



Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

## 2013

- ▶ 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](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning 2013, and ending 2013, and ending 2013

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization Mobile Baykeeper, Inc.  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
450-C Government Street  
 City or town, state or province, country, and ZIP or foreign postal code  
Mobile, AL 36602

**D** Employer identification number 63-1190615  
**E** Telephone number 251-433-4229  
**G** Gross receipts \$ 621,470

**F** Name and address of principal officer: Casi Calloway  
same as item C above

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c)( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ www.mobilebaykeeper.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1998 **M** State of legal domicile: AL

### Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>Provide citizens a means to protect the beauty, health and heritage of the Mobile Bay Watershed, Alabama's waterways and coastal communities.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	0
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	200
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	464,055	458,583
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,193	2,633
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,502	2,358
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	529,700	579,130
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	282,968	331,030
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>30,744</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	187,914	265,980
Net Assets or Fund Balances	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	470,882	597,010
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	58,818	(17,880)
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	426,061	407,587
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	5,394	4,800
			420,667	402,787

### 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: Amy Powell Date: 11/10/2014  
 Type or print name and title: Amy Powell, Treasurer

**Paid Preparer Use Only**

Print/Type preparer's name: KIM K ENIKEIEFF Preparer's signature: Kimi K. Enikeieff Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P00989337  
 Firm's name ▶ KIM K. ENIKEIEFF, CPA Firm's EIN ▶ 46-4292196  
 Firm's address ▶ POST OFFICE BOX 8754 MOBILE, AL 36689 Phone no. 251-460-2972

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

For Paperwork Reduction Act Notice, see the separate instructions.

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