

**PUBLIC
DISCLOSURE
COPY**

Form **990**

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

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number	
	LOS ANGELES WATERKEEPER		95-4444787	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
	120 BROADWAY		105	
City, town, or post office, state, and ZIP code		E Telephone number		
SANTA MONICA, CA 90401		310-394-6162		
F Name and address of principal officer: ELIZABETH CROSSON SAME AS C ABOVE		G Gross receipts \$ 1,149,637.		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J Website: WWW.LAWATERKEEPER.ORG		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1993		
		M State of legal domicile: CA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROTECT & RESTORE SANTA MONICA AND SAN PEDRO BAY.</u>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 14
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 8
	6 Total number of volunteers (estimate if necessary) 6 700
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	728,331.
9 Program service revenue (Part VIII, line 2g)	22,094.	222,384.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	383.	261.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,595.	7,494.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	760,403.	1,082,172.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	350,580.	439,664.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 101,914.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	376,399.	336,585.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	726,979.	776,249.	
19 Revenue less expenses. Subtract line 18 from line 12	33,424.	305,923.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 365,469.	End of Year 671,126.
	21 Total liabilities (Part X, line 26)	27,601.	28,221.
	22 Net assets or fund balances. Subtract line 21 from line 20	337,868.	642,905.

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 knowledge 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 Here	▶ Signature of officer	Date			
	▶ ELIZABETH CROSSON, E.D. Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	RICHARD L. RUVELSON				P00234075
	Firm's name ▶ GREEN HASSON & JANKS LLP	Firm's EIN ▶ 95-1777440			
	Firm's address ▶ 10990 WILSHIRE BLVD., 16TH FLOOR LOS ANGELES, CA 90024-3929	Phone no. (310) 873-1600			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO PROTECT AND RESTORE THE SANTA MONICA BAY, SAN PEDRO BAY, AND ADJACENT WATERS THROUGH ENFORCEMENT, FIELDWORK, AND COMMUNITY ACTION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 289,408. including grants of \$) (Revenue \$ 222,384.) ADVOCACY

ADVOCACY HAS BEEN AT THE CORE OF LOS ANGELES WATERKEEPER'S WORK SINCE ITS FOUNDING. THIS WORK CONSISTS OF BOTH PROMOTING PROGRESSIVE REGULATION BY VARIOUS LOCAL, STATE, AND FEDERAL AGENCIES IN ADDITION TO ENFORCING OUR CURRENT LAWS.

LOS ANGELES WATERKEEPER PLAYED A MAJOR ROLE IN REACHING AN AGREEMENT WITH THE U.S. ENVIRONMENTAL PROTECTION AGENCY IN 1999 TO ESTABLISH TOTAL MAXIMUM DAILY LOADS (TMDLS) FOR LOS ANGELES AND VENTURA COUNTIES. TMDLS ARE A COMPONENT OF THE CLEAN WATER ACT THAT REQUIRES THE GOVERNMENT TO REGULATE POLLUTANTS AT A WATERSHED LEVEL WHERE WATERS ARE

4b (Code:) (Expenses \$ 164,806. including grants of \$) (Revenue \$) MARINE / KELP RESTORATION

LOS ANGELES WATERKEEPER'S KELP PROJECT HAS WORKED SINCE 1997 TO RESTORE AND MONITOR VITAL KELP FOREST HABITAT IN SANTA MONICA BAY. THE GIANT KELP BEDS OFF OF SOUTHERN CALIFORNIA ARE ONE OF THE MOST BIOLOGICALLY DIVERSE COMMUNITIES KNOWN TO EXIST IN OUR WORLD'S OCEANS. ONE-FOURTH OF CALIFORNIA'S MARINE ORGANISMS DEPEND ON KELP FORESTS AT SOME POINT IN THEIR LIFE HISTORY. KELP CANOPIES IN SANTA MONICA BAY HAVE BEEN REDUCED BY APPROXIMATELY 80% OVER THE PAST 100 YEARS. THE OVER-HARVEST OF KEY SEA URCHIN PREDATORS, COASTAL DEVELOPMENT, POLLUTION, AND EL NINO EVENTS HAVE CONTRIBUTED TO THE DECLINE OF OUR MAGNIFICENT KELP FORESTS. THIS HAS LEFT OUR COASTAL WATERS MORE PRONE TO INVASION BY

4c (Code:) (Expenses \$ 108,938. including grants of \$) (Revenue \$) WATERSHED PROGRAM

LOS ANGELES WATERKEEPER'S WATERSHED PROGRAM ENCOMPASSES WATER QUALITY MONITORING, PUBLIC EDUCATION, AND LITIGATION SUPPORT. THE WATERSHED PROGRAM IS FOCUSED ON IDENTIFYING AND ADDRESSING SOURCES OF POLLUTION THAT IMPACT THE LOS ANGELES AND SAN GABRIEL RIVERS, BALLONA CREEK, AND ULTIMATELY THE SANTA MONICA AND SAN PEDRO BAYS AND THE PACIFIC OCEAN. OVER ITS 15-YEAR HISTORY, THE PROGRAM HAS TAKEN A HOLISTIC APPROACH, CONDUCTING RIVER AND COASTAL RESTORATION AND MONITORING PROJECTS THAT HELP TO IMPROVE WATER QUALITY AND VIABLE HABITATS IN THE WATERSHEDS OF THE LOS ANGELES BASIN.

4d Other program services (Describe in Schedule O.) (Expenses \$ 75,890. including grants of \$) (Revenue \$)

4e Total program service expenses 639,042.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

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 to any question in this Part VI

Section 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.		
	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 14		
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?		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?		X
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
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

Section 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?		X
b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ELIZABETH CROSSON - (310) 394-6162**
120 BROADWAY, SUITE 105, SANTA MONICA, CA 90401

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

Check if Schedule O contains a response to any question 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD BASKIN BOARD MEMBER	1.00	X						0.	0.	0.
(2) JOHN BERTRAM BOARD MEMBER	1.00	X						0.	0.	0.
(3) W. JAY BORZI BOARD MEMBER	1.00	X						0.	0.	0.
(4) JORDAN KAPLAN BOARD MEMBER	1.00	X						0.	0.	0.
(5) TERRY TAMMINEN BOARD MEMBER	1.00	X						0.	0.	0.
(6) CHRISTOPHER CHEE BOARD MEMBER	1.00	X						0.	0.	0.
(7) REBECCA S. ROTHSTEIN BOARD MEMBER	1.00	X						0.	0.	0.
(8) AMY FRIEDLANDER BOARD MEMBER	1.00	X						0.	0.	0.
(9) MATT WALDEN BOARD MEMBER	1.00	X						0.	0.	0.
(10) MATT KHOURY BOARD MEMBER	1.00	X						0.	0.	0.
(11) TAMI CLARK CHAIRMAN	1.00	X	X					0.	0.	0.
(12) STEVE DAHLBERG TREASURER	1.00	X	X					0.	0.	0.
(13) DAN EMMETT VICE-CHAIR	1.00	X	X					0.	0.	0.
(14) JONATHAN VARAT SECRETARY	1.00	X	X					0.	0.	0.
(15) ELIZABETH CROSSON EXECUTIVE DIRECTOR	40.00		X					100,000.	0.	3,700.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							100,000.	0.	3,700.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							100,000.	0.	3,700.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	57,000.			
	c Fundraising events	1c	147,170.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	119,293.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	528,570.			
	g Noncash contributions included in lines 1a-1f: \$		1,700.			
	h Total. Add lines 1a-1f		852,033.			
	Program Service Revenue	2 a CASE RECOVERY	Business Code			
		900099	222,384.	222,384.		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		222,384.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		261.		261.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	5,400.			
		(ii) Personal				
		b Less: rental expenses	0.			
	c Rental income or (loss)	5,400.				
	d Net rental income or (loss)		5,400.		5,400.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 147,170. of contributions reported on line 1c). See Part IV, line 18	a	67,465.			
		b Less: direct expenses	67,465.			
c Net income or (loss) from fundraising events			0.			
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	900099	2,094.			2,094.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		2,094.				
12 Total revenue. See instructions.		1,082,172.	222,384.	0.	7,755.	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	103,700.	82,532.	5,531.	15,637.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	285,883.	227,259.	15,354.	43,270.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	6,413.	5,265.	278.	870.
10 Payroll taxes	43,668.	35,852.	1,894.	5,922.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	33,400.	26,720.	1,670.	5,010.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	9,449.	7,559.	473.	1,417.
12 Advertising and promotion				
13 Office expenses	29,735.	17,024.	5,171.	7,540.
14 Information technology	10,942.	8,754.	547.	1,641.
15 Royalties				
16 Occupancy	77,348.	61,879.	3,867.	11,602.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,585.	5,585.		
23 Insurance	5,086.	4,069.	254.	763.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	144,935.	144,935.		
b REPAIRS & MAINTENANCE	6,058.	6,058.		
c EQUIPMENT RENTAL	3,607.	2,886.	180.	541.
d IN-KIND EXPENSE	1,740.	425.	20.	1,295.
e All other expenses	8,700.	2,240.	54.	6,406.
25 Total functional expenses. Add lines 1 through 24e	776,249.	639,042.	35,293.	101,914.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	138,792.	1	454,771.	
	2 Savings and temporary cash investments	149,193.	2	149,173.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	20,816.	4	12,028.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see 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	9,466.	9	10,144.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 137,610.			
	b Less: accumulated depreciation	10b 122,600.	10c	15,010.	
	11 Investments - publicly traded securities		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	30,000.	15	30,000.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	365,469.	16	671,126.		
Liabilities	17 Accounts payable and accrued expenses	27,601.	17	28,221.	
	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, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	27,601.	26	28,221.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	244,529.	27	599,905.	
	28 Temporarily restricted net assets	93,339.	28	43,000.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	337,868.	33	642,905.	
34 Total liabilities and net assets/fund balances	365,469.	34	671,126.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 1,082,172. Line 2: Total expenses 776,249. Line 3: Revenue less expenses 305,923. Line 4: Net assets at beginning 337,868. Line 9: Other changes -886. Line 10: Net assets at end 642,905.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

Form with questions 1, 2a, 2b, 2c, 3a, 3b regarding accounting methods and audits. Includes checkboxes for Cash, Accrual, Other, Separate basis, Consolidated basis, and Both consolidated and separate basis. Includes a Yes/No grid on the right.

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization **LOS ANGELES WATERKEEPER** Employer identification number **95-4444787**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	756,385.	764,440.	564,379.	728,331.	852,033.	3665568.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	756,385.	764,440.	564,379.	728,331.	852,033.	3665568.
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)						558,172.
6 Public support. Subtract line 5 from line 4.						3107396.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	756,385.	764,440.	564,379.	728,331.	852,033.	3665568.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,084.	608.	328.	8,203.	5,661.	27,884.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	404.	120.		1,775.	2,094.	4,393.
11 Total support. Add lines 7 through 10						3697845.
12 Gross receipts from related activities, etc. (see instructions)					12	443,546.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	84.03 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	85.05 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.

OMB No. 1545-0047

2012

Name of the organization

LOS ANGELES WATERKEEPER

Employer identification number

95-4444787

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

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 is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet 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) (2012)

Name of organization LOS ANGELES WATERKEEPER	Employer identification number 95-4444787
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>110,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>110,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>51,377.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>30,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>25,930.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization LOS ANGELES WATERKEEPER	Employer identification number 95-4444787
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/>	\$ <u>24,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<hr/> <hr/> <hr/>	\$ <u>22,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization LOS ANGELES WATERKEEPER	Employer identification number 95-4444787
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<hr/> <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization LOS ANGELES WATERKEEPER	Employer identification number 95-4444787
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization LOS ANGELES WATERKEEPER	Employer identification number 95-4444787
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

LOS ANGELES WATERKEEPER

Employer identification number

95-4444787

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations

	Yes	No
3a(i)		
- (ii) related organizations

	Yes	No
3a(ii)		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

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				
d Equipment		47,830.	32,820.	15,010.
e Other		89,780.	89,780.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				15,010.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and rows 2-11 are blank.

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
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 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.)	4b	
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 per Return			
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	2a	
b	Prior year adjustments	2b	
c	Other losses	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 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.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information

Complete this part to 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 G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Name of the organization

LOS ANGELES WATERKEEPER

Employer identification number

95-4444787

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MAKING WAVES (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	214,635.			214,635.
	2 Less: Contributions	147,170.			147,170.
	3 Gross income (line 1 minus line 2)	67,465.			67,465.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	41,135.			41,135.
	7 Food and beverages				
	8 Entertainment	2,710.			2,710.
	9 Other direct expenses	23,620.			23,620.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(67,465)
	11 Net income summary. Combine line 3, column (d), and line 10				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(_____)	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11** Does the organization operate 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 to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:

13a		%
13b		%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- 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 ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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Open to Public
Inspection

Name of the organization

LOS ANGELES WATERKEEPER

Employer identification number

95-4444787

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

IMPAIRED. BOTH COUNTIES ARE HOME TO NUMEROUS IMPAIRED WATER BODIES. IN THIS LANDMARK AGREEMENT, THE LOS ANGELES REGIONAL WATER QUALITY CONTROL BOARD AND U.S. ENVIRONMENTAL PROTECTION AGENCY ARE ESTABLISHING PRECEDENT-SETTING TMDLS OVER A THIRTEEN-YEAR PERIOD THAT CULMINATES IN 2013. IN CONJUNCTION WITH TMDL ESTABLISHMENT, LOS ANGELES WATERKEEPER HAS SUCCESSFULLY ADVOCATED FOR LOS ANGELES COUNTY TO BE THE SUBJECT OF ONE OF THE MOST PROGRESSIVE STORM WATER PERMITS IN THE NATION. IN 2006, LOS ANGELES WATERKEEPER WAS INSTRUMENTAL IN ESTABLISHING BACTERIA LIMITS IN SANTA MONICA BAY BEACHES DURING THE SUMMER MONTHS.

ENFORCEMENT OF THE CLEAN WATER ACT AND RELATED ENVIRONMENTAL LAWS IS LOS ANGELES WATERKEEPER'S CHIEF PURSUIT. WHILE THE ORGANIZATION HAS SUED SCRAP METAL YARDS, INDUSTRIAL MANUFACTURING FACILITIES, DEVELOPERS OF HILLSIDE LOTS, AND POWER PLANTS, LOS ANGELES WATERKEEPER'S BIGGEST WIN WAS THE AUGUST 2004 SETTLEMENT WITH THE CITY OF LOS ANGELES CONCERNING THE THOUSANDS OF SEWAGE SPILLS FROM THE LARGEST SEWER COLLECTION SYSTEM IN THE NATION. THE SETTLEMENT AGREEMENT REQUIRES THE CITY TO MAKE EXTENSIVE IMPROVEMENTS TO THE SEWAGE SYSTEM INFRASTRUCTURE OVER THE NEXT TEN YEARS, PRESERVE WETLANDS AND OTHER SENSITIVE ECOLOGICAL AREAS TO MITIGATE THE DAMAGE FROM PAST SPILLS, AND PROVIDE THE PUBLIC WITH BETTER INFORMATION ON THE SYSTEM'S PERFORMANCE. THIS MULTIBILLION DOLLAR SETTLEMENT HAS REVERBERATED AROUND THE COUNTRY, PARTICULARLY IN LOCATIONS WITH FAILING SEWAGE SYSTEMS. THROUGH THE EXECUTION OF THE TERMS IN THIS SETTLEMENT THE CITY OF LOS ANGELES HAS ACHIEVED A 84% REDUCTION IN SEWAGE SPILLS IN 2012 COMPARED TO 2000.

Name of the organization LOS ANGELES WATERKEEPER	Employer identification number 95-4444787
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IN ADDITION, LOS ANGELES WATERKEEPER HAS WORKED SINCE 2000 TO STOP THE DESTRUCTIVE PRACTICE OF ONCE-THROUGH COOLING AT OUR COASTAL POWER PLANTS; ONCE-THROUGH COOLING IS RESPONSIBLE FOR THE DEATHS OF BILLIONS OF MARINE ORGANISMS EACH YEAR. LOS ANGELES WATERKEEPER HAS PURSUED ONCE THROUGH COOLING REFORM VIA LEGAL ACTIONS NAMELY AS CO-PLAINTIFF AT THE SECOND CIRCUIT COURT OF APPEALS AND AT THE US SUPREME COURT AND THROUGH THE STATE OF CALIFORNIA OCEAN PROTECTION COUNCIL AND STATE WATER QUALITY CONTROL BOARD.

LOS ANGELES WATERKEEPER WAS ENGAGED IN A CAMPAIGN TO EDUCATE THE GENERAL PUBLIC REGARDING THE IMPACTS OF A PROPOSED LIQUEFIED NATURAL GAS TERMINAL AND PIPELINE IN SANTA MONICA BAY DIRECTLY IMPACTING THE COMMUNITIES OF PLAYA VISTA, EL SEGUNDO, WESTCHESTER, INGLEWOOD, SOUTH GATE, AND LOS ANGELES. THIS PROPOSED PROJECT WAS IN DEVELOPMENT FOR TEN YEARS FOR WOODSIDE PETROLEUM INC. WOODSIDE IS AUSTRALIA'S LARGEST ENERGY PRODUCER WITH NEARLY 40% OWNERSHIP BY SHELL OIL. THIS EFFORT INVOLVED A GREAT DEAL OF COMMUNITY OUTREACH AND THE SELECTION AND PREPARATION OF A TEAM OF LEGAL AND TECHNICAL EXPERTS TO SUPPORT OUR CLAIMS IN COURT AND AT A VARIETY OF COMMISSIONS AND OTHER GOVERNMENTAL BODIES. WOODSIDE ANNOUNCED THEY WERE DROPPING THEIR APPLICATION TO BUILD THE TERMINAL AND PIPELINE ON JANUARY 15, 2009.

ALSO, IN 2011, LOS ANGELES WATERKEEPER HAD SEVERAL FEDERAL COURT VICTORIES TO ENFORCE STORM WATER PERMITS IN THE CITY OF MALIBU AND THE COUNTY OF LOS ANGELES. THESE CASES ARE PRIMARILY FOCUSED ON PROTECTING SWIMMERS AND SURFERS AT SOME OF LOS ANGELES' MOST POPULAR BEACHES FROM ILLNESSES CAUSED BY UNSAFE LEVELS OF BACTERIA AND TOXIC METALS.

Name of the organization LOS ANGELES WATERKEEPER	Employer identification number 95-4444787
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

NON-NATIVE SPECIES, INCREASED COASTAL EROSION, AND RESULTED IN THE LOSS OF RECREATIONAL AND COMMERCIAL OPPORTUNITIES.

THE KELP PROJECT RELIES ON VOLUNTEER DIVERS FROM LOCAL COMMUNITIES WHO ASSIST IN RESEARCH, MONITORING, AND RESTORATION OF HISTORIC KELP BEDS OFF OF MALIBU AND THE PALOS VERDES PENINSULA. SINCE THE PROJECT'S INCEPTION, THOUSANDS OF HOURS HAVE BEEN DONATED BY VOLUNTEER DIVERS.

THE DIRECT RESULTS OF THESE EFFORTS ARE THE RESTORATION OF 6.5 ACRES OF KELP FOREST, A BETTER UNDERSTANDING OF THE STATUS OF THE NEAR SHORE HABITAT OF SANTA MONICA BAY, AND THE FIRST STEPS TOWARDS THE WIDESPREAD RECOVERY OF OUR COASTAL KELP FOREST. THE BIOLOGICAL MONITORING ASSOCIATED WITH THE KELP PROJECT HAS CONTRIBUTED VALUABLE INFORMATION TO DECISION MAKERS AND THE SCIENTIFIC COMMUNITY.

IN 2008, THE KELP PROJECT PARTNERED WITH THE VANTUNA RESEARCH GROUP OF OCCIDENTAL COLLEGE TO PERFORM STATE ENDORSED MONITORING OF OUR COASTAL RESOURCES USING COOPERATIVE RESOURCE ASSESSMENT OF NEARSHORE ECOSYSTEMS (CRANE) SURVEYS. THE EXECUTION OF THIS PROJECT HAS GENERATED A COMPREHENSIVE DATA SET DESCRIBING THE EXTANT RESOURCES OF THE LOS ANGELES COUNTY COASTLINE. THIS DATA WILL BE OF DIRECT BENEFIT TO THE SOUTH COAST STUDY REGION UNDER THE MARINE LIFE PROTECTION ACT INITIATIVE.

THE MARINE LIFE PROTECTION ACT INITIATIVE IS A STATE OF CALIFORNIA SPONSORED RESPONSE TO THE CALIFORNIA MARINE LIFE PROTECTION ACT.

WHEREIN THE CALIFORNIA DEPARTMENT OF RESOURCES HAS INSTITUTED A PROCESS

Name of the organization LOS ANGELES WATERKEEPER	Employer identification number 95-4444787
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BY WHICH MARINE PROTECTED AREAS ARE TO BE ESTABLISHED THROUGHOUT CALIFORNIA'S STORIED COAST. TO INFORM THIS PROCESS AND ADVOCATE FOR THE PROTECTIONS AND BENEFITS ASCRIBED TO THE ESTABLISHMENT OF MARINE PROTECTED AREAS, LOS ANGELES WATERKEEPER COLLECTED BIOLOGICAL DATA VIA CRANE SURVEYS, INSTITUTED AERIAL SURVEYS IN PARTNERSHIP WITH LIGHTHAWK, AUTHORED AN EXTERNAL PROPOSAL IN PARTNERSHIP WITH SANTA BARBARA CHANNELKEEPER, AND HAS PERFORMED OUTREACH TO THE SCUBA DIVING COMMUNITY, UNIVERSITIES, AND SCHOOLS.

THE MARINE PROGRAM WORKS ON COASTAL RELATED ISSUES WITH FREQUENT OUTREACH AND ADVOCACY WORK RELATING TO THE OPERATIONS OF THE STATE COASTAL CONSERVANCY, STATE LANDS COMMISSION, OCEAN PROTECTION COUNCIL, CALIFORNIA COASTAL COMMISSION, SANTA MONICA BAY RESTORATION COMMISSION, LOS ANGELES LONG BEACH HARBOR SAFETY COMMITTEE, UNITED STATES COAST GUARD, CALIFORNIA DEPARTMENT OF FISH AND GAME, NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION, NATIONAL MARINE FISHERIES SERVICE, NATIONAL MARINE SANCTUARIES, UNITED STATES MINERAL MANAGEMENT SERVICE, AND THE CALIFORNIA OIL SPILL PREVENTION AND RESPONSE TECHNICAL ADVISORY COMMITTEE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

DRAINWATCH, LA WATERKEEPER'S WATER QUALITY MONITORING PROGRAM, IS THE PRIMARY COMPONENT OF ITS WATER QUALITY & MONITORING PROGRAM AND A CRITICAL ARM OF OUR LITIGATION ACTIVITIES. THROUGH RIGOROUS END-OF-PIPE MONITORING DRAINWATCH IDENTIFIES THE DOMINANT SOURCES OF POLLUTION THAT IMPACT THE LOS ANGELES RIVER, BALLONA CREEK, AND ULTIMATELY THE SANTA MONICA AND SAN PEDRO BAYS, AND THE PACIFIC OCEAN. DRAINWATCH WORKS WITH VOLUNTEER "CITIZEN MONITORS" TO GATHER EVIDENCE FROM STORM DRAINS AND

Name of the organization LOS ANGELES WATERKEEPER	Employer identification number 95-4444787
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CREEKS THROUGHOUT LOS ANGELES, WHICH INFORMS OUR ADVOCACY ON REGIONAL AND STATEWIDE PUBLIC POLICY RELATED TO WATER QUALITY.

SINCE THE ESTABLISHMENT OF DRAINWATCH IN MARCH 2011, WATERKEEPER HAS DEVELOPED TRAINING MATERIALS, ENSURED QUALITY ASSURANCE CERTIFICATION FROM STATE AGENCIES, GROUND-TRUTHED SAMPLING LOCATIONS ALONG BALLONA CREEK, LOS ANGELES RIVER, AND DOCKWEILER BEACH, INSTALLED A WATER QUALITY LAB IN THE WATERKEEPER OFFICE, AND TRAINED OVER 100 VOLUNTEERS THROUGH MONTHLY TRAINING AND MONITORING EVENTS.

NOW, DRAINWATCH IS EXPANDING ITS REACH AND REFINING AND TAILORING THE PROGRAM TO TARGET SPECIFIC AUDIENCES AND DEVELOP A DEDICATED AND EFFICIENT GROUP OF VOLUNTEERS. DEVELOPING A TRAINED AND EXPERIENCED CORPS OF VOLUNTEERS ENSURES THAT HIGH-QUALITY AND DEFENSIBLE WATER SAMPLES WILL BE COLLECTED DURING EACH RAINY EVENT OF THE SEASON. OBTAINING THIS DATA IS CRITICAL TO THE SUCCESS OF NEW AND SPECIFIC ONGOING LITIGATION AND ADVOCACY PROJECTS.

CURRENTLY, DRAINWATCH STAFF AND VOLUNTEERS ARE INVESTIGATING SCRAP METAL RECYCLING YARDS, WASTE TRANSFER FACILITIES AND PLASTIC PELLET MANUFACTURERS BECAUSE THESE FACILITIES HAVE BEEN IDENTIFIED AS SOME OF THE BIGGEST VIOLATORS OF WATER QUALITY LAWS AND REGULATIONS.

IN ADDITION, LOS ANGELES WATERKEEPER'S WATERSHED PROGRAM PROVIDES TECHNICAL AND SCIENTIFIC REVIEW AND COMMENTS TO A VARIETY OF DEVELOPMENT PROPOSALS AND POLICIES IN THE LOS ANGELES AREA AND THROUGHOUT THE STATE OF CALIFORNIA. THESE COMMENTS ARE OFTEN

COMPLIMENTARY TO ADVOCACY WORK AND ENCOMPASS A NUMBER OF STATE AGENCIES

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AND THEIR RESPECTIVE JURISDICTIONS INCLUDING THE OCEAN PROTECTION COUNCIL, CALIFORNIA COASTAL COMMISSION, STATE LANDS COMMISSION, CALIFORNIA STATE AND REGIONAL WATER QUALITY CONTROL BOARDS, CALIFORNIA ENERGY COMMISSION, UNITED STATES EPA, ARMY CORPS OF ENGINEERS, AND NUMEROUS LOCAL, CITY AND COUNTY AGENCIES AND DEPARTMENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLIC OUTREACH AND EDUCATION

LOS ANGELES WATERKEEPER'S PUBLIC OUTREACH AND EDUCATION ACTIVITIES ARE DESIGNED TO TEACH LOCAL RESIDENTS AND SCHOOLCHILDREN THE VALUE OF OUR COASTAL RESOURCES AND WHAT EACH OF US CAN DO TO PROTECT THEM.

PROTECTING THE NATURAL RESOURCES THAT SUPPORT OUR COMMUNITIES IS THE RESPONSIBILITY OF EVERY RESIDENT AND THUS LOS ANGELES WATERKEEPER OFFERS VARIOUS PROGRAMS THAT EDUCATE AND INVOLVE RESIDENTS, FAMILIES, AND STUDENTS IN CONSERVATION OF COASTAL RESOURCES.

LOS ANGELES WATERKEEPER CONTINUES TO COORDINATE VOLUNTEER CLEAN UPS SEVERAL TIMES A YEAR. THESE INCLUDE PARTICIPATION IN COASTAL CLEANUP DAY, WHERE WE ATTRACT HUNDREDS OF PARTICIPANTS TO MARINA DEL REY AND REDONDO BEACH TO REMOVE TRASH FROM JETTIES AND BREAKWATERS. OUR ADOPT A HIGHWAY PROGRAM IN COORDINATION WITH CALTRANS ENABLES VOLUNTEERS TO ASSIST US IN OUR MONTHLY REMOVAL OF TRASH FROM LINCOLN BLVD. IN VENICE AND MARINA DEL REY. VOLUNTEER EVENTS INCLUDE EDUCATIONAL PRESENTATIONS REGARDING THE CAUSE AND PURPOSE TO THE ACTIONS UNDERTAKEN BY LOS ANGELES WATERKEEPER AND THOSE VOLUNTEERING THEIR TIME. VOLUNTEER EDUCATION AND OUTREACH IS INTEGRATED INTO LOS ANGELES WATERKEEPER'S OTHER PROGRAMS, MANY OF OUR SEASONED VOLUNTEERS ARE ADVOCATES IN THEIR

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OWN RIGHT, IN PART A RESULT OF THEIR TRAINING AND EXPERIENCES WITH LOS ANGELES WATERKEEPER STAFF. MUCH OF THE PUBLIC OUTREACH AND EDUCATION PERFORMED BY LOS ANGELES WATERKEEPER OCCURS WITHIN THE KELP RESTORATION AND MONITORING PROGRAM, ADVOCACY PROGRAM AND WATERSHED PROGRAM. THIS OUTREACH INCLUDES PRESENTATIONS, CURRICULUM DEVELOPMENT, DEVELOPMENT OF BUILDING CODES AND STANDARDS, INCLUSION OF VOLUNTEERS IN RESTORATION ACTIONS, INFORMAL ENVIRONMENTAL EDUCATION, AND EDUCATION OF PUBLIC REPRESENTATIVES AND PUBLIC AGENCIES RELATED TO THE MISSION OF LOS ANGELES WATERKEEPER.

EXPENSES \$ 75,890. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE BOARD MEMBERS REVIEW THE FORM 990. THE FORM IS THEN DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A FORMAL WRITTEN DISCLOSURE PROCEDURE FOR MONITORING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. THE EXECUTIVE DIRECTOR DISTRIBUTES A QUESTIONNAIRE TO BOARD MEMBERS ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE BOARD COMPARES THE COMPENSATION TO OTHER NON PROFIT ORGANIZATION TO SUBSTANTIATE THEIR DELIBERATION.

FORM 990, PART VI, SECTION B, LINE 15B: THERE WERE NO OTHER OFFICERS OR KEY EMPLOYEES COMPENSATED, THEREFORE THIS QUESTION IS NOT APPLICABLE.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT

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OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BAD DEBT EXPENSE -886.

FORM 990, PART XII, LINE 2C

FINANCIAL STATEMENTS AND REPORTING

NO CHANGES WERE MADE TO THE OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR, AS COMPARED TO THE PRIOR TAX YEAR.