Form	99	90		Return	n of Organiza	ation Exer	not Fr	om Incon	ne Tax	c		OMB No. 1545-0047
1 OIII				Rotan	i ei ei gamze					•		2017
			Under	section 501(c), 527, or 4947(a)(1)	of the Interna	I Revenue	Code (excep	t private	foundatio	ns)	
Depar	ment of t	the Treasury		Do not enter social security numbers on this form as it may be made public.								Open to Public
Interna	al Revenu	ue Service		► Go to w	/ww.irs.gov/Form9	90 for instruct	ions and t	the latest info	rmation.			Inspection
A F	or the 2017 calendar year, or tax year beginning 07-01, 2017, and ending 06-3								6-30	, 20 18		
Β	heck if a	pplicable:	C Name of or	rganization Bayk	eeper						D Em	ployer identification no.
	ddress c	hange	Doing busir	ness as					1		68-	0120240
	lame cha	ange	Number an	d street (or P.O. bo	x if mail is not delivered to	street address)			Room/suit	е	E Tel	ephone number
<u> </u>	nitial retu	rn	1736	Franklin :	Street Suite	800					(51	0)735-9700
L F	inal retur	n/terminated	City or town	n, state or province	country, and ZIP or foreign	n postal code					G Gro	oss receipts
L A	mended	return	Oakla	nd, CA 94	612-3423						\$	1,682,747
L A	pplicatio	n pending	F Name and	address of principa	l officer: Sejal (Choksi-Chu	ıgh		H(a) is	this a group retur	n for subord	linates? Yes X No
				as C abov	e	-			H(b) Ar	e all subordina	ates incluc	ied? Yes No
T I	ax-exem	pt status: X	501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or	527		_	If "No," attac	h a list. (s	ee instructions)
JV	Vebsite:	htt	ps://bay	ykeeper.or	.g/		1		H(c)	Group exempti	on numbe	r 🕨
		rganization: X	Corporation	Trust Ass	ociation Other ►		L Yea	ar of formation: 1	987	M State of le	egal domio	cile: CA
Pa	rt I	Summar	у									
	1	Briefly descri	ibe the orga	inization's miss	ion or most significar	nt activities:	Defend	San Franc	isco l	Bay from	n the	biggest
đ		threats a	and hold	d polluter	s accountable							
Activities & Governance												
erne												
Š	2	Check this bo	ox ► 🗌 if tl	he organizatior	n discontinued its ope	erations or dispo	osed of mo	ore than 25% o	of its net a	ssets.		
ڻ م	3	Number of ve	oting memb	ers of the gove	erning body (Part VI,	line 1a)				3	3	8
ŝ	4	Number of in	ndependent	voting member	s of the governing bo	ody (Part VI, lin	e 1b) .			4	1	8
vitie	5	Total number	r of individua	als employed ir	n calendar year 2017	' (Part V, line 2a	a)				5	13
vcti	6	Total number	r of voluntee	ers (estimate if	necessary)					6	5	176
٩	7a	Total unrelate	ed business	s revenue from	Part VIII, column (C)	, line 12				7	a	0
	b	Net unrelate	d business t	taxable income	from Form 990-T, lir	ne 34				7	b	0
									Prie	or Year		Current Year
	8	Contributions	s and grants	(Part VIII, line	1h)					963,6	89	809,414
Revenue	9	Program ser	vice revenue	e (Part VIII, line	e 2g)					649,6	71	866,039
Ven	10	Investment in	ncome (Part	VIII, column (A	A), lines 3, 4, and 7d)					3,6	27	5,044
Re	11	Other revenue	e (Part VIII,	, column (A), lir	nes 5, 6d, 8c, 9c, 10c	, and 11e)				21,7	52	2,250
	12	Total revenue	e - add lines	8 through 11	must equal Part VIII,	column (A), lin	e12) .			1,638,7	39	1,682,747
	13	Grants and s	imilar amou	ints paid (Part	X, column (A), lines	1-3)						0
	14	Benefits paid	to or for me	embers (Part I)	K, column (A), line 4)							0
	15	Salaries, oth	er compensa	ation, employee	e benefits (Part IX, co	olumn (A), lines	5-10)	[829,7	78	987,726
Expenses	16a	Professional	fundraising	fees (Part IX,	column (A), lin <mark>e 1</mark> 1e)							0
ben	b	Total fundrai	sing expens	es (Part IX, co	lumn (D), line 25) 🕨	•	338	,481				
Ă	17	Other expense	ses (Part IX,	, column (A), lii	nes 11a-11d, 11f-24e					682,5	54	687,539
	18	Total expens	es. Add line	es 13-17 (must	equal Part IX, colum	n (A), line 25)		[1,512,3	32	1,675,265
	19	Revenue less	s expenses.	Subtract line	18 from line 12			[126,4	07	7,482
or Ses									Beginning o	of Current Yea	ar	End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line	e 16)						1,424,1	42	1,586,973
Ass	21	Total liabilitie	es (Part X, li	ne 26)				[278,9	40	422,583
Fun	22	Net assets o	r fund balar	nces. Subtract	line 21 from line 20			[1,145,2	02	1,164,390
Pa	rt II	Signatu	re Block					·				
					rn, including accompanying				nowledge ar	nd belief, it is		
ilue,		and complete. Det	Jaration of prep		icer) is based on all informa	alloff of which prepa	ilei fias aliy ki	nowiedge.				
		Seja	l Choksi	-Chugh								
Sig	n	Signatur	e of officer							D	ate	
Her	e	Seja	l <u>C</u> hoksi	-Chugh, E	xecutive Dire	ctor						
			print name and									
		Print/Type pre	parer's name		Preparer's signature		Date	e	CI	neck 🗴 if	PTIN	
Paie	k	Michael			Michael Smith	L	02-	-22-2019	se	lf-employed	P	0097496
Pre	parer		•		Smith, CPA		1		Firm's EIN			
	Only		s 🕨	PO Box 7	-				Phone no.			
					CA 94975-132	24				707.	-529-	2443
May	the IRS	S discuss this	return with t		own above? (see ins							

Т

OMB No. 1545-0047

Form	990 (2017) Baykeeper 68-0120240 F	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	. 🗌
1	Briefly describe the organization's mission:	
	Defend San Francisco Bay from the biggest threats and hold polluters accountable.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?)
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
5	services?	
	If "Yes," describe these changes on Schedule O.	•
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4-		
4a	(Code:) (Expenses \$ 1,173,378 including grants of \$) (Revenue \$ 866,039	_ ^
	San Francisco Baykeeper's mission is to defend San Francisco Bay from the biggest threats an	
	hold polluters accountable. Baykeeper's field investigators and scientists patrol the Bay to	>
	identify polluters and uncover threats. Our lawyers and policy advocates hold polluters	
	accountable and require government agencies to strengthen laws. Baykeeper investigates	
	pollution. We conduct regular patrols of San Francisco Bay on our motorized boat, and we	
	partner with volunteer small plane pilots and drone operators to patrol from the sky. On	
	these patrols, we discover new pollution sources and monitor the progress of polluters we	
	have required to stop polluting. We also investigate tips from Bay Area residents who contact	ct
	our pollution hotline about polluting activities. Baykeeper stops polluters. We stop	
	pollution from industrial facilities, sewage treatment plants, and city runoff-including	
	toxic chemicals, raw sewage, crude oil, coal and trash.	
4b	(Code:) (Expenses \$2 including grants of \$) (Revenue \$))
	Baykeeper strengthens laws. We advocate for stronger laws and stricter regulations to protect	st
	San Francisco Bay from polluters and other harm. Baykeeper makes the Bay more resilient. We	
	fight for better protection for the Bay from sea level rise, such as making wiser use of the	Э
	Bay's sand and sediment to create more resilient shorelines. We also fight against unwise	
	shoreline development that will make Bay Area communities more vulnerable to flooding caused	1
	by sea level rise. Baykeeper has won critical victories at the national, regional and local	
	level for San Francisco Bay. Since 1989, we have compelled the cleanup of hundreds of	
	refineries, chemical companies, industrial operations, landfills and city streets; kept	
	hundreds of millions of gallons of untreated sewage out of the Bay and local neighborhoods;	
	secured the cleanup and removal of the Ghost Fleet, 57 decaying surplus military ships that	
	had poisoned the San Francisco Bay ecosystem for decades;	
4c	(Code:) (Expenses \$1 including grants of \$) (Revenue \$))
	won federal court victories to regulate pesticides, invasive species and vessel pollution;	
	and been recognized as a national leader in oil spill prevention and response. 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	э
	only pollution patrol boat regularly monitoring and investigating polluters 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	1
	licenses its use by other organizations. To avoid confusion, Baykeeper operates primarily	
	under the name San Francisco Baykeeper.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,173,381	

Form 990 (2017)

Form	990 (2017) Baykeeper 68-0120	240	F	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		X
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		Х
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			37
40	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	10	37	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	110	v	
h	complete Schedule D, Part VI	11a	X	
a	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	116	х	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Δ	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			A
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
~	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	A
e f	Did the organization report an amount of other nabilities in Part A, inter25? If Pes, complete Schedule D, Part A	TIE	Λ	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			~~~
120	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	- 23	
5	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the 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 "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III	19		х
			000 (2017)

Form **990** (2017)

EEA

	990 (2017) Baykeeper 68-01202	240	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)		1	
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retur?	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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or 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 of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	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, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	-		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	- 555		<u> </u>
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
37				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		v
20	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-	- -	
EEA	19? Note. All Form 990 filers are required to complete Schedule O.	38		2017)

Form	n 990 (2017) Baykeeper	68-0120240	F	Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	9		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	13		
b			Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
ти	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		Х
h				- 22
b				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5 -	(FBAR).	5-		v
5a		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	5 ,	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?		Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?			Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ	uired? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.	· · · · · · · · · · · · · · · · · · ·		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
~				
C	Enter the amount of reserves on hand	44-		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		

Form	990 (2017) Baykeeper 68-01202	40	P	Page 6
Pa	rt 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 instruction	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain 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 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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
N N	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		
U	the year by the following:			
2	The governing body?	8a	Х	
a h	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00	71	<u> </u>
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
000	tion D. 1 Oncics (This Section D requests information about policies not required by the internal Nevenue Code.)		Yes	Ne
102	Did the organization have local chapters, branches, or affiliates?	10a	res	No X
10a		IVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	106		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		37	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
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 taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California			
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)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I 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, and			
	financial 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:			
	Jeremy Nelson (510)735-9700, 1736 Franklin Street Suite 800, Oakland, CA 94612-3423	3		

Form 990 (20'	7) Baykeeper	68-0120240	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	ompensated Employee	s, and						
	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								
•	a 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.

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

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

	l organizatio	ուշօու	Jelie	alec	any current	Unicer		usiee.	
					(C)				
(A)	(B)				sition		(D)	(E)	(F)
Name and Title	Average				nore than one rson is both an		Reportable	Reportable	Estimated
	hours per				rector/trustee)		ompensation	compensation from	amount of
	week (list any			_	,		from	related	other
	hours for related	9 5	- I	0	2 9 H	7	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	divic	stitu	Officer	ghe: nplo		-2/1099-MISC)	(W-2/1033-1000)	organization
	below dotted	ctor	liona	.	Highest comp employee Key employee				and related
	line)	Individual trustee or director	nstitutional trustee		mpe				organizations
		ee	stee		Highest compensated employee Key employee				
					led				
(1) Ben_Patton	1.00								
Treasurer		X		X			C	0	0
(2) Jeff_Russell	1.00								
Director		X					C	0	0
(3) Christina Swanson	1.00								
Director		X					C	0	0
(4) Diane Livia	1.00								
Vice Chair		X		X			C	0	0
(5) Jovita Pajarillo	1.00								
Secretary		X		X			C	0	0
(6) Peter Molnar	1.00								
Chair		X		X			c	o o	0
(7) Tim Eichenberg	1.00								
Director		X					c	o o	0
(8) Palmer Hill	1.00								
Director		X					c	o o	0
(9) Sejal Choksi-Chugh	40.00								
Executive Director				X			124,174	0	6,835
(10)Jeremy Nelson	32.00								
Finance and Administration Director				X			72,619	0	3,868
(11)									
(12)									
(13)									
									Earm 000 (2017)

Form 9	90 (2017)	Baykeeper									68-0120	240	P	9age 8
Part	VII	Section A. Officers, Directors, Truste	es, Key Emplo	oyees,	and	l Hig	hes	t Con	nper	nsated Employees	s (continued)			
		(A) Name and title	(B) Average hours per week (list any	box,	unless	s pers	ition ore th on is	an one both an trustee)	1	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated mount of other	
			hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Hignest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	i org ar	npensation from the ganization nd related ganization	on d
<u>(</u> 15)														
(16)														
<u>(17)</u>														
<u>(</u> 18)														
<u>(</u> 19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Sub-tota Total fro	al	tion A	•••	 	•••	••• •••	•••	•					
d	Total (ac	dd lines 1b and 1c)	.						►	196,793	0		10,	703
2		mber of individuals (including but not lim le compensation from the organization		ted abo	ove)	who	rec	eived	more	e than \$100,000 of	1			
3	Did the c	organization list any former officer, dire	ctor, or trustee,	key e	mplo	oyee	, or l	nighes	st co	mpensated			Yes	No
		e on line 1a? If "Yes," complete Sched										3		Х
4		ndividual listed on line 1a, is the sum of tion and related organizations greater t						•						
5		al										4		X
		ces rendered to the organization? If "Ye	es," complete S	chedui	le J f	for s	uch	perso	n			5		Х
<u>Section</u> 1	Complete compens	this table for your five highest compens sation from the organization. Report com												
	year.	(A)								(B)			(C)	
		Name and business addr	255							Description of	services	Com	pensatio	n

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

	090 (2017) Baykeeper				68-0120240	Page
art	VIII Statement of Revenue	and the second base to the				ſ
	Check if Schedule O contains a response or n	ote to any line in thi	(A) Total revenue	(B) Related or exempt function revenue	business exclu	(D) Revenue uded from tax der sections 512-514
ts	1a Federated campaigns 1a					
puno	b Membership dues 1b					
Ă	c Fundraising events 1c					
ilar	d Related organizations 1d					
Sim	e Government grants (contributions) 1e					
Jer	f All other contributions, gifts, grants,					
and Other Similar Amounts	and similar amounts not included above 1f	809,414				
anc	g Noncash contributions included in lines 1a-1f: \$	69,256				
	h Total. Add lines 1a-1f		809,414			
e		Business Code	050 114	050 114		
venu	2a Fee and cost recovery	541100	859,114	859,114		
e Y e	b Other	900099	6,925	6,925		
	d					
Program Service Kevenue	d					
ogra	f All other program service revenue					
ī	g Total. Add lines 2a-2f		866,039			
	3 Investment income (including dividends, interest,					
	and other similar amounts)		5,044			5,0
	4 Income from investment of tax-exempt bond proce	eeds 🕨				
	5 Royalties					
	(i) Real	(ii) Personal				
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	•				
	7a Gross amount from sales of assets other than inventory (i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	<u>.</u>				
ouler revenue	8a Gross income from fundraising events (not including \$					
	of contributions reported on line 1c).					
ī	See Part IV, line 18					
5	b Less: direct expenses b					
	c Net income or (loss) from fundraising events .					
	9a Gross income from gaming activities.					
	See Part IV, line 19					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities	· · · · · · ►				
	10a Gross sales of inventory, less returns and allowances a	2,250				
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory	►	2,250			2,2
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	d All other revenue					
	e Total. Add lines 11a-11d	•				

Form	990	(2017)	

Baykeeper 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 (B) Program service (D) Fundraising (A) Total expenses (C) Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 5 209,332 56,808 95,716 56,808 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 622,941 511,865 111,076 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 33,239 22,711 3,823 6,705 9 61,094 41,712 5,715 13,667 41,729 10 61,120 5,718 13,673 11 Fees for services (non-employees): а Legal..... b 247,838 247,838 . . . 31,889 31,889 С d Professional fundraising services. See Part IV, line 17 . е f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 78,080 75,785 765 1,530 12 Advertising and promotion 13 Office expenses 14 Information technology 23,626 11,910 9,044 2,672 . . . 15 Royalties 16 Occupancy 67,072 45,793 6,275 15,004 . . . 17 4,822 3,705 24 1,093 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 25,249 2,678 1,630 20,941 20 Payments to affiliates 21 1,213 22 Depreciation, depletion, and amortization 8,546 6,825 508 23 2,106 9,139 2,421 4,612 24 Other expenses. Itemize expenses not covered 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.) 16,337 a Bay patrol 16,337 b Dolphin Club maintenance 71,045 71,045 8,562 3,774 79,516 c Operating 91,852 d Publications and outreach 12,044 5,657 282 6,105 All other expenses е **Total functional expenses.** Add lines 1 through 24e 25 1,675,265 1,173,381 163,403 338,481 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 📙 if following SOP 98-2 (ASC 958-720)

	990 (20	,	6	8-012	20240 Page 11
Part	: X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		•••	
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	729,230	1	21,351
	2	Savings and temporary cash investments	277,426	2	983,603
	3	Pledges and grants receivable, net	28,720	3	28,886
	4	Accounts receivable, net	103,632	4	252,783
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges	20,275	9	18,644
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 205,746			
	b	Less: accumulated depreciation	31,559	10c	31,707
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	224,689	12	241,388
	13	Investments - program-related. See Part IV, line 11		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 equal line 34)	1,424,142	16	1,586,973
	17	Accounts payable and accrued expenses	172,510	17	318,744
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Lial		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	95,000	24	95,000
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	11,430	25	8,839
	26	Total liabilities. Add lines 17 through 25	278,940	26	422,583
		Organizations that follow SFAS 117 (ASC 958), check here V and			
ses	07	complete lines 27 through 29, and lines 33 and 34.		07	
lano	27	Unrestricted net assets	891,129	27	986,580
Ba	28	Temporarily restricted net assets	254,073	28	177,810
pur	29	Permanently restricted net assets		29	
ŗ		Organizations that do not follow SFAS 117 (ASC 958), check here and amplete lines 20 through 34			
ts o	20	complete lines 30 through 34.		20	
sset	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ne	32	Retained earnings, endowment, accumulated income, or other funds	1 145 000	32	1 1 / 4
	33	Total net assets or fund balances	1,145,202	33	1,164,390
	34	Total liabilities and net assets/fund balances	1,424,142	34	1,586,973

Form **990** (2017)

Form	n 990 (2017) Baykeeper	58-012024	2	Pa	age 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	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,6	582,	747
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,6	575 , 2	265
3	Revenue less expenses. Subtract line 2 from line 1	. 3		7,	482
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,1	L45,2	202
5	Net unrealized gains (losses) on investments	. 5		11,	706
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	1,]	L64,	390
Pa	rt XII Financial Statements and Reporting				
	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 🛛 🔀 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	🔀 Separate basis 🗌 Consolidated basis 🗌 Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2017)

SCHEDUL	ΕA
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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.

OMB No. 1545-0047 2017

Open to Public

(FOIIII	990	01	330.	·CZ)
Departm	ent of	the	Treas	urv

Internal Revenue Service		Go to www.irs.gov/Form990 for instructions and the latest info				information. In		ection		
Name of the organization			E			Employer identific	ation number			
Baykeeper								68-01202	40	
Par	't I	Reason	for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instruction	IS.	
					s 1 through 12, check onl			,		
1	Π				urches described in sect					
2					Schedule E (Form 990 c					
			•		,	,				
3			• •	•	n described in section 1					
4			•	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b))(1)(A)(III). Enter the		
		•	e, city, and state:							
5		-		-	university owned or opera	ated by a g	governmen	tal unit described in		
	_	section 170(b	b)(1)(A)(iv). (Complete	Part II.)						
6		A federal, stat	e, or local government	or governmental u	init described in section	170(b)(1)	(A)(v).			
7	Х	An organizatio	on that normally receive	s a substantial part	t of its support from a gov	vernmental	unit or fro	m the general public		
		described in s	ection 170(b)(1)(A)(vi). (Complete Part I	II.)					
8		A community	trust described in secti	ion 170(b)(1)(A)(v	i). (Complete Part II.)					
9		An agricultura	I research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant colle	ege	
		or university o	r a non-land-grant colle	ge of agriculture (s	see instructions). Enter th	e name, cit	ty, and stat	te of the college or	-	
		university:	0	o o (,			0		
10	\square		on that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons. memb	pership fees, and gros	s	
		•	•	. ,	subject to certain excepti					
		•		•	siness taxable income (le					
					section 509(a)(2). (Com					
11			•		test for public safety. Se					
12	H	•	•		the benefit of, to perform				~~	
12		-		-		r				
				-	bed in section 509(a)(1)					
	_		-		he type of supporting orga				-	
	а				rised, or controlled by its		-		/ing	
					appoint or elect a major	nity of the c	directors or	trustees of the		
					IV, Sections A and B.					
	b				ontrolled in connection w		-		-	
		control or	management of the sup	oporting organization	on vested in the same pe	rsons that o	control or r	manage the supported	b	
		organizati	on(s). You must com p	plete Part IV, Sect	ions A and C.					
	С	Type III fu	unctionally integrated	 A supporting orga 	anization operated in cor	nnection w	rith, and fu	nctionally integrated	with,	
		its suppor	ted organization(s) (se	e instructions). Yo	u must complete Part l	V, Section	ns A, D, ar	nd E.		
	d	Type III n	on-functionally integr	rated. A supporting	organization operated i	in connecti	ion with its	supported organizati	ion(s)	
		that is not	functionally integrated.	The organization g	generally must satisfy a d	istribution I	requiremer	nt and an attentiveness	S	
		requireme	ent (see instructions). Y	ou must complet	e Part IV, Sections A a	nd D, and	Part V.			
	е	Check this	box if the organization	received a written	determination from the IF	RS that it is	s a Type I,	Type II, Type III		
		functionall	y integrated, or Type II	I non-functionally ir	ntegrated supporting orga	anization.				
	f	Enter the num	ber of supported organ	izations						
	g		lowing information abo						I	
		i) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amou	int of
		,		(.,	(described on lines 1-10		ir governing	support (see	other suppo	
					above (see instructions))	docum	nent?	instructions)	instructi	ions)
						Yes	No	-		
						165	INU			
(A)										
(B)										
(C)										
(D)										

(E) Total

		eeper				68-0120240	
Pa	rt II Support Schedule for Org	ganizations De	escribed in Se	ctions 170(b)	(1)(A)(iv) and <i>'</i>	170(b)(1)(A)(vi)	
	(Complete only if you chec	ked the box on	line 5, 7, or 8 d	of Part I or if the	e organization	failed to qualify	under
	Part III. If the organization	fails to qualify u	inder the tests	listed below, p	lease complete	e Part III.)	
Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	741,435	631,933	912,151	963,635	809,414	4,058,568
•	The second second for the					_	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	741,435	631,933	912,151	963,635	809,414	4,058,568
5	The portion of total contributions by	/11,133	051,955	912,131	903,033	009,414	4,030,500
5	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)						405 600
c	Public support. Subtract line 5 from line 4						497,632
<u>6</u> 500	tion B. Total Support						3,560,936
	Idar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	741,435					4,058,568
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,945					23,498
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 .						4,082,066
12	Gross receipts from related activities, etc. (s	see instructions)				12	4,146,777
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first,	second, third, fou	rth, or fifth tax yea	r as a section 501((c)(3)	▶□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2017 (line 6, o					14	87.23 %
15	Public support percentage from 2016 Sched	lule A, Part II, line 1	4			15	92.80 %
16a	33 1/3% support test - 2017. If the organiz	zation did not chec	k the box on line 1	3, and line 14 is 33	3 1/3% or more, ch	neck this	
	box and stop here. The organization quali	fies as a publicly su	upported organizat	tion			▶ 🛛
b	33 1/3% support test - 2016. If the organiz	zation did not chec	k a box on line 13	or 16a, and line 15	5 is 33 1/3% or mo	re, check	
	this box and stop here. The organization of	ualifies as a public	ly supported orgai	nization			🕨 🗌
17a	10%-facts-and-circumstances test - 201	7. If the organizatio	on did not check a	box on line 13, 16a	a, or 16b, and line	14 is	
	10% or more, and if the organization meets	s the "facts-and-cire	cumstances" test,	check this box and	l stop here. Expla	in in	
	Part VI how the organization meets the "fac				-		
			-				ト 🗌
b	10%-facts-and-circumstances test - 201	6. If the organization	n did not check a	box on line 13, 16a	a, 16b, or 17a, and	l line	
	15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization mee				-	cly	
	supported organization			-		-	▶□
18	Private foundation. If the organization did						· · ·
-	instructions						▶□
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		eeper				68-01202	40 Page 3
Pa	art III Support Schedule for Org						
	(Complete only if you check						er Part II.
	If the organization fails to q	ualify under th	e tests listed b	elow, please o	complete Part II.)	
	ction A. Public Support		1			1	
Cale	endar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support					1	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here	<u> </u>					► 🗌
	ction C. Computation of Public Su		-				
15	Public support percentage for 2017 (line 8, co	.,					%
16	Public support percentage from 2016 Schedu			•••••		16	%
	ction D. Computation of Investmen		-				
17	Investment income percentage for 2017 (line		•	())			<u>%</u>
18	Investment income percentage from 2016 S					•	%
19a	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box	zation did not cheo and stop here. T	ck the box on line he organization q	14, and line 15 is ualifies as a public	more than 33 1/3% cly supported organi	and line zation	► 🗌
b	33 1/3% support tests - 2016. If the organiz line 18 is not more than 33 1/3%, check this	box and stop her	e. The organization	on qualifies as a p	ublicly supported or	ganization	
20	Private foundation. If the organization did r	not check a box or	n line 14, 19a, or 1	9b, check this bo	x and see instruction	ns	► 🗌

		120240	Page 4
Part		lata Castion	~ ^
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, comp		
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part	•	
2 1	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete A All Summaring Opportunity	te Part V.)	
Secti	ion A. All Supporting Organizations		
			Yes No
1	Are all of the organization's supported organizations listed by name in the organization's governing		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	-	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	ed 🛛	
	organization was described in section $509(a)(1)$ or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ	er	
	(b) and (c) below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	nd 📃	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		
	organization made the determination.	3b	
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)		
-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	τu	
D	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		
	despite being controlled or supervised by or in connection with its supported organizations.	4b	
-		40	
С	Did the organization support any foreign supported organization that does not have an IRS determination	-	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		
_	purposes.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		
	answer (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 acti	on 🛛	
	was accomplished (such as by amendment to the organizing document).	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		
	designated in the organization's organizing document?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribute		
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity wi		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	
0	-		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7		
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations describe		
_	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
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.	9b	
С	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.	9c	
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.	10a	
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.)	10b	
		lule A (Form 990 o	- 000 53) 55

Sched	ule A (Form 990 or 990-EZ) 2017 Baykeeper 68-01202	40	F	Page 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sec	tion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		res	NO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		-	
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
500	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Jec	tion D. An Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	x		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
		-		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations	inctrue	tiona	<u> </u>
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.	: IIISU UC	uons).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity</i> .	tv (see ii	nstruc	tions).
2	Activities Test. Answer (a) and (b) below.	., (Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
-	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
ι.	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
FFA	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Baykeeper		68-012	20240 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			in in Dort VII) Can
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi			
		musi complete Sectio	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		Ourse at Marca
Section 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-functionally	-integra	ated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Sched	ule A (Form 990 or 990-EZ) 2017 Baykeeper		68-012	0240 Page
Ра	rt V Type III Non-Functionally Integrated 509(a)	3) Supporting Organiz	zations (continued)	
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is respons	live	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
9	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
4	Distributed a securit for 2017 from Castion C. line C.		Pre-2017	Amount for 2017
1 2	Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013			
	Energy 0044			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
_	Applied to 2017 distributable amount			
i				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
				ula & (Earm 000 ar 000 EZ) 201

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Schedule A (Form 990 or 990-EZ) 2017

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	Po	litical Campaign and Lol	bying Acti	vitios	OMB No. 1545-0047		
(Form 990 or 990-EZ)		Itions Exempt From Income Tax Under			2017		
	•	rganization is described below.	.,	m 990 or Form 990-E	Z. Open to Public		
Department of the Treasury Internal Revenue Service	•	to www.irs.gov/Form990 for instructi			Inspection		
-		990, Part IV, line 3, or Form 990-EZ, F		litical Campaign Act	vities), then		
	•	Parts I-A and B. Do not complete Part I 3)) organizations: Complete Parts I-A ar		complete Part I R			
	ations: Complete Part			. complete Fait I-b.			
If the organization answ	vered "Yes," on Form	990, Part IV, line 4, or Form 990-EZ, F	•				
	-	iled Form 5768 (election under section a	. ,,				
	-	NOT filed Form 5768 (election under se 990, Part IV, line 5 (Proxy Tax) (see s	. ,,	•			
Tax) (see separate instr	uctions), then			,			
• Section 501(c)(4), (5), or (6) organizations	Complete Part III.		F ree 1			
Name of organization				-	over identification number		
Baykeeper Part I-A Comp	lete if the organi	zation is exempt under section	on 501(c) or is		0120240 rganization.		
		direct and indirect political campaign a	. ,		guillanoin		
	al campaign activities"			·			
2 Political campaign	activity expenditures (s	see instructions)		· · · · · · ▶ \$	i		
		vities (see instructions)					
		zation is exempt under sectioned by the organization under section 495					
		ed by organization managers under section 495					
		5 tax, did it file Form 4720 for this year?					
-							
b If "Yes," describe in							
		zation is exempt under section		ept section 501(c)(3).		
		e filing organization for section 527 exer		• •	、		
		's funds contributed to other organization			·		
					5		
•		ines 1 and 2. Enter here and on Form 1					
		-POL for this year?					
		r identification number (EIN) of all section			•		
-		ganization listed, enter the amount paid /ed that were promptly and directly deliv					
		cal action committee (PAC). If additional					
(a) Nam		(b) Address	(c) EIN	(d) Amount paid fro			
(2) (3	-		(0) =	filing organization's	contributions received and		
				funds. If none, enter -	-0 promptly and directly delivered to a separate		
					political organization. If none, enter -0		
(1)							
(2)							
(2)							
(3)							
(4)							
(5)							
(6)							
For Paperwork Reduction Act	Notice, see the Instructions	for Form 990 or 990-EZ.		S	chedule C (Form 990 or 990-EZ) 2017		

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	ule C (Form 990 or 990-EZ) 2017 Baykeeper		68-01202	<u> </u>
Pa		s exempt under section 501(c)(3) and filed	Form 5768 (elect	ion under
	section 501(h)).			
A (affiliated group (and list in Part IV each affiliated group m	ember's name,	
	address, EIN, expenses, and share of			
B	Check Ch	A and "limited control" provisions apply.	1 1	
	Limits on Lobbyi	ng Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ns amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public opin	ion (grass roots lobbying)	1,506	
b	Total lobbying expenditures to influence a legislative	e body (direct lobbying)	644	
C	Total lobbying expenditures (add lines 1a and 1b)		2,150	
d	Other exempt purpose expenditures		1,673,115	
е	Total exempt purpose expenditures (add lines 1c an	d 1d)	1,675,265	
f	Lobbying nontaxable amount. Enter the amount from	n the following table in both		
	columns.		233,763	
	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.		
g	Grassroots nontaxable amount (enter 25% of line 1	f)	58,441	
h	Subtract line 1g from line 1a. If zero or less, enter -0)		
i	Subtract line 1f from line 1c. If zero or less, enter -0-			
j	If there is an amount other than zero on either line 1	h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?		<u></u>	Yes No

4-Year Averaging Period Under section 501(h)

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

	L	obbying Expenditures	During 4-Year Avera	aging Period		
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount	235,548	8	185,774	233,763	655,085
b	Lobbying ceiling amount (150% of line 2a, column (e))					982,628
с	Total lobbying expenditures	1,022	1,894	7,966	2,150	13,032
d	Grassroots nontaxable amount	58,887	,	46,444	58,441	163,772
e	Grassroots ceiling amount (150% of line 2d, column (e))					245,658
f	Grassroots lobbying expenditures	650	276	4,213	1,506	6,645

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Schedule C (Form 990 or 990-EZ) 2017

	e C (Form 990 or 990-EZ) 2017 Baykeeper		01202	
Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	led F	orm 5	5768
For ea	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	(b)	
	iption of the lobbying activity.	Yes	No	Amount
1 [During the year, did the filing organization attempt to influence foreign, national, state or local			
I	legislation, including any attempt to influence public opinion on a legislative matter or			
r	referendum, through the use of:			
a١	Volunteers?			
b i	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C I	Media advertisements?			
d I	Mailings to members, legislators, or the public?			
e l	Publications, or published or broadcast statements?			
f (Grants to other organizations for lobbying purposes?			
g [Direct contact with legislators, their staffs, government officials, or a legislative body?			
h f	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i (Other activities?			
j -	Total. Add lines 1c through 1i			
2 a [Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b l	If "Yes," enter the amount of any tax incurred under section 4912			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
dl	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	or sec	tion
	501(c)(6).			
				Yes No
1 \	Were substantially all (90% or more) dues received nondeductible by members?			1
2 [Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 [Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	or sec	tion
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O	R (b)	Part I	III-A, line 3, is
	answered "Yes."			
1 [Dues, assessments and similar amounts from members		1	
2 3	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
1	political expenses for which the section 527(f) tax was paid).			
a (Current year		2a	
b (Carryover from last year		2b	
c ⁻	Total		2c	
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 I	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
	and political expenditure next year?		4	
	Taxable amount of lobbying and political expenditures (see instructions)		5	
Part				
Provid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, li instructions); and Part II-B, line 1. Also, complete this part for any additional information.	nes 1	and	
- ,500				

SC	HEDULE D	Suppler	mental Finar	ncial Stat	ements		OMB No. 154	5-0047
(Fo	Form 990) ► 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.						20 ⁴	17
_							Open to	Public
•	rtment of the Treasury al Revenue Service	► Go to www.irs.gov/l			e latest informatio	n.	Inspectio	
	of the organization						entification number	
Ba	ykeeper					68-0	120240	
Pa	rt I Organiza	tions Maintaining Donor Advis	ed Funds or Oth	ner Similar F	unds or Accoun	ts.		
	Complete	if the organization answered "Ye	s" on Form 990,	Part IV, line	6.			
			(a) Dor	nor advised funds		(b) Funds	and other accounts	
1		nd of year						
2		of contributions to (during year) .						
3		of grants from (during year)						
4		at end of year	- ta contra a dest des		danan addar d			
5	-	on inform all donors and donor advisor	-				🗆 Ye	es 🗌 No
6	-	anization's property, subject to the orga on inform all grantees, donors, and dor		-			· · · · · [] []	
U	-	purposes and not for the benefit of the						
	•	issible private benefit?					TY	es 🗌 No
Ра		vation Easements.						
		e if the organization answered "Y	es" on Form 990	, Part IV, line	7.			
1		servation easements held by the organ						
	Preservation of	of land for public use (e.g., recreation of	or education)	Preserva	ation of a historically	important lar	nd area	
	Protection of I	natural habitat		Preserva	tion of a certified his	storic structu	re	
	Preservation of	of open space						
2	Complete lines 2a	through 2d if the organization held a c	ualified conservation	on contribution	in the form of a cons	ervation		
		ast day of the tax year.			•	Held	at the End of the	Tax Year
а						2a		
b	-	tricted by conservation easements				2b		
C		vation easements on a certified histori		• •	•••••	2c		
d		vation easements included in (c) acqu				2d		
3		sted in the National Register vation easements modified, transferre	d released exting				, tho	
3	tax year ►	valion easements modified, transferre	u, Teleaseu, eximgi			Lation during		
4	· · · · · · · · · · · · · · · · · · ·	where property subject to conservation	n easement is locat	ed ►				
5		tion have a written policy regarding the			andling of			
-	-	orcement of the conservation easement			-		Ye	es 🗌 No
6		r hours devoted to monitoring, inspecti						
	▶							
7	Amount of expens	es incurred in monitoring, inspecting, h	nandling of violation	ns, and enforcin	g conservation ease	ements durin	ig the year	
	►\$							
8	Does each conser	vation easement reported on line 2(d)	above satisfy the r	equirements of	section 170(h)(4)(B)(i)	_	_
	and section 170(h	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					🗌 Ye	es 🗌 No
9		be how the organization reports conse			•			
		d include, if applicable, the text of the fo	potnote to the organ	hization's financ	cial statements that c	lescribes the	9	
Da		ounting for conservation easements.	ions of Art Hi	storical Tre	asuras or Oth	or Simila	r Assots	
1 a		te if the organization answered					A33613.	
1a		elected, as permitted under SFAS 110				halance sh	reet	
		rical treasures, or other similar assets						
		vide, in Part XIII, the text of the footno						
b		elected, as permitted under SFAS 110						
	-	rical treasures, or other similar assets						
		ovide the following amounts relating to						
		Ided on Form 990, Part VIII, line 1					▶ \$	
		ed in Form 990, Part X					▶ \$	
2	If the organization	received or held works of art, historica	al treasures, or othe	er similar asset	s for financial gain, p	rovide the		
	following amounts	required to be reported under SFAS	116 (ASC 958) rela	ating to these in	tems:			
а	Revenue included	on Form 990, Part VIII, line 1					▶ \$	
h	Assets included in	Form 990 Part X					► \$	

-	D		De du ettern	A at Matian		Instructions	£		200
ror	Pa	Derwork	Reduction	ACT NOTICE.	see the	Instructions	TOF	Forms	19U.

	ule D (Form 990) 2017 Baykeeper					68-012			Page 2
Pa	t III Organizations Maintaining Col	lections of A	rt, Historical Tr	easures, o	or Oth	er Similar As	sets (co	ntinue	ed)
3	Using the organization's acquisition, accession, and	d other records, ch	neck any of the follow	ving that are a	a signific	ant use of its			
	collection items (check all that apply):								
а	Public exhibition	d 🗌 Loa	n or exchange progra	ams					
b	Scholarly research	e 🗌 Oth	er						
с	Preservation for future generations								
4	Provide a description of the organization's collection	ons and explain ho	w they further the or	ganization's e	exempt p	urpose in Part			
	XIII.					·			
5	During the year, did the organization solicit or recei	ve donations of ar	t. historical treasures	s. or other sim	nilar				
-	assets to be sold to raise funds rather than to be m						П	Yes	No
Pa	t IV Escrow and Custodial Arrange		<u> </u>						
	Complete if the organization answ		n Form 990. Part	t IV. line 9.	or rep	orted an amo	ount on F	orm	
	990, Part X, line 21.			,	,				
1a	Is the organization an agent, trustee, custodian or o	ther intermediary	for contributions or o	ther assets n	ot				
.a		-						Yes	No
b	If "Yes," explain the arrangement in Part XIII and c					•••••	••• 🗆	103 [
b			ing table.			•	mount		
~	Beginning balance				10		mount		
ر ا									
d	Additions during the year								
e	Distributions during the year								
f	3							Vaa	
2a	Did the organization include an amount on Form 99				•			L	No
b	If "Yes," explain the arrangement in Part XIII. Chec	ik nere if the expla	nation has been prov	vided on Part	XIII		• • • • •	•••	
Pa	<u>t</u> V Endowment Funds.			4 IV / 1944 A					
	Complete if the organization answ								
-		(a) Current year	(b) Prior year	(c) Two years		(d) Three years bac		ur years b	
1a	Beginning of year balance	214,880	192,833	195	,823	295,23	6	364,2	253
b	Contributions				907				
С	Net investment earnings, gains, and								
	losses	14,433	23,799	(3	,897)	2,08	4	38,	757
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs					100,00	0	105,4	421
f	Administrative expenses	1,864	1,752			1,49	7	2,	353
g	End of year balance	227,449	214,880	192	,833	195,82	3	295,2	236
2	Provide the estimated percentage of the current year	ar end balance (lir	ne 1g, column (a)) he	eld as:					
а	Board designated or quasi-endowment	00.00 %							
b	Permanent endowment > %								
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should equ	ual 100%.							
3a	Are there endowment funds not in the possession	of the organizatio	n that are held and ad	dministered fo	or the				
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)	X	
									Х
b	If "Yes" on 3a(ii), are the related organizations liste	d as required on S	Schedule R?				3b	1	
4	Describe in Part XIII the intended uses of the orga	•							I
	t VI Land, Buildings, and Equipmer								
I u	Complete if the organization answ		Form 990 Pari	t IV line 1	1a See	e Form 990 F	Part X lin	e 10	
	Description of property	(a) Cost or othe (investme		or other basis other)	.,	Accumulated epreciation	(u) B0	ok value	
10	Land	(, , , , , , , , , , , , , , , , , , , ,						
1a ⊾		•							
b		•		F 0.40		4 == 4		-	241
C	Leasehold improvements	·		5,860		4,519			341
d		•		199,886		169,520		30,	366
e	Other	•		•					
Tota	I. Add lines 1a through 1e. (Column (d) must equa	I Form 990, Part 2	K, column (B), line 10	0c.)		🕨		31,	<u>707</u>

Schedule D (Form	1 990) 2017 Baykeeper		68-012	0240 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answer	ed "Yes" on Form 990, Parl	t IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
(4) Einensiel	(including name of security)		Cost or end-of-year market v	alue
(1) Financial		•		
., .	eld equity interests	•		
(3) Other		13,939	G ast	
(A) Cash	d investment fund		Cost FMV	
(C)		227,449	FMV	
(C) (D)				
(E)				
(F)				
(G)				
(H)				
) must equal Form 990, Part X, col. (B) line 12.)	241,388		
Part VIII	Investments - Program Related.			
	Complete if the organization answer	ed "Yes" on Form 990, Parl	t IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market v	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			•	
(7)				
(8)				
(9)				
) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answer		t IV, line 11d. See Form 990,	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X	Other Liabilities.			
	Complete if the organization answer	ed "Yes" on Form 990. Part	t IV. line 11e or 11f. See Forn	n 990. Part X.
	line 25.	,,	,	,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2) Defer	red rent	8,839	1	
(3)			1	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b)) must equal Form 990, Part X, col. (B) line 25.)	8,839		
2. Liability for	r uncertain tax positions. In Part XIII, provide the t	ext of the footnote to the organizat	ion's financial statements that reports	the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.....

Sched	ule D (Form 990) 2017 Baykeeper	58-0120240	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,754,057
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	71,310
3	Subtract line 2e from line 1	3	1,682,747
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,682,747
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,734,869
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	59,604
3	Subtract line 2e from line 1	3	1,675,265
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,675,265
	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; Part V, line 4; Part IV, line 4; Par	art X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
01.	. Endowment funds intended uses (Part V, line 4)		

Baykeeper Fund

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

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

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



Name of the organization Baykeeper

EEA

Employer identification number

68-0120240

Pa	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of dete	rmining	
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contributio	on amou	unts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	x	2	4,071	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles	X	1	2,645	FMV		
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►(Event items)	x	94	32,540	Donor cost		
26	Other ►(Flight vouchers)	x	1	30,000	Donor cost		
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received by	y the organiza	tion during the tax year for cor	tributions for			
	which the organization completed F	⁻ orm 8283, Pa	rt IV, Donee Acknowledgemei	nt	29	_	
						Yes	No
30a	During the year, did the organization	n receive by c	ontribution any property repor	ted in Part I, lines 1 through			
	28, that it must hold for at least three	e years from th	ne date of the initial contribution	on, and which isn't required			
	to be used for exempt purposes for		ding period?		30a		Х
b	If "Yes," describe the arrangement i						
31	Does the organization have a gift a	cceptance pol	icy that requires the review of	any nonstandard			
	contributions?				31	X	
32a	Does the organization hire or use the	hird parties or	related organizations to solici	t, process, or sell noncash			
	contributions?					X	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an a	amount in colu	mn (c) for a type of property for	or which column (a) is checked,			
	describe in Part II.						
For F	Paperwork Reduction Act Notice, s	see the Instru	ctions for Form 990.		Schedule M (For	m 990)	2017

Schedule M (Form 990) 2017 Baykeeper	68-0120240	Page 2
Part II Supplemental Information. Provide the information required by Part I, line		
the organization is reporting in Part I, column (b), the number of contribution		eived,
or a combination of both. Also complete this part for any additional informat	ion.	
	- - .	
01. Number of contributions or items or both (Part I	, COL D)	
Lines 9 and 25 - Number of contributions		
02. Third party arrangements (Part I, line 32b)		
vz. mild party allangements (Part 1, Time 52b)		
Baykeeper contracts with a broker-dealer to receive and sell publicly	traded securities	
·		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Baykeeper

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

OMB No. 1545-0047

ZU1 Open to Public Inspection

Employer identification number

68-0120240

01. Form 990 governing body review (Part VI, line 11)

The auditor prepares the 990, the financial officer reviews it, the executive director

submits it to the treasurer and both of them review and approve it. In addition, the

entire board of directors receives the 990 before the auditor files it.

02. Conflict of interest policy compliance (Part VI, line 12c)

Annually at the last board meeting of the fiscal year, each board member submits a

conflict of interest disclosure form, which the governance committee reviews. Any actual

or apparent conflict is discussed with that board member, including the need for recusal.

03. CEO, executive director, top management comp (Part VI, line 15a)

The board of directors determines the compensation of the executive director annually following a performance review conducted by the governance committee. 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 substatiated by the governance committee and the board of directors.

04. Other officer or key employee compensation (Part VI, line 15b

The board of directors determines the compensation of the financial director annually

following a performance review conducted by the governance committee. 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 substatiated by the governance committee and the board of

directors.

Baykeeper

Employer identification number 68-0120240

Page 2

05. Governing documents, etc, available to public (Part VI, line 19)

Baykeeper makes its governing documents, policies and financial statements available upon

request.

Statement of Program Service Accomplishments	2017 PG01
Name(s) as shown on return	Your Social Security Number
Baykeeper	68-0120240
Form 990-Part III(a) Statement of Service Accomplishment	Statement #4
Program Service Code\$0Program Service Expenses\$0Grants and allocations included in above expense\$0Program Services Revenue\$0\$0	
Explanation Baykeeper incorporated as a nonprofit, public benefit corporation in Ca 23, 1987, as the San Francisco Bay-Delta Preservation Association, and 2 May 1989, the fourth "Waterkeeper" organization in the country. For 30 constant threats and major polluters, Baykeeper has been a fierce champ Bay. For more information, please visit us online at baykeeper.org.	became Baykeeper in years, standing up to

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