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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public

Application pending F Name and address of principal officer:MEGAN BAEHRENS 2825 DEWEY ROAD, #200, SAN DIEGO, CA 92106 I Tax-exempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 Website: WWW.SDCOASTKEEPER.ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 1995 M St Part I Summary 1 Briefly describe the organization's mission or most significant activities: SAN DIEGO COASTKEEPER APPROTECT AND RESTORE FISHABLE, SWIMMABLE AND DRINKABLE WATER Check this box I if the organization discontinued its operations or disposed of more than 25% of its net asset	*7946 58-7743 605,086. Image: Yes X No
Doing Business As Number and street (or P.0. box if mail is not delivered to street address) Terminated Amended return Application pending F Name and address of principal officer:MEGAN BAEHRENS 2825 DEWEY ROAD, #200, SAN DIEGO, CA 92106 I Tax-exempt status: X 501(c)(3) 501(c) ()	58-7743 605,086. Im Yes X No
Doing Business As Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 619-75	58-7743 605,086. Im Yes X No
Number and street (or P.0. box if mail is not delivered to street address) 2825 DEWEY ROAD #200 City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92106 F Name and address of principal officer:MEGAN BAEHRENS 2825 DEWEY ROAD, #200, SAN DIEGO, CA 92106 I Tax-exempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 WWW.SDCOASTKEEPER.ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 1995 M St.	605,086. Im Yes X No
Amended Patrice City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92106 H(a) Is this a group return for subordinates? F Name and address of principal officer: MEGAN BAEHRENS 2825 DEWEY ROAD, #200, SAN DIEGO, CA 92106 H(b) Are all subordinates included in the subordinates included in t	605,086. Im Yes X No
Application pending F Name and address of principal officer:MEGAN BAEHRENS 2825 DEWEY ROAD, #200, SAN DIEGO, CA 92106 I Tax-exempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 J Website: WWW.SDCOASTKEEPER.ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 1995 M St. Part Summary Part Summary CAN DIEGO, CA 92106 H(a) Is this a group return for subordinates? H(b) Are all subordinates included in the support of the subordinates included in the support of the support	Yes X No
F Name and address of principal officer:MEGAN BAEHRENS 2825 DEWEY ROAD, #200, SAN DIEGO, CA 92106 I Tax-exempt status: X 501(c)(3) 501(c)(1) 4 (insert no.) 4947(a)(1) or 527 J Website: WWW.SDCOASTKEEPER.ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 1995 M St Part Summary CAN DIEGO COASTIKEEPER.ORG	Yes X No
2825 DEWEY ROAD, #200, SAN DIEGO, CA 92106 I Tax-exempt status: X 501(c)(3) 501(c) ()	uded? Yes No
I Tax-exempt status: X 501(c)(3) 501(c) ()	
J Website: ► WWW.SDCOASTKEEPER.ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 1995 M St Part I Summary CAN DIFCO COASTIKEEPER.	
Form of organization: X Corporation	· ·
Part I Summary	
Briefly describe the organization's mission or most significant activities: SAN DIEGO COASTKEEPER A PROTECT AND RESTORE FISHABLE, SWIMMABLE AND DRINKABLE WATER 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net asset	
PROTECT AND RESTORE FISHABLE, SWIMMABLE AND DRINKABLE WATER Check this box if the organization discontinued its operations or disposed of more than 25% of its net asset	AIMS TO
2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net asset	RS IN SAN
3 Number of voting members of the governing body (Part VI, line 1a)	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	13
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5	8
6 Total number of volunteers (estimate if necessary)	6700
7 a Total unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Form 990-T, line 34	0.
Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 796,250.	497,207.
9 Program service revenue (Part VIII, line 2g)	0.
9 Program service revenue (Part VIII, line 2g)	1,693.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -19,787.	106,186.
12 Total revenue - add lines 8 through 11 (must equality VIII, column (A), line 12) 775, 676.	605,086.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
111 000	280,098.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 5 35,755.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 35,755.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 262,179.	221,044.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 707,088.	501,142.
19 Revenue less expenses. Subtract line 18 from line 12	103,944.
Beginning of Current Year	End of Year
Beginning of Current Year 20 Total assets (Part X, line 16) 389,334. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 167,411.	393,683.
21 Total liabilities (Part X, line 26) 221, 923.	111,942.
22 Net assets or fund balances. Subtract line 21 from line 20 167, 411.	281,741.
Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn	nowledge and belief, it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Signature of officer Date	
Here MEGAN BAEHRENS, EXECUTIVE DIRECTOR	
Type or print name and title	
Print/Type preparer's name Preparer's signature Date Check	PTIN
Paid JEFFREY S. ACKLEY Original Signed by Jeffrey S. Ackley 7/15/14 self-employed	*****
Preparer Firm's name LINDSAY & BROWNELL, LLP Firm's EIN *	**-***5895
Use Only Firm's address 4225 EXECUTIVE SQUARE, SUITE 1150	
	5589200
May the IRS discuss this return with the preparer shown above? (see instructions)	X Yes No

332002 10-29-13

(Expenses 5

Form 990 (2013)

Total program service expenses

Other program services (Describe in Schedule O.)

including grants of 5

407,203.

Form 990 (2013) SAN DIEGO CO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			11
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		4 Fi	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		1 111	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	4	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 1		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
2 ∩ 2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		47
		Form	gan /	2012)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		-
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a		X
	A current or former officer, director, trustee, or key employee? If "Yes, complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
-	Trates at 1 cm 300 mills did together to semple to semple of the semple	_	_	(2013)

Part V	Statements Regarding Other IRS Filings and Tax Compliance
	Check if Schedule O contains a response or note to any line in this Part V

	- manufacturismin		***********		43444	
10	Enter the number reported in Poy 2 of Form 1006 Fator 0 if not amplicable	1.	11		Yes	No
1a b			1		1.1	
c	710000000000000000000000000000000000000	-	able gaming			
·	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		10		
	filed for the calendar year ending with or within the year covered by this return	2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		4	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					1 9
За	Did the appropriation to a small trade to the same of			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions	or gifts			
_		*****	**********	6b		_
7	Organizations that may receive deductible contributions under section 170(c).					v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	-	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7b		-
С				70		Х
ч	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		
e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	-		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised tunds and section 509(a)(3) supporting organizations. D				- 1	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			В		X
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	etitori	***************************************	9b		X
10	Section 501(c)(7) organizations. Enter:	i	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a)			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	Ė	ì			
	Gross income from members or shareholders	11a	-			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l	1 1			
10-	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	L	?	12a		_
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			120		
a	Note. See the instructions for additional information the organization must report on Schedule O.	*******	********************	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states in which the					
.,	organization is licensed to issue qualified health plans	13b	Ĭ			
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	_		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
					990 ((2013)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI		i	X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		d .
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	MAR		
12a	Did the organization have a written conflict of interest policy? # No. go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees, equired to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ū	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			287
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			10
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1 0
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa	taxable entity during the year?	16a		Х
ь.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sac	tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ►CA			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availah	le le	
18		.vanal		
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O)			
40	• •	d fina-	oial	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	u iinal	ıcıal	
00	statements available to the public during the tax year.	tion: Þ		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza MEGAN BAEHRENS - 619-758-7743	HOH;	_	
_	2825 DEWEY ROAD, #200, SAN DIEGO, CA 92106	Γ	000	/2012

332006 10-29-13

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c	(C) Position check more than one ess person is both an and a director/trustee)				(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Hinnest compensated loyee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HARRIET LAZER	5.00									
TREASURER/CFO	115	X		X				0.	0.	0 .
(2) JO BROOKS	20.00			A.		J.				
PRESIDENT		X		五		7		0.	0.	0 .
(3) SUSAN ARMSTRONG (TERM MAY 2013)	2.00			1	7					
DIRECTOR		12		7	Ò.			0.	0.	0 .
(4) MICAH MITROSKY	2.00				Yill					_
DIRECTOR	1 00	X	-	_	100		, .	0.	0.	0 .
(5) ELEANOR MUSICK	1,00	1	4							
SECRETARY	200	X	4	X				0.	0.	0 .
(6) GREGG SADOWSKY	2.00	.,	100						0	0
DIRECTOR	2.0	X	y		_	_		0.	0.	0 .
(7) SUSAN STEWART (TERM OCTOBER 201 DIRECTOR	2.00	v	X 1					0.	0.	0
(8) MEGAN BAEHRENS	50.00	X		_	-	_	-	0.	0.	0 .
EXECUTIVE DIRECTOR	30.00	x		х				75,000.	0.	0 .
(9) RACHEL BARTELS (TERM MARCH 2013	50.00	^		Δ	-		-	73,000.	0.	0 .
CHIEF FINANCIAL OFFICER	30.00	X						14,983.	0.	0 .
(10) SANDOR KAUPP	2.00							14,505.	0.	0.
VICE PRESIDENT	2.00	x		x		0.4		0.	0.	0 .
(11) LEE BARKEN	2.00	-		-						
DIRECTOR		х						0.	0.	0 .
(12) EVERETT DELANO	2.00		7							
DIRECTOR	1 A 1-5	X						0.	0.	0 .
(13) STEWART HALPERN	2.00									
DIRECTOR		X						0.	0.	0 .
(14) MARK REYNOLDS	2.00									
DIRECTOR		X				100		0.	0.	0 .
(15) GLEN SCHMIDT	2.00									
DIRECTOR		X						0.	0.	0.
(16) GEORGE YERMANOS	2.00									
DIRECTOR		X						0.	0 .	0.
(17) JILL WITKOWSKI (TERM SEPTEMBER	50.00									
WATERKEEPER				X				64,109.	0 •	0 .

332007 10-29-13

Form 990 (2013)

(A) Name and title	(B) Average hours per week (list any	box	not c	(C Posit neck n ss pers d a dir	tion nore son i	than o	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Estir amo ot	F) mated unt of her ensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fror organ and	n the nization related izations
					¥	Τ 0						
										1		
					A							
1b Sub-total				4	V		>	154,092.		0.		0
c Total from continuation sheets to Pa d Total (add lines 1b and 1c) Total number of individuals (including b	rt VII, Section A	1		1	ove) e) wh	no re	0 • 154,092 • ceived more than \$100		0.		0
compensation from the organization			A		_						Y	es No
Did the organization list any former off line 1a? If "Yes," complete Schedule J	William.		ar -					nighest compensated en			3	х
For any individual listed on line 1a, is the and related organizations greater than			omp	ensa	tion	and	oth	er compensation from t	he organization		4	x
5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"	or accrue compe	nsat	ion f	rom	any	unr	elate			0.	5	х
ection B. Independent Contractors									***************************************			
1 Complete this table for your five higher the organization. Report compensation										ensa	ation fro	om
(A) Name and busir		N	ONE	2				(B) Description of s	ervices	C	(C) ompens	ation
		-										
									4			

332008 10-29-13

	Check if Schedule O contains a resp	onse or note to arry lin	(A)	(B) I	(C)	70)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
1 1 2	Federated campaigns 1:	1,294.				
i t	Membership dues	0				
		2,155.				
	Related organizations	d				
1 a k	Government grants (contributions)	440 000				
) f	A.H. 41 A.H. 41 A.H. 41 A.H.					
	similar amounts not included above 11	383,420.				
) g	Noncash contributions included in lines 1a-1f: \$					
	Total. Add lines 1a-1f		497,207.			
		Business Code	iba all			
2 a						
b			The state of the s			
2 a						
c						
е е						
f	All other program service revenue	and the same of th				
g	Total. Add lines 2a-2f					
3	Investment income (including dividends,					
	other similar amounts)		3.	1,693.		
4	Income from investment of tax-exempt be					
5	Royalties					
	(i) Rea	l (ii) Personal				
6 a	Gross rents					
b	Less: rental expenses					
C	Rental income or (loss)			\		
d	Net rental income or (loss)	→				
7 a	Gross amount from sales of (i) Securi	ties (ii) Other				13.00
	assets other than inventory					
b	Less: cost or other basis					
	and sales expenses					
С	Gain or (loss)					
	Net gain or (loss)					
8 a	Gross income from fundraising events (no	ot				V.
	including \$ 2,155. of					
	contributions reported on line 1c). See			1		
	Part IV, line 18	a 0.				
b	Less: direct expenses	b 0.				
c	Net income or (loss) from fundraising eve	nts	0.			
9 a	Gross income from gaming activities. See					
	Part IV, line 19	. a				
b	Less: direct expenses	b				
	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns			- V		1
	and allowances	. a				
b	Less: cost of goods sold	. b				
	Net income or (loss) from sales of inventor					
	Miscellaneous Revenue	Business Code			1 83 0	
11 a	SETTLEMENT PAYMENT	900099	106,186.	106,186.		
ь						
С						
d	All other revenue					
е	Total. Add lines 11a-11d		106,186.		11-11-11-11	
12	Total revenue. See instructions.		605,086.	107,879.	0 .	0.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) (D) (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses Fundraising Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 154,092 109,109 29,983. 15,000. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 81,707. 81.707. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,930. 22,715. 12,724. 2,061. Other employee benefits 21,584. 15,728. 1,846. 4,010. Payroll taxes 10 Fees for services (non-employees): a Management **b** Legal 6,984. c Accounting **d** Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 35,546 28,700. 1,249. 5,597. column (A) amount, list line 11g expenses on Sch O.) 10.142. 10,142. 12 Advertising and promotion 15,059. 958. 974. 16,991. 13 Office expenses 13,925. 1,265. 1,266. 456. Information technology 14 15 Royalties 53,498. 961. 961. 5,420 16 Occupancy 5,388, 3,520. 162. 1,706. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 531. 531. Conferences, conventions, and meetings 19 201. 3.343. 2,908. 234. 20 Payments to affiliates _____ 21 18,432. 17,792. 320. 320. Depreciation, depletion, and amortization 22 7,408. 7,152. 128. 128. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 28,512. 25,315. 3,131. 66. OTHER EXPENSE EQUIPMENT RENTAL AND MA 5,395. 5,395. 4,244. 4,244. AUTO & BOAT EXPENSE 2,745. 250. 250. TELEPHONE EXPENSE 3,245. 1,054. 1,803. 150. 3,007. All other expenses 501,142. 407,203. 58,184. 35,755. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2013)
Part X | Balance Sheet

		(A) Beginning of year		(B) End of year
1.	Cook non interest heaving	1 306		11,493
1 2	Cash - non-interest-bearing	*****	1 2	66,866
3	Savings and temporary cash investments		3	00,000
	Pledges and grants receivable, net		4	277,723
4	Accounts receivable, net Loans and other receivables from current and former officers, directors,	270,333.	4	211,123
5	trustees, key employees, and highest compensated employees. Complete			
	Dort II of Cohodula I		5	
6	Loans and other receivables from other disqualified persons (as defined ur		3	
"	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu			
	employers and sponsoring organizations of section 501(c)(9) voluntary	9		
,	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	8,964.	9	6,727
10a	4,		3713	
	basis. Complete Part VI of Schedule D 10a 226, 4	74.		
b	Less: accumulated depreciation 10b 202,8		10c	23,665
11	Investments - publicly traded securities	V	11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	6,859.	15	7,209
16	Total assets. Add lines 1 through 15 (must equal line 34)	389,334.	16	393,683
17	Accounts payable and accrued expenses	103,667.	17	14,140
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees	5,		
	key employees, highest compensated employees, and disqualified persons			
22	Complete Part II of Schedule L	95,000.	22	50,000
23	Secured mortgages and notes payable to unrelated third parties		23	10.000
24	Unsecured notes and loans payable to unrelated third parties	42141	24	40,000
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X o		11.0	П 000
	Schedule D	23,256.	25	7,802
26	Total liabilities. Add lines 17 through 25	221,923.	26	111,942
	Organizations that follow SFAS 117 (ASC 958), check here	nd		
27 28 29 30 31 32	complete lines 27 through 29, and lines 33 and 34.	64 016		122 101
27	Unrestricted net assets	64,816.	27	133,101
28	Temporarily restricted net assets	60 645	28	81,774
29	Permanently restricted net assets	62,645.	29	66,866
	Organizations that do not follow SFAS 117 (ASC 958), check here	-		
1	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund	LUCK TO THE RESERVE T	31	
32	Retained earnings, endowment, accumulated income, or other funds		32	281,741
33	Total net assets or fund balances	389,334.	33	393,683
34	Total liabilities and net assets/fund balances	303,334.	34	Form 990 (2013)

	1990 (2013) DIM DIEGO COMPINEEL EN		,,,,,	rage -
Pa	rt XI Reconciliation of Net Assets			-
	Check if Schedule O contains a response or note to any line in this Part XI			🗀
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,086.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,142.
3	Revenue less expenses. Subtract line 2 from line 1	3		,944.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	167	,411.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	10	,386.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	281	,741.
Pa	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			100
			,	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			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	*******	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			70)
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b	
			Form 9	90 (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SAN DIEGO COASTKEEPER

Employer identification number **-**7946

Part I	Reason	for Public Cha	rity Status (All organiz	ations mu	ıst complet	e this par	t.) See inst	tructions.		_			_
			n because it is: (For lines										_
1 🔲			es, or association of chur	_		-		١					
2			1 70(b)(1)(A)(ii). (Attach Sc			000011110	/(D)(1)(I)(I)	,.					
з 🗔			oital service organization			170(h)(1)	(Δ.Υίιί)						
4			onerated in conjunction					/b)/4)/A)/i	ii\ Enter	the h	oenital	'e nam	
	city, and stat	_	r operated in conjunction	with a no	apital desci	ibed iii se	ction 170	יארי אני	ii). Liitei	tric ric	Japitai	3 Hairi	ις,
5		_	e benefit of a college or u	niversity c	wned or or	orated by	, a govern	mental un	it describ	and in			_
3	_	(b)(1)(A)(iv). (Comp		inversity C	wiled or of	berated by	a govern	inental un	it descrit	Jea III			
6						470/b\/	41/41/64						
7 X		=	ment or governmental uni					41 41					
7 A	-	-	ceives a substantial part	of its sup	port from a	governme	ental unit c	or from the	e generai	public	c aesc	ribea ii	n
. [b)(1)(A)(vi). (Compl	•	.	5								
8	-		section 170(b)(1)(A)(vi).		•								_
9 🔲			ceives: (1) more than 33							_			
			unctions - subject to certa		- 40						-		
			taxable income (less sec	tion 511 ta	ax) from bu	sinesses	acquired b	y the orga	anization	after	June 3	0, 197	'5.
		509(a)(2). (Comple	•		-	1	2						
10	_	-	operated exclusively to te	1000	The second second	dillo.		•					
11			perated exclusively for the		mental and the second				-				or
	-		zations described in secti				2). See se o	ction 509	(a)(3). Ch	eck th	ne box	that	
			g organization and compl	400000	Accept								
	a Type I				inctionally i	_			e III - No				-
е 📖	-	-	at the organization is not	The second second			-		-	-			n
	foundation m	anagers and other	than one or more publicly	y support	ed organiza	tions des	cribed in s	ection 50	9(a)(1) or	section	on 50 9	(a)(2).	
f	If the organiz	ation received a wr	itten determination from	the IRS to	at it is a Ty	pe I, Type	II, or Type	e III					
	supporting or	rganization, check	this box		ALITATION	***********	entrem recion	destinant descrip		· · · · · · · · · · · · · · · · · · ·	APPARTAGE A	Santo	
g	Since August	17, 2006, has the	organization accepted ar	ry gift or c	contribution	from any	of the foll	owing per	sons?				
	(i) A persor	n who directly or in	directly controls, either al	one or tog	gether with	persons (described	in (ii) and	(iii) below	,		Yes	No
	the gove	eming body of the s	supported organization?	12						[11g(i)		
			on described in (i) above?								11g(ii)		11 =
			a person described in (i)								1g(iii)		
h			n about the supported or										
				9	.(-/-								
/i\ Nome	of ourported	/::\ FIN	(iii) Type of organization	(iv) Is the	organization	(v) Did vo	u notify the	(vi) l	s the	(/	A ma a uma	af mas	
	of supported nization	(ii) EIN	(described on lines 1-9		isted in your		tion in col.	organizati	on in col.	(VIII) #	Amount		ietary
Ulya	IIIZation		above or IRC section		document?		r support?	organizati (i) organiz U.S	S.?		sup	JUIT	
			(see instructions))	Yes	No	Yes	No	Yes	No				
			*	103	140	103	140	103	140	-			_
_		-		-									_
							W th						
													_
								- 1					
otal													

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13 Schedule A (Form 990 or 990-EZ) 2013 SAN DIEGO COASTKEEPER
Part II Support Schedule for Organizations Described in San 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				1	611	
	include any "unusual grants.")	1226358.	1456420.	1180337.	796,250.	497,207.	5156572.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					M A 1	
	or expended on its behalf						
3	The value of services or facilities)		
	furnished by a governmental unit to						
	the organization without charge				V-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		
4	Total. Add lines 1 through 3	1226358.	1456420.	1180337.	796,250.	497,207.	5156572.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			- 33			
	supported organization) included				7		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						5156572.
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1226358.	1456420.	180337.	796,250.	497,207.	5156572.
8	Gross income from interest,						
	dividends, payments received on) A					
	securities loans, rents, royalties	0.0	4		0.00	1 (00	4 0 4 6
	and income from similar sources	23.	1,388.	3.	939.	1,693.	4,046.
9	Net income from unrelated business		(6,)				
	activities, whether or not the			7 1	y — I		
	business is regularly carried on					-	
10	Other income. Do not include gain						
	or loss from the sale of capital	26.0	E 4 E			106 106	120 000
	assets (Explain in Part IV.)	26,24	545.			106,186.	132,978.
	Total support. Add lines 7 through 10			4		-	5293596.
	Gross receipts from related activities,	•			************	12	
13	First five years. If the Form 990 is for	=	first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publ	here	rcentage			*******************	freeze and a second
_	Public support percentage for 2013 (I			-l (6)		14	97.41 %
						15	00 00
	Public support percentage from 2012 33 1/3% support test - 2013. If the co						
104		_					
h	stop here. The organization qualifies33 1/3% support test - 2012. If the organization						
	and stop here. The organization quali						
179	10% -facts-and-circumstances test						
111	and if the organization meets the "fac						
	-				•	_	
L	meets the "facts-and-circumstances" 10% -facts-and-circumstances test	_			-		
Ю		ū				•	
	more, and if the organization meets the organization meets the "facts-and-circ						
12	Private foundation. If the organization						
10	Trivate loundation. If the organizatio	ii did flot check a l	DON OF HITE TO, TO	1, 100, 174, 01 17E			
					эспе	dule A (Form 990	OI 990-EZJ 2013

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513			-			
4				-		-	
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b			17			
8	Public support (Subtrect line 7c from line 6.)						
Sec	ction B. Total Support			-			
Cale	ndar year (or fiscal year beginning in) 🖊 🔃	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0					
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					E04()(=)	
14	First five years. If the Form 990 is for the	-			•		zation,
800	check this box and stop here	Support Do	roontage		***************************************	· · · · · · · · · · · · · · · · · · ·	Authorities -
	etion C. Computation of Public			. (0)		TT	
	Public support percentage for 2013 (line					15	%
	Public support percentage from 2012 Setion D. Computation of Investi				eminimo in a company	16	%
				10 1 (0)		11	
	Investment income percentage for 2013			ne 13, column (f))		17	%
	Investment income percentage from 20					18	<u>%</u>
	33 1/3% support tests - 2013. If the or						
	more than 33 1/3%, check this box and						
	33 1/3% support tests - 2012. If the or						
	line 18 is not more than 33 1/3%, check						mega (emm.
	Private foundation. If the organization of	ııd not check a l	box on line 14, 19	a, or 19b, check ti			
s3202	3 09-25-13				Sc	hedule A (Form 99	11 AT QUALE 7\ 2011

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 -

OMB No. 1545-0047

Name of the organization

Employer identification number

	SAN DIEGO COASTKEEPER	**-***7946
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	on is covered by the General Rule or a Special Rule.	
Note. Only a section 50	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	ecial Rule. See instructions.
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mo emplete Parts I and II.	ore (in money or property) from any one
opecial Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contribution	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any on ons of more than \$1,000 for use exclusively for religious, charitable, scientific, literary of cruelty to children or animals. Complete Parts I, II, and III.	
contributions for If this box is ch purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any on or use exclusively for religious, charitable, etc., purposes, but these contributions did ecked, enter here the total contributions that were received during the year for an ext complete any of the parts unless the General Rule applies to this organization be able, etc., contributions of \$5,000 or more during the year	d not total to more than \$1,000. exclusively religious, charitable, etc., ecause it received nonexclusively
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file Schon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or dieet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

SAN DIEGO COASTKEEPER

Part I Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.
--	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF SAN DIEGO 9601 RIDGEHAVEN CT SAN DIEGO, CA 92123	\$ 55,002.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COUNTY OF SAN DIEGO - COMMUNITY PROJECTS PROGRAM 1600 PACIFIC HIGHWAY RM 335 SAN DIEGO, CA 92101	\$ 22,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HW FUND 2508 HISTORIC DECATUR ROAD SAN DIEGO, CA 92106	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, an AIP + 4	(c) Total contributions	(d) Type of contribution
4	MARISLA FOUNDATION 668 NORTH COAST HIGHWAY, PMB 1400 LAGUNA BEACH, CA 92651	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	QUALCOMM FOUNDATION 5775 MOREHOUSE DRIVE SAN DIEGO, CA 92121	\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SAN DIEGO COUNTY WATER AUTHORITY 4677 OVERLAND AVENUE	\$	Person X Payroll Noncash
	SAN DIEGO, CA 92123		(Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SAN DIEGO COASTKEEPER

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SDG&E 101 ASH STREET, HQ10E SAN DIEGO, CA 92112	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SEAWORLD 500 SEA WORLD DRIVE SAN DIEGO, CA 92109	\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	STIEFEL/BEHNER CHARITABLE FUND 809 SAN ANTONIO PLACE SAN DIEGO, CA 92106	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	TCJ FUND AT THE SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR ROAD, SUITE 200 SAN DIEGO, CA 92106	\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	THE PARKER FOUNDATION 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	\$10,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	UNIVERSITY OF CALIFORNIA, SAN DIEGO 9700 GILMAN DRIVE LA JOLLA, CA 92037	\$16,995.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SAN DIEGO COASTKEEPER

Part II	Noncash Property (see instructions). Use duplicate copies of Property		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	(-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
3453 10-24-		\$Shedule B/Form	990, 990-EZ, or 990-PF)

Employer identification number

Name of organization

art III	COASTKEEPER Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, a	ividual contributions to section 501(c)(7), (the following line entry. For organizations col	**-***7946 8), or (10) organizations that total more than \$1,000 for the mpleting Part III, enter ear. (Enter this information once.) \$\Begin{align*} \delta - \del
	Use duplicate copies of Part III if addition	nal space is needed.	eat - (Enter this information once.)
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	-		
		(e) Transfer of gift	
	Transferee's name, address, a	4.7	Relationship of transferor to transferee
Ē			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- =			
4		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
) No.	Transferee's name, address, a	(c) Use of gift	Relationship of transferor to transferee (d) Description of how gift is held
No. om art I			
No. om art I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
No. om art I		(c) Use of gift (e) Transfer of gift	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SAN DIEGO COASTKEEPER

Employer identification number **-***7946

Pa			or Accounts. Complete if the
_	organization answered "Yes" to Form 990, Part IV, line 6.	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Borror advised funds	(b) I dilas and other accounts
1 2	Total number at end of year Aggregate contributions to (during year)		
3	Aggregate contributions to (during year) Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	ing that the accets held in donor advised	1 funde
•	are the organization's property, subject to the organization's exc	-	
6	Did the organization inform all grantees, donors, and donor advis		
•	for charitable purposes and not for the benefit of the donor or do		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organi	zation answered "Yes" to Form 990. Par	
1	Purpose(s) of conservation easements held by the organization		,
0	Preservation of land for public use (e.g., recreation or educed Protection of natural habitat Preservation of open space	cation) Preservation of an histo Preservation of a certific	
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
_	Total number of concentation concents		
a b	Total number of conservation easements Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structu	tre included in (a)	20
d	Number of conservation easements included in (c) acquired after		
ď	listed in the National Register		
3	Number of conservation easements modified, transferred, release	and eviluatished or terminated by the o	regarization during the tay
0	year >	ica, contiguished, or terminated by the d	rganization during the tax
4	Number of states where property subject to conservation easen	pent is located	
5	Does the organization have a written policy regarding the periodi		
Ü	violations, and enforcement of the conservation easements it ho		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and		1411144114411414114111
7	Amount of expenses incurred in monitoring, inspecting, and enfo	_	
8	Does each conservation easement reported on line 2(d) above sa		
•		and y the requirements of section 11 o(n)	
9	In Part XIII, describe how the organization reports conservation		
•	include, if applicable, the text of the footnote to the organization	·	
	conservation easements.	3 inancial statements that describes the	e organization s accounting for
Pai	t III Organizations Maintaining Collections of A	rt. Historical Treasures. or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990		
1a	If the organization elected, as permitted under SFAS 116 (ASC 9		nt and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibit		
	the text of the footnote to its financial statements that describes		o o pasio corrido, provido, in rativiti,
b	If the organization elected, as permitted under SFAS 116 (ASC 9		nd balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, educa-		
	relating to these items:	ation, or recognism in termoralice or passi	o corrido, provido uno romoning amounto
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasur		
-	the following amounts required to be reported under SFAS 116 (•	an, provide
а	Revenues included in Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
-			× ×

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		92,933.	86,916.	6,017.
d Equipment		84,375.	83,724.	651.
e Other		49,166.	32,169.	16,997.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colur	nn (B), line 10(c).)	•	23,665.

Schedule D (Form 990) 2013

Barrier Control of the Control of th		11b. See Form 990, Part X, line 12	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.	F	44 - O - Farm 800 Part V line 40	
Complete if the organization answered "Yes" to (a) Description of investment	(b) Book value	(c) Method of valuation: Cos	
	(a) Doon value	(5)sales si raidationi oca	
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)		-	
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" to	Form 990, Part IV, line	11d. See Form 990, Part X, line 15	5.
Complete if the organization answered "Yes" to	o Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15	5. (b) Book value
Complete if the organization answered "Yes" to		11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" to (a) Do (1)		11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" to (a) Do (1) (2)		11d. See Form 990, Part X, line 19	
Complete if the organization answered "Yes" to (a) Do (1) (2)		11d. See Form 990, Part X, line 19	
Complete if the organization answered "Yes" to (a) Do (1) (2) (3)		11d. See Form 990, Part X, line 19	
Complete if the organization answered "Yes" to (a) Do (1) (2) (3)		11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" to (a) Do (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15	
Complete if the organization answered "Yes" to (a) Do (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 19	
Complete if the organization answered "Yes" to (a) Do (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 19	
Complete if the organization answered "Yes" to (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	escription	11d. See Form 990, Part X, line 19	
Complete if the organization answered "Yes" to (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	escription		(b) Book value
Complete if the organization answered "Yes" to (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	escription	11e or 11f. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" to (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line and X Other Liabilities.	escription		(b) Book value
Complete if the organization answered "Yes" to (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes	escription	11e or 11f. See Form 990, Part X, (b) Book value	(b) Book value
Complete if the organization answered "Yes" to (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) (a) (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes	escription	11e or 11f. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" to (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line and X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITY	escription	11e or 11f. See Form 990, Part X, (b) Book value	(b) Book value
Complete if the organization answered "Yes" to (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) (a). (Column (b) must equal Form 990, Part X, col. (B) line and X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITY (3)	escription	11e or 11f. See Form 990, Part X, (b) Book value	(b) Book value
Complete if the organization answered "Yes" to (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) Int. (Column (b) must equal Form 990, Part X, col. (B) line and X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITY (3) (4)	escription	11e or 11f. See Form 990, Part X, (b) Book value	(b) Book value
Complete if the organization answered "Yes" to (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) (a), (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITY (3) (4) (5)	escription	11e or 11f. See Form 990, Part X, (b) Book value	(b) Book value
Complete if the organization answered "Yes" to (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line and X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes	escription	11e or 11f. See Form 990, Part X, (b) Book value	(b) Book value
Complete if the organization answered "Yes" to (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITY (3) (4) (5) (6)	escription	11e or 11f. See Form 990, Part X, (b) Book value	(b) Book value
Complete if the organization answered "Yes" to (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITY (3) (4) (5) (6) (7)	escription	11e or 11f. See Form 990, Part X, (b) Book value	(b) Book value

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

Schedule D (Form 990) 2013

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization Employer identification number **-***7946 SAN DIEGO COASTKEEPER Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 h) Approved by board or (i) Written (d) Loan to or (a) Name of (b) Relationship (g) In (c) Purpose (e) Original (f) Balance due from the interested person with organization default? agreement? of loan principal amount committee? organization? From Yes Yes No Yes No To MEGAN BAEHRENS EXECUTIVOPERATIO 5,000. 0. X X X X DONOR/FOOPERATIO X X DAVID WELBORN X 50,000. 50,000. 0,000. SUSAN ARMSTRONGFORMER DOPERATIO X $\overline{\mathbf{x}}$ X 50,000. ▶ \$ Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between (c) Amount of (d) Type of (e) Purpose of assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2013

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	ed "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha	aring of
(a) Name of interested person	person and the organization	transaction	transaction	organization' revenues?	
				Yes	No
Part V Supplemental Information Provide additional information for res	sponses to questions on Schedule L (see ii	nstructions).			
SCHEDULE L, PART II, LOAN	S TO AND FROM INTERES	STED PERSON	NS:		
(A) NAME OF PERSON: MEGAN	N BAEHRENS				
(B) RELATIONSHIP WITH ORC	SANIZATION: EXECUTIVE	DIRECTOR			
(C) PURPOSE OF LOAN: OPER	RATION EXPENSES	b			
(D) LOAN TO OR FROM ORGAN	VIZATION? = TO				
(E) ORIGINAL PRINCIPAL AM	OUNT \$ 5,000. (F) BA	ALANCE DUE	\$ 0.		
(G) LOAN IN DEFAULT? = NO			•		
(H) APPROVED BY BOARD OR					
(I) WRITTEN AGREEMENT? =	YES				
VI WILLIAM AGREEMENT: -	1110				
(A) NAME OF PERSON: DAVID) WELBORN				
(B) RELATIONSHIP WITH ORG	ANIZATION: DONOR/FORM	ER PRESIDI	ENT		
(C) PURPOSE OF LOAN: OPER	ATION EXPENSES				
(D) LOAN TO OR FROM ORGAN	IIZATION? = TO				
(E) ORIGINAL PRINCIPAL AM	OUNT \$ 50,000. (F) E	BALANCE DUI	\$ \$ 50,000.		
(G) LOAN IN DEFAULT? = NO					
(H) APPROVED BY BOARD OR	COMMITTEE? = YES				
(I) WRITTEN AGREEMENT? =	YES				

Schedule L (Form 990 or 990-EZ) 2013

(A) NAME OF PERSON: SUSAN ARMSTRONG

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

SAN DIEGO COASTKEEPER

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number **-***7946

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DIEGO COUNTY.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE ORGANIZATION HAS A CPA FIRM PREPARE THE TAX RETURN. A
DRAFT OF THE RETURN IS SENT TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR
REVIEW, PRIOR TO FILING THE RETURN WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: THE BOARD AND STAFF REVIEW THE CONFLICT OF INTEREST POLICY ON
AN ANNUAL BASIS.
FORM 990, PART VI, SECTION B, LINE 15:
EXPLANATION: THE BOARD REVIEWS AND APPROVES COMPENSATION OF THE EXECUTIVE
DIRECTOR, CHIEF FINANCIAL OFFICER AND WATERKEEPER.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE ORGANIZATION'S FORM 990 IS AVAILABLE ON THEIR WEBSITE.
OTHER DOCUMENTATION IS AVAILABLE UPON REQUEST. INFORMATION ABOUT THE
ORGANIZATION AND A COPY OF PRIOR TAX RETURNS CAN BE FOUND ON
WWW.GUIDESTAR.ORG