and losses per audited financial statements		1	1,512,332.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1,312,332
a		2a		
b				
C				
d				
e			2e	0.
3	Subtract line 2e from line 1			1,512,332.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а		4a		
b				
~	Other (Besonbe in rail Ain.)			
С			4c	0.
с 5	Add lines 4a and 4b			
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 7 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;	5	0. 1,512,332. X, line 2; Part XI,
Parrov ines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 7 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT V, LINE 4:	4; Part IV, lines 1b and 2b;	5	1,512,332.
Provines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 7 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	4; Part IV, lines 1b and 2b;	5	1,512,332.
Provines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 7 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT V, LINE 4:	4; Part IV, lines 1b and 2b;	5	1,512,332.
Provines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 7 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT V, LINE 4:	4; Part IV, lines 1b and 2b;	5	1,512,332.
Provines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 7 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT V, LINE 4:	4; Part IV, lines 1b and 2b;	5	1,512,332.
Provines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 7 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT V, LINE 4:	4; Part IV, lines 1b and 2b;	5	1,512,332.
Provines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 7 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT V, LINE 4:	4; Part IV, lines 1b and 2b;	5	1,512,332.
Provines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 7 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT V, LINE 4:	4; Part IV, lines 1b and 2b;	5	1,512,332.
Provines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 7 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT V, LINE 4:	4; Part IV, lines 1b and 2b;	5	1,512,332.
Provines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 7 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT V, LINE 4:	4; Part IV, lines 1b and 2b;	5	1,512,332.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

BAYKEEPER

Employer identification number
68-0120240

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 de noncash contrib	etermin	•	s
1	Art - Works of art			<u> </u>				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	5,148.	HI/LO PRICE	: AV	G	
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	37	0	151 541	DDEI/ATT TMG	0016	DEN	~~ m
25	Other (ATTORNEY FEES)	X	0		PREVAILING	COM	PEN	SAT.
26	Other (IN-KIND GOODS)	X	0		DONOR COST	COM	דאבו כו	<u> </u>
27	Other (INTERNS)	X	0		PREVAILING PREVAILING			
28	7		_		PKEVAILLING	COM	PEIN	SAI
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part IV, I	Jonee Acknowled	gement 29			Vaa	N ₂
20-	During the year did the expenientian receive by	, aantributia	on any proporty ror	nartad in Dort I lines 1 throu	ab 00 that it		Yes	No
Sua	During the year, did the organization receive by must hold for at least three years from the date							
	•		•	•		30a		Х
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.					30a		
31	•	olicy that re	equires the review	of any nonstandard contribu	ıtions?	31	х	
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash					31		
JŁa						32a		Х
h	If "Yes," describe in Part II.					02u		
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	v for which column (a) is che	cked.			
	describe in Part II.			, Selamin (a) 10 one				

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

Schedule M (Form 990) (2016)

632142 08-23-16

Schedule M (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

BAYKEEPER

Employer identification number 68-0120240

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FRANCISCO BAY'S HEALTH. BAYKEEPER'S VISION IS A SAN FRANCISCO BAY WHERE THE WATER IS CLEAN, THE ECOSYSTEM IS HEALTHY, RECREATION IS SAFE, AND WILDLIFE CAN THRIVE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: USING WATER QUALITY MONITORING, SCIENCE, AND ON-THE-WATER PATROLS, BAYKEEPER IDENTIFIES THE GREATEST THREATS TO THE HEALTH OF THE BAY'S ECOSYSTEM. THEN WE STRATEGICALLY USE ADVOCACY, PUBLIC EDUCATION, AND LEGAL ACTION TO SECURE SMART SOLUTIONS THAT STOP POLLUTION AND RESTORE WATER QUALITY.

BAYKEEPER HAS WON CRITICAL VICTORIES AT THE NATIONAL, REGIONAL, AND LOCAL LEVEL TO PROTECT AND RESTORE SAN FRANCISCO BAY. SINCE 1989, WE HAVE:

- COMPELLED CLEANUP OF HUNDREDS OF REFINERIES, CHEMICAL COMPANIES,
- LANDFILLS, AND CITY STREETS;
- KEPT HUNDREDS OF MILLIONS OF GALLONS OF UNTREATED SEWAGE OUT OF THE BAY AND LOCAL NEIGHBORHOODS;
- WON FEDERAL COURT VICTORIES TO REGULATE PESTICIDES, INVASIVE SPECIES,
- AND VESSEL POLLUTION;
- BEEN RECOGNIZED AS A NATIONAL LEADER IN OIL SPILL PREVENTION AND
- RESPONSE;
- CONDUCTED REGULAR PATROLS OF SAN FRANCISCO BAY TO MONITOR AND STOP
- POLLUTION; AND
- RESPONDED TO HUNDREDS OF CITIZEN POLLUTION REPORTS THROUGH OUR

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization BAYKEEPER Employer identification number 68-0120240

POLLUTION HOTLINE.

WE HAVE A STAFF OF ELEVEN WITH SCIENTIFIC AND LEGAL EXPERTISE, A BOARD

OF DIRECTORS WITH A BREADTH OF EXPERIENCE WITH THE BAY, AN EXPERT

ADVISORY BOARD, A TEAM OF VOLUNTEER BOAT SKIPPERS, AND THE ONLY

POLLUTION PATROL BOAT REGULARLY MONITORING AND INVESTIGATING POLLUTION

IN THE BAY.

AND, BAYKEEPER HELPED FOUND THE WATERKEEPER ALLIANCE, AN INTERNATIONAL

NETWORK OF ON-THE-WATER ACTIVISTS, LED BY ROBERT F. KENNEDY, JR. THERE

ARE NOW MORE THAN 300 WATERKEEPER ORGANIZATIONS AND AFFILIATES AROUND

THE WORLD. BAYKEEPER HOLDS THE "BAYKEEPER" TRADEMARK AND LICENSES ITS

USE BY OTHER ORGANIZATIONS. TO AVOID CONFUSION, BAYKEEPER OPERATES

PRIMARILY UNDER THE NAME SAN FRANCISCO BAYKEEPER.

BAYKEEPER INCORPORATED AS A NONPROFIT, PUBLIC BENEFIT CORPORATION IN

CALIFORNIA ON JANUARY 23, 1987, AS THE SAN FRANCISCO BAY-DELTA

PRESERVATION ASSOCIATION, AND BECAME BAYKEEPER IN MAY 1989, THE FOURTH

"WATERKEEPER" ORGANIZATION IN THE COUNTRY.

WITH THE HELP OF OUR DEDICATED COMMUNITY OF SUPPORTERS, BAYKEEPER

PURSUES THE WORK THAT IS MOST CRITICAL TO PROTECTING SAN FRANCISCO BAY.

WE ARE MAKING THE BAY CLEANER FOR RECREATION, HEALTHIER FOR WILDLIFE,

AND MORE SUSTAINABLE FOR ALL. FOR MORE INFORMATION, PLEASE VISIT US

ONLINE AT BAYKEEPER.ORG.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDITOR PREPARES FORM 990 WITH THE ASSISTANCE OF THE SENIOR STAFF. THE
632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization **Employer identification number** BAYKEEPER 68-0120240 EXECUTIVE DIRECTOR APPROVES FORM 990 AND THEN SUBMITS IT TO THE BOARD TREASURER FOR REVIEW AND APPROVAL. THE ENTIRE BOARD RECEIVES THE FORM 990 PRIOR TO SUBMISSION. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY AT THE LAST MEEETING OF THE FISCAL YEAR, BOARD MEMBERS SUBMIT TO THE BOARD A CONFLICT OF INTEREST DISCLOSURE FORM, WHICH THE GOVERNANCE COMMITTEE REVIEWS. ANY NEED FOR RECUSAL IS THEN DISCUSSED WITH THE BOARD MEMBER WHO HAS AN ACTUAL OR APPARENT CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD DETERMINES THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL ANNUALLY FOLLOWING A PERFORMANCE REVIEW THAT IS CONDUCTED BY THE BOARD'S GOVERNANCE COMMITTEE. THE BOARD ALSO DETERMINES THE COMPENSATION FOR THE TOP FINANCIAL EMPLOYEE. COMPENSATION IS DETERMINED FOLLOWING REVIEW OF COMPARABILITY DATA, INCLUDING THE COMPENSATION AND BENEFITS SURVEY PUBLISHED ANNUALLY BY THE CENTER FOR NONPROFIT MANAGEMENT. ALL DELIBERATIONS AND DECISIONS ARE CONTEMPORANEOUSLY SUBSTANTIATED BY THE GOVERNANCE COMMITTEE AND BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: BAYKEEPER MAKES ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIALS STATEMENTS AVAILABLE UPON REQUEST.