Forr	990						Exempt F				⊢	OMB No. 1545-0047
Depa	rtment of the	e Treasury Service	Under	Do not en	ter social ser	urity numbe	Internal Revenue ers on this form as structions and	s it may be mad	e public.			Open to Public Inspection
A	For the 2	020 calend	lar year, or t	ax year begin	and the second se	01), and ending			,	20 2021
в	Check if app	licable:	С							D Employ	er identi	fication number
	Addres	s change	BAYKEEPE	ER							01202	
	Name o			ANKLIN ST		00				E Telepho	ine numb	ber
	Initial r	eturn	OAKLAND,	CA 9461	2-3423					(51	0) 7:	35-9700
	Final retu	urn/terminated										
	X Amend	ed return								G Gross r	eceipts	\$ 1,315,608.
	Applica	tion pending	F Name and a	address of principa	l officer: SE	TAL CH	OKSI-CHUG	H	H(a) Is this	a group retur	n for sub	ordinates? Yes X No
			SAME AS	C ABOVE	01		01101 01100		H(b) Are all	subordinates attach a list	included	1? Yes No
1	Tax-exem	npt status:	X 501(c)(3)	501(c) () • ((insert no.)	4947(a)(1) o		11 140,	allacit a list	. 000 113	buctons
J	Websit	1		YKEEPER.	DRG/			+	H(c) Group	exemption nu	imber 🕨	
ĸ		rganization:	X Corporation		Association	Other >	L	Year of formatio	n: 198	7 M s	state of le	egal domicile: CA
_		Summar		1,001		05,000				in the second		
Activities & Governance	2 Che 3 Nu	eck this bo mber of vo	x if the ting member	ne organizatio	n discontin rning body	ued its op (Part VI, I	erations or dis	posed of mor	re than 2	5% of its		sets.
ø	4 Nui	mber of ind	dependent vo	oting members	s of the gov	verning bo	ody (Part VI, lir	ne 1b)			4	9
ties							(Part V, line 2				5	13
tivi											6	61
Ac							, line 12				7a	0
	b Net	t unrelated	business ta	xable income	from Form	990-T, Pa	art I, line 11	* * * * * * * * * * * *		and the second se	7b	0.
				a	202					rior Year		Current Year
e										,213,2		1,038,363.
Revenue										181,2		239,610.
levi) c, and 11e)			80,4		18,771.
-							I, column (A),			,487,2		1,288,511
_							1-3)			., 107,2	.01.	1,200,011
)				-	
							olumn (A), line			,142,0	000	1,170,954
es										., 142, 0	100.	6,402
sasue	19623423											0,402
Expe				s (Part IX, co				34,979.	and the second	12, - 17 14-		
ш							e)			360,8		298,461
							n (A), line 25).			,502,8		1,475,817
	19 Re	venue less	expenses. S	Subtract line 1	8 from line	. 12				-15,5		-187,306
COB										ng of Currer		End of Year
Net Assets or Fund Balances	20 Tot	tal assets (Part X, line	16)					1	,618,7		1,540,927
t As	21 Tot									601,5		645,382
NºN I	22 Ne	t assets or	fund balanc	es. Subtract I	ine 21 from	line 20			1	1,017,1	.26.	895,545
		Signatur								_		
Unde	er penalties (of perjury, I de	clare that I have	examined this retr	urn, including a	accompanying	schedules and sta	tements, and to the	he best of m	ny knowledge	and beli	ef, it is true, correct, and
com	plete. Deciar	ation of prepa		The state of	an information	or which pro	parer has any know	lougo.		-7 10.	- 1	2012
			re of officer						Da	ate /2	11	WIS
Sig									575) 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000			
He	re		AL CHOKS						EXEC	UTIVE	DIR.	
			print name and	tine	10	(and the		Dete				PTIN
			reparer's name	sign salaran	Preparer's s	1		Date		1.6	<u> </u>	
Pa		SANWAF	HARSHW			huwart	astur	07/10/202	23	self-employ	ed	P01249746
	eparer	Firm's name	1 miles -	SHWAL & C	and the second se					i The second second		
Us	e Only	Firm's addre		7 OAKPORT	and the second se	460				Firm's EIN	1000 2000	-0741376
_				LAND, CA		0.200				Phone no.	(51)	and the second se
_							instructions					X Yes No
RA	A For Pa	nonwork P	aduction Ac	t Notice, see	the senara	te instruct	tions	TEE	A0101L 01/	19/21		Form 990 (2020

	990 (2		BAYKE		-	-				68-0)12024	10	Р	age 2
Par						ervice Accomp								
						response or note	e to any line in	this Part III	<u></u>					Х
1	-			ganizatior						DANGTOGO	D 1 1 1			
						ADVOCACY,								
						POLLUTERS	ACCOUNTAE	LE TO CRE	<u>ATE HEAL</u>	THIER CON	<u>IMUNI</u>	<u>CIES</u>	AND	
	<u>HET</u>	<u></u>	LDL1FE	THRIVE	<u>. </u>									
2	Did the	organ	vization un	dartaka anı	v cianifi	cant program serv	ices during the v	ear which were	not listed on t	the prior				
2		-		-						•		Yes	Х	No
						Schedule O.					🗋	103	Λ	NO
3						, or make signific	ant changes in	how it conducts	s, any progra	am services?		Yes	Х	No
•				changes c					io, any progre			105	Δ	
4	Descrit	he the	organiza	tion's proc	nram se	ervice accomplish zations are requi service reported.	nments for each red to report the	of its three lar e amount of gra	rgest progran ants and allo	n services, as cations to othe	measur ers, the	ed by e total e:	xpens	ses. es,
4 a	(Code:) ([Expenses	Ś	1,055,003.	including gran	ts of \$) (Revenue	Ś	23	9,61	0)
40	•				۲ <u> </u>	1,055,005.					۲ <u> </u>	23	9,01	.0.)
	<u> 355 (</u>	<u>зспг</u>	<u>DULE 0</u>											
			· – – –											
			·											
			·											
4 b	(Code:) ([Expenses	\$		including gran	ts of \$) (Revenue	\$)
4 c	(Code:) ([Expenses	\$		including gran	ts of \$) (Revenue	\$)
			^```	·	·			-		_^``	·			
4 d	Other p	orogra	am service	es (Descrit	be on S	Schedule O.)								
	(Exper	ises	\$			including gran	ts of \$) (Revenu	ie \$)	
4 e	Total p	orograi	m service	expenses	5 🕨	1,055	,003.							
BAA							TEEA0102L 10/	07/20				Form	990 ((2020)

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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? <i>If 'Yes,' complete Schedule C, Part III.</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		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 debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	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.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
I	b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b	Х	
	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	11 c		Х
(d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
t	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII</i>	12a		Х
I	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
I	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ł	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

Form 990 (2020) BAYKEEPER 68-0120240 Page 4 Checklist of Required Schedules (continued) Part IV Yes No 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 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J... 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.... 24a Х **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?...... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?..... 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.... 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or 26 former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II..... 26 Х Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III..... 27 Х 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): 28 a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes,' complete Schedule L, Part IV. 28a Х **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... Х 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV. 28c Х Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... 29 29 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 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.... 31 Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N. Part II 32 Х 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 L*..... 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 and Part V, line 1.... Х 34 Х **35** a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... 35a **b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2..... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.... 36 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI..... 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Х Note: All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V...... Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 1 a 8 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c Х

Form 990 (2020)

-	1 990 (68-0120240	F	Page 5
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)	1		
				Yes	No
2 a	Enter ments	the number of employees reported on Form W-3, Transmittal of Wage and Tax State- s, filed for the calendar year ending with or within the year covered by this return	13		
Ł) If at I	least one is reported on line 2a, did the organization file all required federal employment tax retur	rns? 2b	Х	
	Note:	If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
		he organization have unrelated business gross income of \$1,000 or more during the year?		I	Х
		,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0)	
		y time during the calendar year, did the organization have an interest in, or a signature or other authority cial account in a foreign country (such as a bank account, securities account, or other financial a	v over, a ccount)? 4a	1	Х
t		s,' enter the name of the foreign country►			
_		nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			v
		the organization a party to a prohibited tax shelter transaction at any time during the tax year?		_	X
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			Х
		s,' to line 5a or 5b, did the organization file Form 8886-T?		;	
6 a	Does solici	the organization have annual gross receipts that are normally greater than \$100,000, and did the t any contributions that were not tax deductible as charitable contributions?	e organization 6a	ı	Х
Ł		s,' did the organization include with every solicitation an express statement that such contributions or gift ax deductible?		0	
7	Orga	nizations that may receive deductible contributions under section 170(c).			
a	Did th	ne organization receive a payment in excess of \$75 made partly as a contribution and partly for g ces provided to the payor?	joods and	1	X
Ł	lf 'Ye	s, did the organization notify the donor of the value of the goods or services provided?)	
C	Did th Form	ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was require 8282?	ed to file 7 c	:	Х
c	l If 'Ye	s,' indicate the number of Forms 8282 filed during the year 7d			
e	e Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract? 7 e	•	Х
		ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			Х
	as re	organization received a contribution of qualified intellectual property, did the organization file Form 8899 quired?	7 g	1	
	Form	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 1098-C?	7 h	ı	
8	•	soring organizations maintaining donor advised funds. Did a donor advised fund maintained by the spo	-		
•	•	nization have excess business holdings at any time during the year?			
	•	Isoring organizations maintaining donor advised funds.	0.5		
		he sponsoring organization make a distribution to a donor, donor advisor, or related person?		_	
		on 501(c)(7) organizations. Enter:	90	,	_
		tion fees and capital contributions included on Part VIII, line 12			
		s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
		on 501(c)(12) organizations. Enter:			
		s income from members or shareholders			
t	Gross again	s income from other sources (Do not net amounts due or paid to other sources ast amounts due or received from them.)			
12 a		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41? 12 a	1	-
Ł	lf 'Ye	s,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Secti	on 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the	e organization licensed to issue qualified health plans in more than one state?	13a	1	
	Note:	See the instructions for additional information the organization must report on Schedule O.			
t	Enter which	r the amount of reserves the organization is required to maintain by the states in n the organization is licensed to issue qualified health plans			
		r the amount of reserves on hand			
		ne organization receive any payments for indoor tanning services during the tax year?		1	Х
Ł	lf 'Ye	s,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule	0 14b)	
15	exces	e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner ss parachute payment(s) during the year?			Х
		s,' see instructions and file Form 4720, Schedule N.			
16		e organization an educational institution subject to the section 4968 excise tax on net investment is,' complete Form 4720, Schedule O.	income? 16		X
BAA		TEEA0105L 10/07/20	Forr	n 990	(2020)

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Page	6
I aye	- U

Pa	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7			for
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or o	hanges	on	
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			<u>A</u>
500	cition A. doverning body and management		Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year	9	103	NO
	a Enter the number of voting members of the governing body at the end of the tax year 1a			
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	b Enter the number of voting members included on line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	_		
-		3		Х
4	Did the organization make any significant changes to its governing documents			
_	since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X X
6	Did the organization have members or stockholders?	0	_	Λ
/	members of the governing body?	7	а	Х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members,		-	
1	stockholders, or persons other than the governing body?	7	b	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
•	the following:			
	a The governing body?		a X	
I	b Each committee with authority to act on behalf of the governing body?	8	b X	
9				v
500	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O ction B. Policies (This Section B requests information about policies not required by the Interna-			X
Sec	cuon b. Policies (This Section B requests information about policies not required by the interna	a neve	Yes	
10	a Did the organization have local chapters, branches, or affiliates?	10		X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their		u	
	operations are consistent with the organization's exempt purposes?	10	b	
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		a X	
I	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE	0		
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12	a X	
I	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12	ьΧ	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in	12	D A	
	Schedule O how this was doneSEE. SCHEDULE. O	12	c X	
13	Did the organization have a written whistleblower 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 officialSEE.SCHEDULEO			
	b Other officers or key employees of the organization.	15	b X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16	2	X
			a	Λ
I	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?	16	b	
-	List the states with which a copy of this Form 990 is required to be filed ► CA			
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Sect available for public inspection. Indicate how you made these available. Check all that apply.	ion 501(0)(J)S 0	illy)
	Own website Another's website X Upon request Other (explain on Schedule of	<i>)</i>)		
19		available †)	
	the public during the tax year. SEE SCHEDULE O			
20				
	SEJAL CHOKSI-CHUGH 1736 FRANKLIN STREET SUITE 800 OAKLAND CA 94612-3423	(510)	735-	9700

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1 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.

See instructions for the order in which to list the persons above.

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

				(C)						
(A) Name and title	(B) Average hours per	Pos thar is	s both a	an o	fficer truste	ee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) SEJAL CHOKSI-CHUGH	40_			v				140 570	0	7 705
EXECUTIVE DIR. (2) JEREMY NELSON	0 32			Х				140,570.	0.	7,705.
FIN.&ADMIN DIR.	0			Х				84,537.	0.	4,253.
(3) KIRSTEN_ANDERSON	40									
FIN.&ADMIN DIR.	0			Х			_	7,179.	0.	0.
_ <u>(4) DIANE LIVIA</u> CHAIRMAN	<u>1</u>	Х		Х				0.	0.	0.
(5) TIM EICHENBERG, JD VICE CHAIRMAN	<u>1</u> 0	Х		х				0.	0.	0.
(6) DAVID JEDRZEJEK, JD TREASURER	10	Х		х				0.	0.	0.
(7) JOVITA PAJARILLO SECRETARY	10	Х		х				0.	0.	0.
(8) PALMER HILL DIRECTOR	10	Х						0.	0.	0.
(9) PETE HELLWIG DIRECTOR	<u>1</u> 0	Х						0.	0.	0.
(10) TYLER MEADE, JD DIRECTOR	<u>1</u> 0	х						0.	0.	0.
(11) EVAN DREYER DIRECTOR	<u>1</u> 0	x						0.	0.	0.
(12) SANDRA STEWART DIRECTOR	$-\frac{1}{0}$	х						0.	0.	0.
(13)		-								
(14)		-			<u> </u>					
ΒΔΔ	TEEAO	1071	10/07/	/20	1	1 1				Form 990 (2020)

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Part	VII Section A. Officers, Directors, Tru	istees,	ney	Em	pic	bye	es, a	and	a Hignest Com	ipensated Empl	oyees	5 (continu	ued)
		(B)			(0	•							
	(A)	Average	(do	not cl	heck	sition more	than	one	(D)	(E)		(F)	
	Name and title	hours per	box	, unles cer an	ss pe id a d	direct	is both or/trus	tee)	Reportable compensation from	Reportable compensation from	Estim	ated amou of other	unt
		week (list any hours	or no	sul	Qf	Kej	Hig	P _o r	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe	insation front fro	
		for related	or director	ituti	Officer	y em	hest ploye	ıðu,			an	d related	
		organiza - tions	tor tor	onal	-	Key employee	corr 9e				org		
		below dotted	ndividual trustee or director	nstitutional trustee		ee	Ipen						
		line)	õ	tee			Highest compensated employee						
(4 E)													
(15)													
(16)													
(10)			•										
(17)													
<u></u>		1	1										
(18)													
<u> </u>		1	1										
(19)													
]											
(20)													
			_										
(21)													
(00)			-										
(22)													
(23)													
(23)													
(24)													
<u>`_'_</u> _		1											
(25)													
	ubtotal							▶ .	232,286.	0.		11,9	58.
	otal from continuation sheets to Part VII, Secti								0.	0.			0.
d T	otal (add lines 1b and 1c)		<u></u>	<u></u>		<u></u>		► .	232,286.	0.		11,9	58.
	otal number of individuals (including but not limited	to those	listed	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
Tr	om the organization < 1											Vee	Na
a -												Yes	No
3 D	id the organization list any former officer, direc n line 1a? <i>If 'Yes,' complete Schedule J for suc</i>	tor, truste <i>h individu</i>	ee, ke <i>jal</i>	ey en	nplo	syee	e, or	high	lest compensated	employee	3		Х
	or any individual listed on line 1a, is the sum of												
th	e organization and related organizations greate	er than \$1	50,00	00?	lf 'γ	′es,	' com	ple	te Schedule J for	nom			
	uch individual										4		Х
5 D	id any person listed on line 1a receive or accru r services rendered to the organization? If 'Yes	e comper	nsatio	n fro	om i ule	any 1 fo	unre	late	d organization or	individual	5		Х
	on B. Independent Contractors	,				0.0		p			-		21
1 C	omplete this table for your five highest compen	sated ind	epen	dent	00	ntra	ctors	tha	t received more th	nan \$100,000 of			
C	ompensation from the organization. Report compen	isation for	the c	alenc	dar y	year	endii	ng v		-		^	
	(A) Name and business add	ress							(B) Description of		() Compe	C) ensation	ı
									· ·		•		
2 T	otal number of independent contractors (including b	out not lim	ited to	o tho	se l	isteo	abo	ve)	who received more	than			
\$	100,000 of compensation from the organization	► 0											

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Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from t under sections 512-514
2 1 a		1 a				
2		1 b				
		1c 49,172.				
	-	1 d				
	5 ()	1 e				
5	f All other contributions, gifts, grants, and similar amounts not included above	1f 989,191.				
	a Noncash contributions included in					
	lines 1a-1f	1g 143,931.	1 000 000			
5 1		Business Code	1,038,363.			
2:	FEE AND COST RECOVERY	541100	239,610.	239,610.		
-	b	541100	239,010.	239,010.		
	c					
	 d					
	e					
1	f All other program service revenue.					
9	g Total. Add lines 2a-2f		239,610.			
3	Investment income (including dividence	ls, interest, and	,			
	other similar amounts)	►	7,035.			7,03
4	Income from investment of tax-exe					
5	Royalties					
	(i) Real	(ii) Personal				
	a Gross rents					
	b Less: rental expenses 6b c Rental income or (loss) 6c					
	d Net rental income or (loss)	►				
	(i) Securitie					
78	a Gross amount from sales of assets					
Ι.	other than inventory 7a 11,7	36.				
1	b Less: cost or other basis and sales expenses 7 b					
	c Gain or (loss) 7c 11,7	36.				
	d Net gain or (loss)		11,736.	11,736.		
8 8	a Gross income from fundraising events (not including $\frac{49,172}{0}$ of contributions reported on line 1c).					
	See Part IV, line 18	8a 18,525.				
	b Less: direct expenses	8b 25,211.				
	c Net income or (loss) from fundraisi		-6,686.			
9 a	a Gross income from gaming activities. See Part IV, line 19	9a	.,			
	b Less: direct expenses	9b				
•	c Net income or (loss) from gaming a	nctivities►				
	a Gross sales of inventory, less returns and allowances	10a <u>339</u> .				
	b Less: cost of goods sold	10b <u>1,886</u> .		4 5 - 5		
-	c Net income or (loss) from sales of i	Business Code	-1,547.	-1,547.		
.11 .	a	Business Coue				
	" h					
	~					
1 ⁹						
	d All other revenue					

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Check if Schedule O contains a response or note to any line in this Part IX. (A) Total expenses (B) (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . Δ Compensation of current officers, directors, 5 trustees, and key employees 251,716 120,154 108,618 22,944. Compensation not included above to 6 disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. Other salaries and wages 7 755,454 633,475 8,340 113,639. Pension plan accruals and contributions 8 (include section 401(k) and 403(b) employer contributions) 69 4,729. 31,223 26,425 Other employee benefits 6,570 9 62,724 47,715 8,439. 10 Payroll taxes 69,837. 53,118 7,312 9,407. Fees for services (nonemployees): 11 a Management **b** Legal c Accounting..... 26,542 26,542 d Lobbying..... e Professional fundraising services. See Part IV, line 17... 6,402 6,402. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.).... Advertising and promotion. 12 525 50. 823. 248 13 Office expenses 42,636. 1,338. 4,157. 37,141. Information technology..... 42,722 14 58,765 4,446 11,597. 15 Royalties..... 16 Occupancy.... 135,737 103,241 14,212 18,284. 17 Travel. 1,300 963 61 276. Payments of travel or entertainment 18 expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 1,778. 920. 202. 656. 20 Interest 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization 10,892 9,031 814 1,047. 23 Insurance 6,411 2,076 368 3,967. Other expenses. Itemize expenses not 24 covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 13,577 13,577 a <u>BAY PATROL</u> h С d e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . 1,475,817. 1,055,003 185,835 234,979. Joint costs. Complete this line only if 26 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).....

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).

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Part X Balance Sheet

		Check if Schedule O contains a response or note t	o any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			675,609.	1	747,654.
	2	Savings and temporary cash investments	89,841.	2	89,886.		
	3	Pledges and grants receivable, net	224,511.	3	58,101.		
	4	Accounts receivable, net			130,000.	4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe		5			
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section	ersons (as defined under		6	
	7	Notes and loans receivable, net.				7	
ŵ	7					-	
ē	8	Inventories for sale or use		-	66 700	8	1 5 4 5 1 1
Assets	9	Prepaid expenses and deferred charges	1 1		66,790.	9	154,511.
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		232,375.			
		Less: accumulated depreciation.		175,991.	23,851.	10 c	56,384.
	11	Investments – publicly traded securities			28,106.	11	
	12	Investments – other securities. See Part IV, line 11.			234,222.	12	314,081.
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets.				14	
	15	Other assets. See Part IV, line 11			145,778.	15	120,310.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		1,618,708.	16	1,540,927.
	17	Accounts payable and accrued expenses	209,788.	17	244,929.		
	18	Grants payable				18	
	19	Deferred revenue				19	187,000.
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contrib controlled entity or family member of any of these pe	ector, trustee, 35%		22		
	23	Secured mortgages and notes payable to unrelated th		-		23	
	24	Unsecured notes and loans payable to unrelated third	•	-	382,410.	24	206,727.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		9,384.	25	6,726.
	26	Total liabilities. Add lines 17 through 25			601,582.	26	645,382.
ances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e ►	X			
	27	Net assets without donor restrictions			937,470.	27	854,676.
<u>m</u>	28	Net assets with donor restrictions			79,656.	28	40,869.
Fund Bal		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	eck here	▶ []			
2	29	Capital stock or trust principal, or current funds		<mark>1</mark>		29	
Net Assets or	30	Paid-in or capital surplus, or land, building, or equipr				30	
š	31	Retained earnings, endowment, accumulated income				31	
ťΑ	32	Total net assets or fund balances			1,017,126.	32	895,545.
Ne	33	Total liabilities and net assets/fund balances			1,618,708.	33	1,540,927.
BA				L 10/07/20	1,010,700.		Form 990 (2020)

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Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,288	8,511.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,475	5,817.
3	Revenue less expenses. Subtract line 2 from line 1	3	-187	,306.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,017	,126.
5	Net unrealized gains (losses) on investments	5	65	5,725.
6	Donated services and use of facilities	6		
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O).	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10		
Der	column (B))	10	895	5,545.
Pa	t XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			
			Y	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	red on a		
ł	Were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ate		
Ċ	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t,	2 c	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
	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?		3 a	X
ł	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	
BAA	TEEA0112L 10/19/20		Form 9	90 (2020)

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 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service
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SCHEDULE A

(Form 990 or 990-EZ)

Depart Interna	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection							
	of the organization						Employer identification	
	KEEPER	" Dublic Che			<u> </u>		68-012024	
				For lines 1 through 12,				cuons.
1	Ĕ	•		hurches described in sect		-	•	
2				Schedule E (Form 990 or				
3				ization described in sec		,	A)(iii).	
4	A medical res	search organiza	tion operated in conju	unction with a hospital of	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's
	name, city, a	nd state:						
5	An organizati section 170(b	on operated for b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	escribed in
6	A federal, sta	ite, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).	
7	X An organizatio	n that normally i 0(b)(1)(A)(vi).(receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	olic described
8	A community	trust described	l in section 170(b)(1)(A)(vi). (Complete Part I	l.)			
9				tion 170(b)(1)(A)(ix) oper (see instructions). Enter				
10	from activities investment in June 30, 1975	s related to its e come and unre 5. See section	exempt functions, sub lated business taxabl 509(a)(2). (Complete		ns; and 511 tax)	(2) no r from b	more than 33-1/3% of i usinesses acquired by	ts support from gross
11		5	•	ely to test for public safe	2			
	 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization. You must complete Part IV, Sections A and B.)(3). Check the box in
b	management		organization vested in	controlled in connection the same persons that c				
С	organization(onally integrated s) (see instructi	. A supporting organizations). You must com	tion operated in connection plete Part IV, Sections A	n with, ai A, D, an	nd functio d E.	onally integrated with, its	supported
d	functionally in	ntegrated. The o	organization generally	anization operated in cor must satisfy a distribu s A and D, and Part V.	nection tion req	with its s uiremen	supported organization(s t and an attentiveness) that is not requirement (see
e	Check this bo	x if the organiz	ation received a writt	en determination from f supporting organization	he IRS	that it is	s а Туре I, Туре II, Тур	e III functionally
f	J /	21	, ,					
		-	n about the supported	d organization(s).	-			
	(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
<u>(D)</u>								
<u>(E)</u>								
Total								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

_

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	963,635.	809,414.	1,231,045.	1,017,806.	1,038,363.	5,060,263.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	963,635.	809,414.	1,231,045.	1,017,806.	1,038,363.	5,060,263.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		·				445,105.
6	Public support. Subtract line 5 from line 4						4,615,158.
Sec	tion B. Total Support			•			, ,
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	963,635.	809,414.	1,231,045.	1,017,806.	1,038,363.	5,060,263.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,627.	5,044.	10,043.	7,919.	7,035.	33,668.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE . PART VI				12,711.	339.	13,050.
	Total support. Add lines 7 through 10						5,106,981.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	2,219,086.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20	•					90.37%
15	Public support percentage from	2019 Schedule A,	Part II, line 14			15	89.03%
16a	33-1/3% support test-2020. If t and stop here. The organization						
b	33-1/3% support test–2019. If the and stop here. The organization	e organization dic qualifies as a pul	I not check a box plicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	est-2020. If the or meets the facts-and-circumstance	ganization did no nd-circumstances es test. The organ	ot check a box on s test, check this l nization qualifies a	line 13, 16a, or 1 box and stop here as a publicly supp	6b, and line 14 is Explain in Part of ported organization	10% VI how ۱►
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the facts-a d-circumstances' t	nd-circumstances est. The organization	s test, check this l ation qualifies as	box and stop here a publicly support	e. Explain in Part ed organization.	VI how the
	Private foundation. If the organized	zation uld not che	UN A DOX OF TIME	13, 108, 100, 1/8			<u> </u>
BAA					Sc	hedule A (Form 99	0 or 990-EZ) 2020

68-0120240

BAYKEEPER

 Part III
 Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			-			
	lar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	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						
4	organization's benefit and						
	either paid to or expended on						
5	its behalf The value of services or						
3	facilities furnished by a						
	governmental unit to the						
c	organization without charge	l					
	Total. Add lines 1 through 5 Amounts included on lines 1,						
74	2. and 3 received from						
	disqualified persons						
b	Amounts included on lines 2 and 3 received from other than						
	disgualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line						
-	7c from line 6.)						
Sec	tion B. Total Support			-			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
1 0 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
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 5 years. If the Form 990 is	for the organizativ	n's first second	third fourth or f	l Tifth tax vear as a	section 501(c)(3)	
14	organization, check this box and						►
-	tion C. Computation of Pu						
	Public support percentage for 20	•					0/0
-	Public support percentage from						010
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	e			
17	Investment income percentage f	or 2020 (line 10c,	column (f), divid	ed by line 13, col	umn (f))	17	olo
18	Investment income percentage f	rom 2019 Schedu	lle A, Part III, line	17			0/0
19a	33-1/3% support tests-2020. If	the organization d	lid not check the	box on line 14, ar	nd line 15 is more	than 33-1/3%, and	d line 17
	is not more than 33-1/3%, check		• •	•		•	
b	33-1/3% support tests — 2019. If the line 18 is not more than 33-1/3%						
20	Private foundation. If the organized		-				
				,,, .			

68-0120240

Part IV Supporting Organizations

Section A. All Supporting Organizations

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

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

TEEA0404L 01/20/21

Schedule A (Form 990 or 990-EZ) 2020	BAYKEEPER	68-0120240
Part IV Supporting Organizat	ions (continued)	

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
 a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 	3	
b A family member of a person described in line 11a above? 11	2	
c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	:	

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If 'No,' describe in Part VI how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 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.

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If <i>i</i> No ' explain in Part VI how				
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).				
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played				
	in this regard.				
~					

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a 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 Videntify 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Yes No

Page 5

Yes

Yes No

1

2

1

No

Schedule A (Form 990 or 990-EZ) 2020 BAYKEEPER

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

		•	•
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gro income or for management, conservation, or maintenance of property held for production of income (see instructions)	oss 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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 s tax year or assets held for part of year):	hort		
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 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally (see instructions).	y integrated	Type III supporting or	ganization

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Schedule A (Form 990 or 990-EZ) 2020

 Schedule A (Form 990 or 990-EZ) 2020
 BAYKEEPER
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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

 Section D – Distributions

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Sec	tion D – Distributions	<u>9 - 9</u>	(Current Year
	Amounts paid to supported organizations to accomplish exempt pu	1			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	S,	2	
3	Administrative expenses paid to accomplish exempt purposes of si	upported organizations		3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required – provide	e details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Section E – Distribution Allocations (see instructions)				(iii) Distributable Amount for 2020
	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
-	From 2017				
	From 2018				
•	PFrom 2019				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
-	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
C	Excess from 2019				
e	Excess from 2020				

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

Page 8

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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2020	2019	2018	2017	2016
REFUNDS MERCHANDISE SALES	\$ 339.	\$ 12,711.			
TOTAI		\$ 12,711.	\$0.	\$0.	\$0.

SCHEDULE C	
(Form 990 or 990-	EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public

Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name	of organ	ization			Employer identific	ation number
	KEEF				68-012024	
			rganization is exempt under section			zation.
1			organization's direct and indirect political o	ampaign activities in	Part IV.	
			on of 'political campaign activities')			
			penditures (See instructions)			
			campaign activities (See instructions)			
			rganization is exempt under section			
1			ise tax incurred by the organization under			
2	Enter	the amount of any exc	ise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the	organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a	a correction made?				
		s,' describe in Part IV.				
Par	t I-C	Complete if the or	rganization is exempt under section	on 501(c) . except	t section 501(c)(3).	
			pended by the filing organization for section			
		2	g organization's funds contributed to other			
2	527 e	exempt function activitie			►\$	
3	Total	exempt function expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POI		
5	line 1	7b			▶\$	
4	Did th	ne filing organization file	e Form 1120-POL for this year?			Yes No
5			and employer identification number (EIN)			
5	organ	ization made payments	s. For each organization listed, enter the a	mount paid from the f	iling organization's fun	ds. Also enter the
	seare	nt of political contribution added fund or a political	s received that were promptly and directly del I action committee (PAC). If additional spa	ace is needed, provide	e information in Part IV	as a separate
	j j	5				
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political 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)						
(5)						
(6)						
(9)			I			1

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

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 BAYKEEPER

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Page 2

Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (ele	ction under
A Check ► if the filing organization belor	ngs to an affiliated group (and list in Part IV each affilia	ted group member's name,	
address, EIN, expenses, a	nd share of excess lobbying expenditures).		
B Check ► if the filing organization ch	ecked box A and 'limited control' provisions apply.		
Limits on Lobb (The term 'expenditures' me	ying Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence p	ublic opinion (grassroots lobbying)	1,122.	
b Total lobbying expenditures to influence a	legislative body (direct lobbying)	1,715.	
c Total lobbying expenditures (add lines 1a	and 1b)	2,837.	0.
d Other exempt purpose expenditures		1,472,981.	
e Total exempt purpose expenditures (add I	ines 1c and 1d)	1,475,818.	0.
f Lobbying nontaxable amount. Enter the all both columns.If the amount on line 1e, column (a) or (b) is:	mount from the following table in The lobbying nontaxable amount is:	222,582.	
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%	6 of line 1f)	55,646.	0.
h Subtract line 1g from line 1a. If zero or le	ss, enter -0	0.	0.
i Subtract line 1f from line 1c. If zero or les	s, enter -0-	0.	0.
	er line 1h or line 1i, did the organization file Form 4720		Yes No
	4-Year Averaging Period Under Section 501(h) aat made a section 501(h) election do not have to c elow. See the separate instructions for lines 2a th		

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total		
2 a Lobbying nontaxable amount	233,763.	231,527.	250,426.	221,373.	937,089.		
b Lobbying ceiling amount (150% of line 2a, column (e))					1,405,634.		
c Total lobbying expenditures	2,150.	5,887.	6,838.	2,837.	17,712.		
d Grassroots nontaxable amount	58,441.	57,882.	62,606.	55,343.	234,272.		
e Grassroots ceiling amount (150% of line 2d, column (e))					351,408.		
f Grassroots lobbying expenditures	1,506.	2,255.	2,028.	1,122.	6,911.		
BAA	BAA Schedule C (Form 990 or 990-EZ) 2020						

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Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 BAYKEEPER

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

	(a	a)	(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amoun	t
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 				
 d Mailings to members, legislators, or the public? e 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 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?i Other activities?				
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If 'Yes,' enter the amount of any tax incurred under section 4912				
 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or		
section 501(c)(6).			Ye	s 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?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the p				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501((6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	c)(5) Part I	, or s II-A,	ection 501(d line 3, is	:)
1 Dues, assessments and similar amounts from members.		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a Current year.		2a		
b Carryover from last year.		2b		
 c Total		2 c 3		
		5		
4 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

 5
 Taxable amount of lobbying and political expenditures (See instructions).
 5

 Part IV
 Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

(Fo	SCHEDULE D (Form 990) Supplemental Financial Statements > Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. > Attach to Form 990. > Department of the Treasury Internal Revenue Service > Go to www.irs.gov/Form990 for instructions and the latest information.							1545-0047 20 to Public tion
Name	e of the organization					Employer in	lentification r	lumber
R۵۹	YKEEPER					68-012	0240	
Pa	rt I Organizat	tions Maintaining Dono	r Advised Funds or Other	Similar Funds	or Ac		0240	
	Complete	if the organization answ	vered 'Yes' on Form 990, P	art IV, line 6.				
			(a) Donor advised fund	ls	(b)	Funds and	other acco	unts
1		end of year						
2 3	55 5	ntributions to (during year)						
4		at end of year						
5			nor advisors in writing that the ass organization's exclusive legal con				Yes	No
6	for charitable pur	poses and not for the benefit	rs, and donor advisors in writing t of the donor or donor advisor, or	for any other pur	pose co	onferring]Yes	
Pa		tion Easements.	· · · · · · · · · · · · · · · · · · ·					
1 01			wered 'Yes' on Form 990, P	art IV, line 7.				
1	Preservation of Protection of Preservation	f land for public use (for examp natural habitat of open space		Preservation of Preservation o	of a cert	tified histori	c structure	2
2	Complete lines 2a last day of the tax		eld a qualified conservation contribu	ition in the form of		Prvation ease		
;	a Total number of c	conservation easements			2a	Held at the		e lax fear
			nents		2 b			
	c Number of conser	rvation easements on a certif	ied historic structure included in ((a)	2 c			
			n (c) acquired after 7/25/06, and r		2 d			
3	tax year 🕨		sferred, released, extinguished, or te	erminated by the or	rganizat	ion during th	e	
4		where property subject to conse				1.		
5	•		garding the periodic monitoring, ir nts it holds?		0		Yes	No
6	Staff and volunteer ►	hours devoted to monitoring, i	nspecting, handling of violations, an	d enforcing conser	vation e	asements du	iring the ye	ar
7	Amount of expense ►\$	es incurred in monitoring, inspe	cting, handling of violations, and en	forcing conservatio	n easen	nents during	the year	
8	Does each conser and section 170(h	rvation easement reported or n)(4)(B)(ii)?	n line 2(d) above satisfy the requir	ements of sectior	n 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, descr include, if applica conservation ease	ble, the text of the footnote t	orts conservation easements in it o the organization's financial state	s revenue and exp ements that descr	pense s ribes th	statement a e organizati	nd balance on's accou	e sheet, and unting for
Pa	rt III ∣Organizat	tions Maintaining Colle	ctions of Art, Historical Tre wered 'Yes' on Form 990, P	asures, or Otl art IV, line 8.	her Si	milar Ass	ets.	
1;	historical treasure	es, or other similar assets hel	FASB ASC 958, not to report in Id for public exhibition, education, I statements that describes these	or research in fu	nent an rtheran	d balance s ce of public	heet work service, p	s of art, rovide in
I	historical treasures following amounts	s, or other similar assets held fo s relating to these items:	FASB ASC 958, to report in its roor public exhibition, education, or res	earch in furtheranc	ce of pul	blic service,	t works of provide the	art,
			line 1					
2	• •		istorical treasures, or other similar a			· · ·	lowing	
i	amounts required a Revenue included	to be reported under FASB I on Form 990, Part VIII, line	ASC 958 relating to these items:			►\$	io milig	
1	h Assets included in	n Form 990 Part X				►s		
BAA	For Paperwork R	eduction Act Notice, see the	Instructions for Form 990.	TEEA3301L 08/1	8/20	Sched	ule D (For	m 990) 2020

Schedule D (Form 990) 2020 BAYKE			17	68-0120		Page 2
Part III Organizations Maintai	ining Collections	s of Art, Historic	cal Treasures, or	Other Similar Asse	ets (contini	uea)
3 Using the organization's acquisition items (check all that apply):	, accession, and other	records, check any	of the following that ma	ake significant use of its o	collection	
a Public exhibition			exchange program			
b Scholarly research		e Other				
c Preservation for future gener						
4 Provide a description of the organiz Part XIII.			Ũ			
5 During the year, did the organiza to be sold to raise funds rather th	nan to be maintained	l as part of the orga	anization's collection?		Yes	No
Part IV Escrow and Custodia line 9, or reported an a				wered 'Yes' on For	m 990, Pa	rt IV,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian or otl	ner intermediary for	contributions or othe	r assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII and com	plete the following	table:		Amount	
c Beginning balance					anount	
d Additions during the year						
e Distributions during the year						
f Ending balance				1f		
2 a Did the organization include an a	mount on Form 990,	Part X, line 21, for	r escrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII. Check I	nere if the explanat	ion has been provided	d on Part XIII	[
Part V Endowment Funds. C	omplete if the or	ganization ansv	vered 'Yes' on Fo	rm 990, Part IV, lin	e 10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance	234,222.	234,272	2. 227,449	214,880.	192	,833.
b Contributions						
c Net investment earnings, gains, and losses	58,437.	-50). 8,749	14,433.	23	,799.
d Grants or scholarships						
e Other expenditures for facilities and programs				0.		
f Administrative expenses	2,126.		1,926	1,864.	1	,752.
g End of year balance	290,533.	234,222	2. 234,272	227,449.	214	,880.
2 Provide the estimated percentage	e of the current year	end balance (line 1	1g, column (a)) held a	is:		
a Board designated or quasi-endowm	ent ► 10).00 [%]				
b Permanent endowment ►	0/0					
c Term endowment	010					
The percentages on lines 2a, 2b, ar	nd 2c should equal 10	0%.				
3 a Are there endowment funds not in t	he possession of the o	organization that are	held and administered	for the		
organization by:					Yes	No
(i) Unrelated organizations					3a(i) X 2∝(ii)	V
(ii) Related organizations					3a(ii)	Х
b If 'Yes' on line 3a(ii), are the rela4 Describe in Part XIII the intended	-	•			3b	
Part VI Land, Buildings, and			iunus.			
Complete if the organi		'Yes' on Form	990, Part IV, line	11a. See Form 990), Part X, li	ine 10.
Description of property	(a) Cos	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	
1 a Land						
b Buildings						
c Leasehold improvements			43,005.		43	,005.
d Equipment			187,250.			,250.
e Other			2,120.	175,991.		,871.
Total. Add lines 1a through 1e. (Colum	n (d) must equal Fo	rm 990, Part X, col	umn (B), line 10c.).	▶	56	,384.
BAA				Schedu	ıle D (Form 99	0) 2020

Part VII Investments – Other Securities. Complete if the organization answered	l'Ves' on Form 99() Part IV line 11h See Form 99	10 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	
(1) Financial derivatives		(c) method of variation, obst of ond of	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(<u>c)</u>			
(<u>0)</u>			
(<u>c)</u> (E)			
(F)			
<u>(</u> G)			
(
<u>()</u>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►	314,081.		
Part VIII Investments – Program Related. Complete if the organization answered		N/A Part IV line 11c, See Form 99	0 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	
(1)	(2)		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)►			
Part IX Other Assets.			
Complete if the organization answered		D, Part IV, line 11d. See Form 99	
	scription		(b) Book value
(1) DISCOUNT TO PV FOR SETTLEMENT PAYL (2) LONG TERM RECEIVABLES	MENTS		<u>-9,690.</u> 130,000.
(3)			130,000.
(4)			<u>.</u>
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	····· •	120,310.
Part X Other Liabilities. Complete if the organization answered 'Yes' on F	orm 000 Port IV line 1	1. or 11f Soc Form 000 Port V line 25	
	ription of liability		(b) Book value
(1) Federal income taxes	iption of hubinty		
(2) DEFERRED RENT			6,726.
(3)			07/201
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			<u> </u>
			6 506
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)		•••••••••••••••••••••••••••••••••••••••	6,726.

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

Schedule D (Form 990) 2020 BAYKEEPER	68-0120240	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information.		

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

Schedule D (Form 990) 2020

Supple	mental Informa	ntion Reg	jarding I	Fundraising or Gami	ng Activities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)				orm 990, Part IV, line 17, 18 5,000 on Form 990-EZ, line 6		2020
Department of the Treasury Internal Revenue Service	Open to Public Inspection					
Name of the organization BAYKEEPER					Employer identif	
Fundraising Activities. Comp	plete if the organization	ation answ	ered 'Yes'	on Form 990, Part IV, line		10
Form 990-EZ filers are not Indicate whether the organizatio				lowing activities. Check	all that apply.	
a Mail solicitations			е		• •	
b Internet and email solicitation	ons		f		5	
c Phone solicitations			g	Special fundraising	events	
 d In-person solicitations 2 a Did the organization have a writter 	or oral agreemen	t with any i	individual (including officers directo	rs trustees or key	
employees listed in Form 990, F	Part VII) or entity	in connect	tion with p	professional fundraising	services?	
b If 'Yes,' list the 10 highest paid i compensated at least \$5,000 by	individuals or entitient the organization.	ities (fund	raisers) p	ursuant to agreements	under which the fundr	aiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
4						
5						
6						
7						
8						
•						
9						
10						
Total.						0.
3 List all states in which the organiza or licensing.	ation is registered of	or licensed	to solicit o	contributions or has been	notified it is exempt fro	m registration

Schedule G (Form 990 or 990-EZ) 2020 BAYKEEPER Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported

68-0120240 Page 2

		more than \$15,000 of fundraising List events with gross receipts gre	eater than \$5,000.		on i on i 550 EZ,	
en			(a) Event #1 <u>BAYKEEPER VIRT</u> (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Gross receipts	67,697.			67,697.
£	2	Less: Contributions	49,172.			49,172.
	3	Gross income (line 1 minus line 2)	18,525.			18,525.
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	1,354.			1,354.
rect	8	Entertainment				
ā	9	Other direct expenses	23,857.			23,857.
	10	Direct expense summary. Add lines 4 three				/
Par	11 + III	Net income summary. Subtract line 10 fro Gaming. Complete if the organiza				· · · · · · · · · · · · · · · · · · ·
1 01	(III	\$15,000 on Form 990-EZ, line 6a.		s on i on i 550, i al		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
ĸ	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes [%] No	Yes% No	Yes%	
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)			
	8	Net gaming income summary. Subtract lin	ne 7 from line 1. colum	ın (d)		
	Ente Is th	er the state(s) in which the organization co ne organization licensed to conduct gaming	nducts gaming activitie g activities in each of th	es:		·· Yes No
		re any of the organization's gaming license 'es,' explain:	s revoked, suspended,	or terminated during th	e tax year?	

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 BAYKEEPER	68-0120240	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?		No
	Indicate the percentage of gaming activity conducted in:		٥
	a The organization's facility		010
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		olo
	Name		
	Address ►		
I	a Does the organization have a contract with a third party from whom the organization receives gaming reverses b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party:		No
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer		
17	Mandatory distributions:		
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the	
	organization's own exempt activities during the tax year ► \$		
Pa	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, of and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions.	columns (III) and any additional	(v);

BAA

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization BAYKEEPER

Employer identification number

68-0120240

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	d of c contril	letermir	iing mounts
1	Art – Works of art							
2	Art – Historical treasures							
3	Art – Fractional interests.							
4	Books and publications							
5	Clothing and household goods	Х		68.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities – Publicly traded	Х	2	86,863.	FMV			
10	Securities – Closely held stock			, , , , , , , , , , , , , , , , , , ,				
11	Securities - Partnership, LLC, or trust interests .							
12	Securities – Miscellaneous	Х	1	14,977.	FMV			
13	Qualified conservation contribution – Historic structures							
14	Qualified conservation contribution – Other							
15	Real estate – Residential							
16	Real estate – Commercial.							
17	Real estate – Other							
18	Collectibles.							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy.							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts.							
25	Other SEE PART II)							
26	Other ► ()							
27								
28	Other► ()							
		uring the toy	waar far aantributiana fa	r which the				
29	Number of Forms 8283 received by the organization or organization completed Form 8283, Part V, Done				29			
			gomont		23		Yes	No
							105	110
30a	During the year, did the organization receive by contri							
	it must hold for at least three years from the date for exempt purposes for the entire holding period		,	•		30 a		v
h	If 'Yes,' describe the arrangement in Part II.	• • • • • • • • • • • • • •				50 a		Х
		cy that requi	res the review of any r	onstandard contributio	nc?	21		v
31 32a	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 2a Does the organization hire or use third parties or related organizations to solicit, process, or sell						Х	
	noncash contributions?					32 a		Х
	If 'Yes,' describe in Part II.							
33	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,			
BAA	For Paperwork Reduction Act Notice, see the Ins	tructions fo	r Form 990.		Schedu	le M (l	Form 99	0) 2020

68-0120240 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCH M, PART I, LINES 25-28 OTHER NON-CASH CONTRIBUTIONS

DESCRIPTION	APPL?	NUMBER OF CONTR.	REVENUE ON FORM 990, PART VIII	METHOD OF DETER. REV.
WINE AND SPIRIT JETSTREAM FUND TOURS AND GIFT DIS RATEFORTECH OTDONATED GOODS	X X X X X X	1 1 1 1	\$ 5,252. 20,000. 754. 5,376. 10,641.	FMV FMV FMV

SCHEDULE O (Form 990 or 990-EZ)

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.

2020 Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

BAYKEEPER

Employer identification number 68-0120240

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

SAN FRANCISCO BAYKEEPER'S MISSION IS TO DEFEND SAN FRANCISCO BAY FROM THE BIGGEST THREATS AND 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 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. BAYKEEPER STRENGTHENS LAWS. WE ADVOCATE FOR STRONGER LAWS AND STRICTER REGULATIONS TO PROTECT SAN FRANCISCO BAY FROM POLLUTERS AND DESTRUCTIVE ACTIVITIES. BAYKEEPER DEFENDS WILDLIFE AND PREPARES FOR CLIMATE CHANGE. WETLANDS, SEDIMENT, AND FRESHWATER FLOWS ARE VITAL TO A HEALTHY, FUNCTIONING BAY ECOSYSTEM-AND WILL BE EVEN MORE CRITICAL AS THE CLIMATE BREAKS DOWN AND SEA LEVELS RISE. BAYKEEPER FIGHTS FOR PROTECTED SHORELINES, VIBRANT WETLANDS, AND HEALTHY LEVELS OF SEDIMENT AND FRESHWATER FLOWS TO ENSURE A MORE RESILIENT FUTURE FOR THE BAY AREA. BAYKEEPER ADVOCATES FOR HEALTHY COMMUNITIES. BAYKEEPER WORKS TO IMPROVE THE QUALITY OF LIFE IN BAY SHORELINE COMMUNITIES, AND TO SUPPORT THE WORK OF ORGANIZATIONS WITHIN COMMUNITIES DISPROPORTIONATELY AFFECTED BY POLLUTION. BAYKEEPER HAS WON CRITICAL VICTORIES AT THE NATIONAL, REGIONAL, AND LOCAL LEVEL FOR SAN FRANCISCO BAY. SINCE 1989, WE HAVE SECURED 280 LEGAL WINS TO STOP POLLUTERS; CONDUCTED OVER 15,000 HOURS OF BOAT PATROLS TO INVESTIGATE POLLUTION; REQUIRED 10

Schedule O (Form 990 or 990-EZ) (2020)				
Name of the organization	Employer identification number			
BAYKEEPER	68-0120240			

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

SPILLS; GENERATED OVER \$100,000 MILLION TO PROTECT OR RESTORE SAN FRANCISCO BAY; AND MAPPED 300 MILES OF SHORELINE TO PLAN FOR SEA LEVEL RISE IN THE BAY. WE HAVE A STAFF WITH SCIENTIFIC AND LEGAL EXPERTISE, A BOARD OF DIRECTORS WITH A BREADTH OF EXPERIENCE WITH THE BAY, AN EXPERT ADVISORY BOARD, A TEAM OF VOLUNTEER BOAT SKIPPERS, AND THE ONLY POLLUTION PATROL BOAT REGULARLY MONITORING AND INVESTIGATING POLLUTERS IN THE BAY. BAYKEEPER HELPED FOUND THE WATERKEEPER ALLIANCE, AN INTERNATIONAL NETWORK OF ON-THE-WATER ACTIVISTS. THERE ARE NOW MORE THAN 300 WATERKEEPER ORGANIZATIONS AND AFFILIATES AROUND THE WORLD. BAYKEEPER HOLDS THE "BAYKEEPER" TRADEMARK AND LICENSES ITS USE BY OTHER ORGANIZATIONS. TO AVOID CONFUSION, BAYKEEPER OPERATES PRIMARILY UNDER THE NAME SAN FRANCISCO BAYKEEPER. BAYKEEPER INCORPORATED AS A NONPROFIT, PUBLIC BENEFIT CORPORATION IN CALIFORNIA ON JANUARY 23, 1987, AS THE SAN FRANCISCO BAY-DELTA PRESERVATION ASSOCIATION, AND BECAME BAYKEEPER IN MAY 1989, THE FOURTH "WATERKEEPER" ORGANIZATION IN THE COUNTRY. FOR OVER 30 YEARS, STANDING UP TO CONSTANT THREATS AND MAJOR POLLUTERS, BAYKEEPER HAS BEEN A FIERCE CHAMPION FOR SAN FRANCISCO BAY. FOR MORE INFORMATION, PLEASE VISIT US ONLINE AT BAYKEEPER.ORG.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A PAID PREPARER PREPARES THE 990, THE FINANCIAL OFFICER REVIEWS IT AND SUBMITS IT TO THE EXECUTIVE DIRECTOR, THE FINANCE COMMITTEE, AND THE GOVERNANCE COMMITTEE FOR REVIEW AND COMMENT. THE EXECUTIVE DIRECTOR AND TREASURER APPROVE IT. IN ADDITION, THE ENTIRE BOARD OF DIRECTORS RECEIVES THE 990 BEFORE THE RETURN IS FILED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS 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.

Schedule O (Form 990 or 990-EZ) (2020)				
Name of the organization	Employer identification number			
BAYKEEPER	68-0120240			

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

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 SUBSTANTIATED BY THE GOVERNANCE COMMITTEE AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

BAYKEEPER MAKES ITS GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS AVAILABLE UPON REASONABLE REQUEST.