#### J LUNSFORD CPA 3590 CHEROKEE ST. NW SUITE 304 KENNESAW, GA 30144 770-262-0745

June 23, 2015

Chattahoochee Riverkeeper Inc 916 Joseph Lowery Blvd NW Suite 3 Atlanta, GA 30318

Dear Client:

Your 2014 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Jim Lunsford

### Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	2014 calen	dar year, or tax year begin	ning	, 2014,	and endin			,		
В	Check if a	ipplicable:	С					<b>D</b> Employ	er identif	ication number	
	Addre	ess change	Chattahoochee Ri	verkeeper Inc				58-2	20954	13	
	Name	e change	916 Joseph Lower					E Telepho		-	
	_	I return	Atlanta, GA 3031					(40	11 – 35	2-9828	
	$\vdash$	return/terminated						(40-	1) 33	7020	
		nded return						<b>G</b> Gross re	oninto S	1,910,	227
		ication pending	<b>F</b> Name and address of principal	Lofficer:			H(a) Is this a				X No
	Appli	ication penuing		i officer.			` '				No No
_	Tay ove	empt status	Same As C Above   X 501(c)(3)   501(c) (	) ◀ (insert no.)	4947(a)(1) or	527	<b>H(b)</b> Are all s If 'No,' a	ttach a list.	(see instr	ructions)	Ш
<u>'</u>	Webs			, , , ,	4347(a)(1) 01	JZI	III-> Craus a	vomention nu	mahar <b>b</b>		
K		f organization:	w.chattahoochee.c		II v	and of formati	H(c) Group ex			ant dominitor C7	
_				Association Other ►	Lĭ	ear or formati	on: 1994	IVIS	tate or le	gal domicile: GA	
Pa	rtl 1 B	Summar	y ho the organization's missi	ion or most significant s	octivitios: III-						
	I D	rielly descri	be the organization's missi		ictivities. Th	<u>e orga</u>	nizatio	on's p	rımaı	<u>ry exempt</u>	
Se			is to advocate ar								
ם			ochee River, its their ecological								
Ver		heck this bo		n discontinued its opera							011
Ô			oting members of the gover						3	cts.	19
જ			dependent voting members						4		19
ties	5 To	otal number	of individuals employed in	n calendar year 2014 (P	art V, line 2a)				5		14
Activities & Governance			of volunteers (estimate if	• •					6		0
Ä			ed business revenue from F						7a		0.
	<b>b</b> N	et unrelated	I business taxable income	from Form 990-T, line 3	34				7b		0.
								ior Year		Current Ye	
Ð			and grants (Part VIII, line	•			/	,568,2	07.	1,635	<u>,119.</u>
Revenue			vice revenue (Part VIII, line								
ě			ncome (Part VIII, column (A					147,8	65.	209,	,916.
ш			e (Part VIII, column (A), lir					716 0	70	1 0 4 5	005
			e – add lines 8 through 11					,716,0	12.	1,845,	,035.
			imilar amounts paid (Part I	• •	•						
			to or for members (Part I)								
S	<b>15</b> S		er compensation, employee					773,2	42.	8/4	<u>,473.</u>
Expenses	<b>16a</b> P	rotessional	fundraising fees (Part IX, o	column (A), line 11e)							
×be	<b>b</b> To	otal fundrais	sing expenses (Part IX, col	umn (D), line 25) ►	8	9,651.					
Ш	<b>17</b> O	ther expens	ses (Part IX, column (A), Iir	nes 11a-11d, 11f-24e)				631,6	42.	759	,221.
	18 To	otal expense	es. Add lines 13-17 (must e	equal Part IX, column (	A), line 25)		. 1,	,404,8	84.	1,633	
		evenue less	expenses. Subtract line 1	8 from line 12				311,1	88.	211	,341.
5 0							Beginning	of Curren	t Year	End of Ye	
sset 3alai	<b>20</b> To		(Part X, line 16)				. 3,	,479,0		3,915	,583.
Net Assets	<b>21</b> To	otal liabilitie	s (Part X, line 26)					52,0	79.	107,	,330.
žZ	<b>22</b> N	et assets or	fund balances. Subtract li	ne 21 from line 20			. 3,	,427,0	09.	3,808	,253.
Pa	rt II	Signatur	e Block				,		<u> </u>	,	
Unde	er penalties	s of perjury, I de	eclare that I have examined this retu	urn, including accompanying sch	nedules and staten	nents, and to	the best of my	knowledge	and belie	f, it is true, correct	, and
com	plete. Decl	aration of prepa	arer (other than officer) is based on	all information of which prepare	er has any knowled	ge.					
		<b></b>									
Sig	gn	Signatu	re of officer				Date	е			
He	re	Jul	iet Cohen				Execu	tive I	)irec	tor	
		Type or	print name and title.								
	<del></del>	Print/Type p	preparer's name	Preparer's signature	<u> </u>	Date	(	Check	if F	PTIN	
Pa	id	Jim Lu	ınsford	Jim Lunsford		<u> </u>		self-employe	ed E	200568479	
	eparer	Firm's name								-	
	e Only	Firm's addre		e St. NW Suite	304		F	Firm's EIN	330	996010	
	_		Kennesaw, GA					Phone no.		262-0745	
Ma	y the IRS	S discuss th	nis return with the preparer		structions)					X Yes	No

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

Form 990 (2014) Chattahoochee Riverkeeper Inc

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	<b>b</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> .	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a		X
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Χ
	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? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		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>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

BAA Form **990** (2014)

# Form 990 (2014) Chattahoochee Riverkeeper Inc Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

	Check if Schedule O contains a response or note to any line in this Part V				. 🔲
	-			Yes	No
<b>1 a</b> Ente	er the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 10			
<b>b</b> Ente	er the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0			
<b>c</b> Did t	the organization comply with backup withholding rules for reportable payments to vendors and r mbling) winnings to prize winners?	eportable gaming	1 c	Х	
2 a Ente	er the number of employees reported on Form W-3. Transmittal of Wage and Tax State-		10		
	nts, filed for the calendar year ending with or within the year covered by this return	2a 14	0.1	Х	
	least one is reported on line 2a, did the organization file all required federal employments of the control of		2b	Λ	
	e. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	•			Х
	the organization have unrelated business gross income of \$1,000 or more during the year		3 a		Λ
	es' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>		3 b		
	ny time during the calendar year, did the organization have an interest in, or a signature or other ncial account in a foreign country (such as a bank account, securities account, or other f	er authority over, a inancial account)?	4 a		Х
	es,' enter the name of the foreign country:				
	instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	·			.,
	s the organization a party to a prohibited tax shelter transaction at any time during the ta	•	5 a		X
	any taxable party notify the organization that it was or is a party to a prohibited tax shelf		5 b		Х
c If 'Y	es,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
<b>6 a</b> Does	s the organization have annual gross receipts that are normally greater than \$100,000, acit any contributions that were not tax deductible as charitable contributions?	and did the organization	6a		Х
	es,' did the organization include with every solicitation an express statement that such contribut tax deductible?		6 b		
	anizations that may receive deductible contributions under section 170(c).				
<b>a</b> Did serv	the organization receive a payment in excess of \$75 made partly as a contribution and prices provided to the payor?	partly for goods and	7 a	Χ	
	es,' did the organization notify the donor of the value of the goods or services provided?		7 b	X	
<b>c</b> Did t	the organization sell, exchange, or otherwise dispose of tangible personal property for which it vin 8282?	was required to file	7 c		Х
	es,' indicate the number of Forms 8282 filed during the year		, 0		
	the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		Х
	the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7 f		Χ
<b>g</b> If the	e organization received a contribution of qualified intellectual property, did the organization file lequired?		7 g		
<b>h</b> If the	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the n 1098-C?	e organization file a	7 h		
	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the sponsoring	7 11		
•	anization have excess business holdings at any time during the year?	, ,	8		
_	nsoring organizations maintaining donor advised funds.				
•	the sponsoring organization make any taxable distributions under section 4966?		9 a		
	the sponsoring organization make a distribution to a donor, donor advisor, or related per		9 b		
10 Sect	tion 501(c)(7) organizations. Enter:				
<b>a</b> Initia	ation fees and capital contributions included on Part VIII, line 12	10 a			
<b>b</b> Gros	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11 Sect	tion 501(c)(12) organizations. Enter:				
<b>a</b> Gros	ss income from members or shareholders	11 a			
<b>b</b> Gros agai	ss income from other sources (Do not net amounts due or paid to other sources inst amounts due or received from them.).	11 b			
12 a Sect	tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Form 1041?	12a		
<b>b</b> If 'Y	es,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Sect	tion 501(c)(29) qualified nonprofit health insurance issuers.	•			
<b>a</b> Is th	ne organization licensed to issue qualified health plans in more than one state?		13a		
Note	e. See the instructions for additional information the organization must report on Schedu	le O.			
<b>b</b> Ente	er the amount of reserves the organization is required to maintain by the states in the organization is licensed to issue qualified health plans				
		13b			
	er the amount of reserves on hand	13c			17
	the organization receive any payments for indoor tanning services during the tax year?.		14a		X
	es,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b	000	(001.4)
BAA	TEEA0105L 05/28/14		rorm	990	(2014)

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 19 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 19 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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.. See . Schedule.. 0...... Χ 15a **b** Other officers or key employees of the organization...See .Schedule . 0..... 15 b 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?.... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Ga 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 X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

Atlanta Ga 30318 (404)-352-9828

Bonnie Jackson 916 Joseph Lowery Blvd NW

Form <b>990</b> (2014	4) Chatta	hoochee R	iverkee	per Inc

58-2095413

Page 7

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

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

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

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

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.

		(C)								
(A) Name and Title	(B) Average hours per	thar	one both	box, an o	unles fficer truste		on	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) J Rutherford Seydel II	1									
Director	0	Χ						0.	0.	0.
(2) David A Shaffer	1_									
Treasurer	0	Χ						0.	0.	0.
(3) Steve O'Day	1									
Secretary	0	Χ						0.	0.	0.
(4) Rebecca Cranford	1									
Director	0	Χ						0.	0.	0.
(5) Sarah Dearman	_ 1							_	_	_
Director	0	Χ						0.	0.	0.
	1								_	
Director	0	Χ						0.	0.	0.
_(7) Gary Gaines	1	.,						•	•	•
Director	0	Χ						0.	0.	0.
	1	37						0	0	0
Director	0	Χ						0.	0.	0.
(9) Jewell Harper	1	Х						0.	0	0.
Director	0	Λ						0.	0.	0.
(10) Victor Haydel		Х						0.	0.	0.
(11) Hugo Hernandez	1	Λ						0.	0.	0.
Director	1 -	Х						0.	0.	0.
(12) Bill Hoffman	1	Λ						0.	0.	<u> </u>
Director		Х						0.	0.	0.
(13) Christine Hung	1	21						0.	0.	<u> </u>
Director	0	Х						0.	0.	0.
(14) Richard J Jacobson	1							<u> </u>	0.	<u></u>
Director	0	Χ						0.	0.	0.

Part VII   Section A. Officers, Directors, Tru		Key	Em			es,	and	d Highest Com	pensated Emp	loyee	<b>5</b> (conti	inued)
	(B)	(B) (C) Position Average (do not check more than one										
(A)	Average hours	(do	not ch	heck ss ne	more	than	one h an	(D)	(E)	_	(F)	
Name and title	per week	offi	cer an	d a c	directo	or/trus	tee)	Reportable compensation from	Reportable compensation from	amo	stimated unt of otl npensation	her
	(list any hours	or d	Insti	Officer	Key	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	1	rom the	
	for related	Individual or director	utio	ÇÇ.	emp	loye	ner			ar	nd related anization	d
	organiza - tions	individual trustee or director	institutional trustee		Key employee	omp				Org	arnzation	113
	below dotted	uste	rust		ŏ	)ens						
	line)		용			ated						
(15) David Kirkpatrick	1											
Director	0	Х						0.	0.			0.
(16) Jamie Pryor	1							<u> </u>	<u> </u>			
Director	0	Χ						0.	0.			0.
(17) Mary Schrepfer	1											
Director	0	Х						0.	0.			0.
(18) Charles Smith	1											
Director	0	Х						0.	0.			0.
(19) Catherine Woodling	1											
Director	0	Х						0.	0.			0.
(20) Salley Bethea	40								_			
Executive Dir.	0			Χ				143,899.	0.			0.
(21)												
(22)												
(22)												
(23)												
(24)												
(25)												
-												
1 b Sub-total								143,899.	0.			0.
c Total from continuation sheets to Part VII, Section 17								0.	0.			0.
d Total (add lines 1b and 1c)							vod	143,899.	0.	oncatio	n	0.
from the organization 1	to those i	isieu	abov	/e) v	WIIO	recer	veu	more man \$100,00	o or reportable comp	Jensauc	11	
Tom the organization 1											Yes	No
3 Did the organization list any <b>former</b> officer, direct	tor or tru	ctoo	kov	om	مامد	100	or h	nighost componen	tad amplayaa		103	110
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	stee, al	. Key			, ee, 				. 3		Х
4 For any individual listed on line 1a, is the sum of	f reportab	le co	mpe	nsa	tion	and	oth	er compensation	from			
the organization and related organizations greate	er than \$1	50,0	00?	If 'Y	′es'	com	plet	e Schedule J for		4		v
such individual												X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	isatic te So	on tro chedi	om a ule	any <i>J fo</i>	unre <i>r suc</i>	late ch p	ed organization or erson	ındıvidual	. 5		Х
Section B. Independent Contractors												
Complete this table for your five highest compen compensation from the organization. Report compen	sated indes	epen	dent	cor	ntrad	ctors	tha	it received more the	han \$100,000 of			
		uic c	aicric	aai y	ycai	Criui	ng v	(B)	Ī		C)	
<b>(A)</b> Name and business add	ress							Description of	of services	Comp	ensatio	n
·												
2 Total number of independent contractors (including to		ited to	o tho	se li	isted	d abo	ve)	who received more	than			
\$100,000 of compensation from the organization	0											

rai	• • •	Check if Schedule O		onse or note to any	line in this Part VI	II		
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a	Federated campaigns	1a					
ărai our	b	Membership dues	1b	162,936.				
s, ( Am		Fundraising events						
Giffi Ilar		Related organizations						
ns, Sim	е	Government grants (contribution	ıs) <b>1 e</b>	69,000.				
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, gra similar amounts not included ab	ove 1 f	1,403,183.				
ntri d O	_	Noncash contributions included in	· -					
	h	Total. Add lines 1a-1f			1,635,119.			
Program Service Revenue	2 -			Business Code				
еуе	2a b		. – – – –					
Se B	D							
Prić	q							
n Se	e							
grar	f	All other program service	revenue					
Pro		Total. Add lines 2a-2f	L.					
	3	Investment income (inclu	ding dividend	s, interest and				
		other similar amounts)			161,009.			161,009.
	4	Income from investment		·				
	5	Royalties	(i) Real	(ii) Personal				
	6 a	Gross rents	(I) Real	(II) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss	s)					
		Gross amount from sales of	(i) Securities	(ii) Other				
	<i>,</i> u	assets other than inventory	114,109					
	b	Less: cost or other basis						
		and sales expenses	65,202					
		Gain or (loss)	48,907					
		Net gain or (loss)		▶	48,907.			48,907.
ne	8 a	Gross income from fundra	aising events					
/en		(not including \$ of contributions reported	on line 1c).					
Rei		See Part IV, line 18	•	a				
Other Revenue	b	Less: direct expenses						
₹	С	Net income or (loss) from	n fundraising e	events				
-	9 a	Gross income from gamir See Part IV, line 19	ng activities.	a				
		Less: direct expenses						
	С	Net income or (loss) from	n gaming activ	vities▶				
	10 a	Gross sales of inventory,	less returns					
		and allowances						
		Less: cost of goods sold.						
	С	Net income or (loss) from  Miscellaneous Revenue		entory ▶  Business Code				
	11 a			Dusiness Code				
	па b							
	ט							
	d	All other revenue						
		<b>Total.</b> Add lines 11a-11d	· · ·					
		Total revenue. See instru			1,845,035.	0.	0.	209,916.

#### 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).

Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	143,899.	100,729.	7,195.	35,975.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	730,574.	614,363.	92,036.	24,175.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70070711	011/000.	31,000.	21,1101
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	7,746.		1,254.	6,492.
Ł	<b>)</b> Legal	13,245.	13,130.	115.	
	Accounting	5,700.		5,700.	
C	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)SCh. OAdvertising and promotion.	340,352.	340,352.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	102,110.	84,137.	11,240.	6,733.
17	Travel	22,272.	20,791.	1,438.	43.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,039.	7,039.		
20	Interest	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,596.	37,596.		
23	Insurance	47,936.	41,998.	4,542.	1,396.
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	Supplies	61,704.	57,954.	3,504.	246.
	Maintenance	19,874.	18,650.	763.	461.
	Postage and Shipping	18,202.	15,854.	1,201.	1,147.
	Printing and Publications	17,343.	15,277.	722.	1,344.
	All other expenses	58,102.	39,684.	6,779.	11,639.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,633,694.	1,407,554.	136,489.	89,651.
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).				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing		1	
	2	Savings and temporary cash investments	864,065.	2	929,214.
	3	Pledges and grants receivable, net	75,176.	3	180,542.
	4	Accounts receivable, net		4	2,445.
	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 unde section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.	ar	6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	77.		
		Less: accumulated depreciation		10 c	204,338.
	11	Investments – publicly traded securities.		11	2,595,249.
	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		15	3,795.
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		16	3,915,583.
	17	Accounts payable and accrued expenses	9,259.	17	75,215.
	18	Grants payable		18	.0/2201
	19	Deferred revenue	42,820.	19	32,115.
	20	Tax-exempt bond liabilities		20	,
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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	
	22	Secured mortgages and notes payable to unrelated third parties		23	
	23	Unsecured notes and loans payable to unrelated third parties		24	
	24 25	, ,		24	
	26	Other liabilities (including federal income tax, payables to related third parties and other liabilities not included on lines 17-24). Complete Part X of Schedul <b>Total liabilities.</b> Add lines 17 through 25.		25 26	107,330.
_	20			20	107,330.
ces	<b></b>	Organizations that follow SFAS 117 (ASC 958), check here ► X and complet lines 27 through 29, and lines 33 and 34.			
ar	27	Unrestricted net assets.	-,	27	3,453,411.
Ba	28	Temporarily restricted net assets.		28	354,842.
P	29	Permanently restricted net assets.		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances	3,427,009.	33	3,808,253.
~	34	Total liabilities and net assets/fund balances		34	3,915,583.

Form **990** (2014) BAA

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,8	45,0	)35.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,6	33,6	594.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	11,3	341.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,4	27,0	009.
5	Net unrealized gains (losses) on investments	5			246.
6	Donated services and use of facilities	6	1	89,1	L49.
7	Investment expenses	7		•	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,8	08,2	253.
Pa	rt XII Financial Statements and Reporting	•	·	-	
	Check if Schedule O contains a response or note to any line in this Part XII				. $\square$
				Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	ed on a			
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		. 2b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:    X   Separate basis	te			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
BAA	l e e e e e e e e e e e e e e e e e e e		Form	990	(2014)

(20)

#### **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.

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2014

2014

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

Name o	Name of the organization Employer identification number												
Cha	tt	ahoochee Riverkeepe	er Inc				58-209541	3					
		Reason for Public Cha						tions.					
The o	rga	nization is not a private found	lation because it is: (I	For lines 1 through 11,	check o	nly one	box.)						
1		A church, convention of church	es, or association of ch	nurches described in <b>sec</b>	tion 170(	b)(1)(A)(	i).						
2		A school described in section	n 170(b)(1)(A)(ii). (Att	ach Schedule E.)									
3		A hospital or a cooperative h	ospital service organi	ization described in se	ction 17	0(b)(1)(A	A)(iii).						
4		A medical research organiza	tion operated in conju	unction with a hospital	describe	d in <b>sec</b>	tion 170(b)(1)(A)(iii). E	Inter the hospital's					
	L	name, city, and state:											
5		An organization operated for the 170(b)(1)(A)(iv). (Complete F	e benefit of a college operat II.)	or university owned or op	erated by	y a gove	nmental unit described	n section					
6	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>												
7	Χ												
8		A community trust described	in section 170(b)(1)(A	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 ar	nd operated exclusive	ly to test for public saf	ety. See	section	1 509(a)(4).						
11		An organization organized ar or more publicly supported o lines 11a through 11d that de	rganizations describe	d in <b>section 509(a)(1)</b> d	or <b>sectio</b>	n 509(a	)(2). See section 509(a	ut the purposes of one ()(3). Check the box in					
а		Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	on operated, supervised	d, or controlled by its su	oported o	organizat	ion(s), typically by giving	g the supported on. <b>You must</b>					
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	ration supervised or coorganization vested in tons A and C.	the same persons that of	ontrol or	manage	the supported organizat	ion(s). <b>You</b>					
С		Type III functionally integrated organization(s) (see instruction)											
d		Type III non-functionally integrated. The constructionally integrated. The constructions). You must com	rated. A supporting org organization generally plete Part IV, Section	anization operated in columnst satisfy a distribute A and D, and Part V.	nnection ition req	with its s uiremen	supported organization(s t and an attentiveness	) that is not requirement (see					
е		Check this box if the organize integrated, or Type III non-fu	ation received a writte nctionally integrated :	en determination from supporting organizatior	the IRS า.	that is a	Type I, Type II, Type	III functionally					
f	Er	nter the number of supported of	organizations										
g	Pr	ovide the following information	n about the supported	d organization(s).									
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza in your o	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
					Yes	No							
(A)													
(B)													
(C)													
(D)													
<u>(E)</u>													
Total													

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

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	I		I	I	· · · · · · · · · · · · · · · · · · ·	
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,420,272.	1,114,127.	1,227,858.	1,422,262.	1,635,119.	6,819,638.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	<b>Total.</b> Add lines 1 through 3	1,420,272.	1,114,127.	1,227,858.	1,422,262.	1,635,119.	6,819,638.
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)						1,284,570.
6	<b>Public support.</b> Subtract line 5 from line 4						5,535,068.
Sec	tion B. Total Support	<u> </u>		T	T		
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	<b>(f)</b> Total
7	Amounts from line 4	1,420,272.	1,114,127.	1,227,858.	1,422,262.	1,635,119.	6,819,638.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,992.	53,228.	43,190.	99,419.	161,009.	390,838.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI			9,447.	48,446.	48,907.	106,800.
11	Total support. Add lines 7 through 10						7,317,276.
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ □
Sec	tion C. Computation of Du	hlic Cunnort D	orcontago				
	Public support percentage for 20						75.64%
	Public support percentage from						83.81 %
16 a	<b>33-1/3% support test</b> $-$ <b>2014.</b> If and <b>stop here.</b> The organization	the organization qualifies as a pul	did not check the olicly supported o	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or more, (	check this box
t	33-1/3% support test — 2013. If and stop here. The organization						
17 a	<b>17a 10%-facts-and-circumstances test</b> − <b>2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and <b>stop he</b> a publicly support	<b>re.</b> Explain in Part ed organization	VI how the  □
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions >

## Schedule A (Form 990 or 990-EZ) 2014 Chattahoochee Riverkeeper Inc Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the I	oox on line 9 of Part I or if the	he organization failed to	qualify under Part II	. If the organization fails
to qualify under the tests listed b	elow, please complete Pa	rt II.)		

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	<b>(f)</b> 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.						
	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						
7 a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	<b>Public support</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal yr beginning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
-	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
-	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	<b>Total support.</b> (Add lines 9, 10c, 11 and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, c	or fifth tax year as	a section 501(c)(	3) ▶ □
	tion C. Computation of Pul			10 1 (0)		1 1	
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •				00
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv				(0)	1.7	0.
	Investment income percentage for	•	• •	-			06
	Investment income percentage f					<u> </u>	% nd line 17
	33-1/3% support tests – 2014. If is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organi	zation qualifies a	as a publicly suppo	orted organization	١ ▶ ∐
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> The	e organization qu	ialifies as a public	ly supported orga	nization ►
20	Private foundation. If the organize	Lation did 110t CNE	ich a DOX OH HITE I	+, 13a, UL 19D, (	TIECK HIIZ DOX SUG	SEE INSURCIONS.	

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
ı	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
(	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4 8	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ı	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
•	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
I	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
(	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9 8	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b>	9a		
I	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9b		
(	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9с		
10 a	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.	10a		
ı	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

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

Pa	rt V  Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizat	ions				
1							
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6					
_ 7	Other expenses (see instructions).	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
- 6	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
	d Total (add lines 1a, 1b, and 1c).	1d					
•	Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035.	6					
7	Recoveries of prior-year distributions.	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sec	tion C — Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grated	Type III supporting or	ganization			

**BAA** Schedule **A** (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions			
7	<b>Total annual distributions.</b> Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization in <b>Part VI</b> ). See instructions	on is responsive (provide	e details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
e	From 2013			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
-	Excess from 2014			

BAA

Schedule **A** (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income

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

Department of the Treasury Internal Revenue Service Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2014

Employer identification number

Chattahoochee Riverkeeper Inc		58-2095413				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 priv	vate foundation				
	501(c)(3) taxable private foundation					
Check if your organization is covered by the ${\bf Ge}$	neral Rule or a Special Rule					
<b>Note.</b> Only a section 501(c)(7), (8), or (10) orga	nization can check boxes for both the General Rule and a S	Special Rule. See instructions.				
General Rule  For an organization filing Form 990, 990-EZ property) from any one contributor. Complete	, or 990-PF that received, during the year, contributions tot te Parts I and II. See instructions for determining a contribu	aling \$5,000 or more (in money or utor's total contributions.				
Special Rules						
under sections 509(a)(1) and 170(b)(1)(A)(vi).	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% sup that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, ne year, total contributions of the greater of (1) \$5,000 or (2 0-EZ, line 1. Complete Parts I and II.	16a, or 16b, and that				
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, I children or animals. Complete Parts I, II, and III.	from any one contributor, iterary, or educational				
during the year, contributions exclusively for \$1,000. If this box is checked, enter here the charitable, etc., purpose. Do not complete a	I (c)(7), (8), or (10) filing Form 990 or 990-EZ that received r religious, charitable, etc., purposes, but no such contribut e total contributions that were received during the year for any of the parts unless the <b>General Rule</b> applies to this orgale, etc., contributions totaling \$5,000 or more during the year	ions totaled more than an <i>exclusively</i> religious, anization bec <u>a</u> use				
990-PF), but it <b>must</b> answer 'No' on Part IV, lin	the General Rule and/or the Special Rules does not file So e 2, of its Form 990; or check the box on line H of its Form e filing requirements of Schedule B (Form 990, 990-EZ, or 9	990-EZ or on its Form 990-PF,				

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

Page

1 of

2 of **Part 1** 

Chattahoochee Riverkeeper Inc

Employer identification number

58-2095413

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Charles Stewart Mott Foundation		Person X Payroll
	1200 Mott Foundation Building	\$75,000.	Noncash
	Flint, MI 48502		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	The Coca Cola Company		Person X  Payroll
	PO Box 1734	\$39,908.	Noncash
	Atlanta, Ga 30301		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>	James M Cox Foundation		Person X Payroll
	6205 Peachtree Dunwoody Road	\$61,500.	Noncash
	Atlanta, Ga 30328		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	(b) Name, address, and ZIP + 4  Sapelo Foundation		Type of contribution  Person X
Number	Name, address, and ZIP + 4  Sapelo Foundation		Type of contribution
Number	Name, address, and ZIP + 4  Sapelo Foundation	\$52,000.	Person X Payroll
Number	Name, address, and ZIP + 4  Sapelo Foundation  1712 Ellis Street 2nd Floor	\$52,000.	Person X Payroll Noncash  (Complete Part II for
4 (a) Number	Name, address, and ZIP + 4  Sapelo Foundation  1712 Ellis Street 2nd Floor  Brunswick, Ga 31520  (b)	\$ 52,000.	Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X
4 (a) Number	Name, address, and ZIP + 4  Sapelo Foundation  1712 Ellis Street 2nd Floor  Brunswick, Ga 31520  (b)  Name, address, and ZIP + 4	\$ 52,000.	Type of contribution  Person X  Payroll
4 (a) Number	Name, address, and ZIP + 4  Sapelo Foundation  1712 Ellis Street 2nd Floor  Brunswick, Ga 31520  Name, address, and ZIP + 4  Turner Foundation	\$ 52,000.	Type of contribution  Person X  Payroll
4 (a) Number	Name, address, and ZIP + 4  Sapelo Foundation  1712 Ellis Street 2nd Floor  Brunswick, Ga 31520  Name, address, and ZIP + 4  Turner Foundation  133 Luckie Street 2nd Floor	\$ 52,000.	Type of contribution  Person X  Payroll
4 (a) Number	Name, address, and ZIP + 4  Sapelo Foundation  1712 Ellis Street 2nd Floor  Brunswick, Ga 31520  Name, address, and ZIP + 4  Turner Foundation  133 Luckie Street 2nd Floor  Atlanta, Ga 30303	\$52,000.  (c) Total contributions  \$265,000.	Type of contribution  Person X  Payroll
(a) Number	Name, address, and ZIP + 4  Sapelo Foundation  1712 Ellis Street 2nd Floor  Brunswick, Ga 31520  Name, address, and ZIP + 4  Turner Foundation  133 Luckie Street 2nd Floor  Atlanta, Ga 30303  Name, address, and ZIP + 4	\$52,000.  (c) Total contributions  \$265,000.	Person X Payroll
(a) Number  5  (a) Number	Name, address, and ZIP + 4  Sapelo Foundation  1712 Ellis Street 2nd Floor  Brunswick, Ga 31520  Name, address, and ZIP + 4  Turner Foundation  133 Luckie Street 2nd Floor  Atlanta, Ga 30303  Name, address, and ZIP + 4  The Kendeda Fund	\$ 52,000.  (c) Total contributions  \$ 265,000.	Person X Payroll

Page

2 of

2 of **Part 1** 

Chattahoochee Riverkeeper Inc

Employer identification number

58-2095413

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Callaway Foundation  209 Broome Street  LaGrange, Ga 30241	\$50,000.	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Courts Foundation  3050 Peachtree Road Suite 270  Atlanta, Ga 30305	\$34,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Harland Foundation  Two Piedmont Center Suite 710  Atlanta, Ga 30305	\$67,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 1		.\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

1 to

of Part II

Chattahoochee Riverkeeper Inc

Name of organization

58-2095413

Employer identification number

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received N/A (a) No. from (c) FMV (or estimate) (see instructions) (b) (d) Description of noncash property given Date received Part I (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) Part I (see instructions)

BAA

(a) No.

from Part I

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

(c) FMV (or estimate) (see instructions) (d) Date received

(b) Description of noncash property given

1 to

of Part III

Name of organization
Chattahoochee Riverkeeper Inc

Employer identification number

58-2095413

Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year.	he year from any one contribon pleting Part III, enter the total	utor. Complet	te columns <b>(a)</b> through <b>(e) and</b> ely religious, charitable, etc.,
	Use duplicate copies of Part III if additional	space is needed.	e iristruction	s.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
			· – – – – – · – – – – –	·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			· – – – – - · – – – – -	
	Transferee's name, addres	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
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
			· – – – – – - · – – – – –	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			· – – – –	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

• 5	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
Name	of organization			Employer identifica	ation number
Cha	attahoochee Riverke	eper Inc		58-209541	3
Pai	t I-A Complete if the or	rganization is exempt under section	on <b>501(c)</b> or is a s	section 527 organiz	zation.
1	Provide a description of the	organization's direct and indirect political o	ampaign activities in	Part IV.	
2	Political expenditures				
3	Volunteer hours				
Pai	t I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶\$	0.
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				☐Yes ☐No
	If 'Yes,' describe in Part IV.				
Pai	t I-C Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	
		pended by the filing organization for section			
2		organization's funds contributed to other organ			
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses organization made payments	and employer identification number (EIN) s. For each organization listed, enter the arms received that were promptly and directly del I action committee (PAC). If additional spa	of all section 527 pol mount paid from the	itical organizations to w filing organization's fund	which the filing ds. Also enter the
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2014

Part II-A Complete if section 501	the organization	on is exempt under sec	ction 501(c)(3) and	filed Form 5768 (el	ection under			
		ngs to an affiliated group (and	list in Part IV each affilia	ated group member's name	·,			
<u> </u>	address, EIN, expenses, and share of excess lobbying expenditures).							
B Check ► if the fili	ng organization ch	ecked box A and 'limited cor	ntrol' provisions apply.					
(The term	Limits on Lobb 'expenditures' me	ying Expenditures ans amounts paid or incur	ed.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals			
1 a Total lobbying expendit	ures to influence p	ublic opinion (grass roots lo	bbying)					
·		legislative body (direct lobb						
, , ,	•	and 1b)						
	•	ines 1c and 1d)						
		mount from the following tab						
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:					
Not over \$500,000		20% of the amount on line 1e.						
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess						
Over \$1,000,000 but not over \$ Over \$1,500,000 but not over \$ Over \$1,500,000 but not over \$		\$175,000 plus 10% of the excess \$225,000 plus 5% of the excess of						
Over \$17,000,000	\$17,000,000	\$1,000,000.	Net \$1,500,000.					
	amount (enter 25%	of line 1f)						
•	•	ss, enter -0						
i Subtract line 1f from lin	e 1c. If zero or les	s, enter -0						
j If there is an amount othe section 4911 tax for this	er than zero on eithe s year?	er line 1h or line 1i, did the org	anization file Form 4720	reporting	Yes No			
		4-Year Averaging Period U	Inder Section 501(h)		<u> </u>			
(Som	ne organizations th colum	at made a section 501(h) el ns below. See the instruction	ection do not have to o	complete all of the five h 2f.)				
	Lob	bying Expenditures During	4-Year Averaging Peri	od				
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	(e) Total			
2 a Lobbying non-taxable								
amount								
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))								
<b>b</b> Lobbying ceiling amount (150% of line								
b Lobbying ceiling amount (150% of line 2a, column (e))								
b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable								
b Lobbying ceiling amount (150% of line 2a, column (e))  c Total lobbying expenditures  d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line					990 or 990-EZ) 2014			

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

(election under section 501(II)).					
	(a	)	(1	b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Ame	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?	Χ				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
c Media advertisements?		Χ			
d Mailings to members, legislators, or the public?	Χ				
e Publications, or published or broadcast statements?		Χ			
f Grants to other organizations for lobbying purposes?		Х			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			23,0	00.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i Other activities?		X			
j Total. Add lines 1c through 1i				23,0	00.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		==,:	
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		-			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A   Complete if the organization is exempt under section 501(c)(4), section 501(c)	c)(5).	. or			
section 501(c)(6).	-/(-/,	,			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Panswered 'Yes.'	Part I	II-A, I	ection 50 line 3, is	)1(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
<b>b</b> Carryover from last year.		2b			
<b>c</b> Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	[	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			

#### Part IV | Supplemental Information

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

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

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Chattanoochee Riverkeeper In			58-2095413
Par	Organizations Maintaining Donor Complete if the organization answer	Advised Funds or Oth ered 'Yes' to Form 990	er Similar Funds o , Part IV, line 6.	
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dono are the organization's property, subject to the organization	r advisors in writing that the rganization's exclusive legal	assets held in donor a control?	dvised funds Yes No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit of impermissible private benefit?	, and donor advisors in writi of the donor or donor advisor	ng that grant funds car r, or for any other purpo	n be used only ose conferring Yes No
Par	<u> </u>			
rai	Complete if the organization answ	ered 'Yes' to Form 990	Part IV line 7	
1	Purpose(s) of conservation easements held by t			
•	Preservation of land for public use (e.g., red	· ·		storically important land area
	Protection of natural habitat	creation of cadeation)		ertified historic structure
	Preservation of open space		reservation or a co	Stilled Historic Structure
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation con	tribution in the form of a	conservation assement on the
_	last day of the tax year.	id a qualified conservation cor	ittibution in the form of a	conservation easement on the
				Held at the End of the Tax Year
á	Total number of conservation easements			2a
ŀ	Total acreage restricted by conservation easeme	ents		2 b
(	: Number of conservation easements on a certifie	ed historic structure included	in (a)	2c
,	Number of conservation easements included in	(c) acquired after 8/17/06, a	nd not on a historic	
•	structure listed in the National Register			2 d
3	Number of conservation easements modified, transft tax year ►	ferred, released, extinguished,	or terminated by the org	anization during the
4	Number of states where property subject to conserv	vation easement is located >		
5	Does the organization have a written policy rega	arding the periodic monitoring	g, inspection, handling	of violations,
	and enforcement of the conservation easements	s it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, ins	specting, and enforcing conser	vation easements during	the year
7	Amount of expenses incurred in monitoring, inspect ▶\$	ting, and enforcing conservation	on easements during the	year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports of include, if applicable, the text of the footnote to conservation easements.			
Par	Organizations Maintaining Collection Complete if the organization answer	tions of Art, Historical ered 'Yes' to Form 990	Treasures, or Other, Part IV, line 8.	er Similar Assets.
1 a	If the organization elected, as permitted under Sart, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its finance	I for public exhibition, education	n, or research in furthera	tatement and balance sheet works of ance of public service, provide,
ŀ	If the organization elected, as permitted under shistorical treasures, or other similar assets held for following amounts relating to these items:	SFAS 116 (ASC 958), to rep public exhibition, education, o	ort in its revenue stater r research in furtherance	ment and balance sheet works of art, of public service, provide the
	(i) Revenue included in Form 990, Part VIII, lin	ne 1		\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, his amounts required to be reported under SFAS 11			
	Revenue included in Form 990, Part VIII, line 1.			
	Assets included in Form 990 Part X			<b>▶</b> \$

Part III Organizations Maintaining Colle	ections of Art, Histo	ricai i reasures, or	Other Similar Ass	sets (continuea)
3 Using the organization's acquisition, accession, a items (check all that apply):	nd other records, check a	ny of the following that ar	re a significant use of its	collection
a Public exhibition	<b>d</b> Loan o	or exchange programs		
<b>b</b> Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization's	s exempt purpose in	
<b>5</b> During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the o	rganization's collection	?	Yes No
Part IV Escrow and Custodial Arrangen line 9, or reported an amount on	nents. Complete if t Form 990, Part X,	he organization and line 21.	swered 'Yes' to Fo	rm 990, Part IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an, or other intermediary	for contributions or oth	ner assets not included	☐ Yes ☐ No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII a				
, ,	·	3		Amount
c Beginning balance			1с	
<b>d</b> Additions during the year				
e Distributions during the year				
f Ending balance				
2a Did the organization include an amount on Fo				Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.				
Part V Endowment Funds. Complete if	the organization an	swered 'Yes' to Fo	rm 990. Part IV. lir	ne 10.
(a) Current				
1 a Beginning of year balance		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	
<b>b</b> Contributions				
• Niet in westweet a surium and in a				
c Net investment earnings, gains, and losses				
<b>d</b> Grants or scholarships				
e Other expenditures for facilities				
and programs				
f Administrative expenses				
<b>q</b> End of year balance				
2 Provide the estimated percentage of the curre	ent year end balance (lin	e 1g, column (a)) held	as:	
a Board designated or guasi-endowment ▶	%			
<b>b</b> Permanent endowment ►	<del></del>			
c Temporarily restricted endowment ►	%			
The percentages in lines 2a, 2b, and 2c shoul				
	·			
<b>3a</b> Are there endowment funds not in the possession	of the organization that a	re held and administered	I for the	Yes No
organization by: (i) unrelated organizations				3a(i)
(ii) related organizations				· · · · · · · · · · · · · · · · · · ·
• • •				3a(ii)
<b>b</b> If 'Yes' to 3a(ii), are the related organizations	·			3b
4 Describe in Part XIII the intended uses of the		ent tunas.		
Part VI Land, Buildings, and Equipmen		000 5 1 11/ 11	11 0 5 00	
Complete if the organization ans	wered 'Yes' to Form	1 990, Part IV, line	11a. See Form 99	0, Part X, line 10.
Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
<b>1 a</b> Land	(investment)	basis (other)	depreciation	
· ·				
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		676,377.	472,039.	204,338.
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, c	column (B), line 10c.)		204,338.

BAA Schedule **D** (Form 990) 2014

raitvii	_ investments –	<ul> <li>Other Securities.</li> </ul>		N/A	
				, Part IV, line 11b. See Form 9	
(a) Desc	cription of security or cate	egory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financ	cial derivatives				
(2) Closely	y-held equity interes	sts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(l)					
Total. (Colur	mn (b) must equal Form 9	990, Part X, column (B) line 12.) 🕨			
<b>Part VIII</b>	Investments -	- Program Related.	10/ 11 5 000	N/A	00 D 1 V 1: 10
				, Part IV, line 11c. See Form 9	
	(a) Description of	investment type	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
lotal. (Colur	mn (b) must equal Form 9	990, Part X, column (B) line 13.) 🕨	1		
David IV					
Part IX	Other Assets.	e organization answered	N/A	. Part IV. line 11d. See Form 9	90. Part X. line 15.
Part IX	Other Assets.	e organization answered	N/A	, Part IV, line 11d. See Form 9	90, Part X, line 15.
Part IX (1)	Other Assets.	e organization answered	N/A d 'Yes' to Form 990	, Part IV, line 11d. See Form 9	
(1)	Other Assets.	e organization answered	N/A d 'Yes' to Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3)	Other Assets.	e organization answered	N/A d 'Yes' to Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4)	Other Assets.	e organization answered	N/A d 'Yes' to Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5)	Other Assets.	e organization answered	N/A d 'Yes' to Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6)	Other Assets.	e organization answered	N/A d 'Yes' to Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7)	Other Assets.	e organization answered	N/A d 'Yes' to Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	e organization answered	N/A d 'Yes' to Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.	e organization answered	N/A d 'Yes' to Form 990	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the	e organization answered (a) De	N/A d 'Yes' to Form 990 escription	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) <b>Total.</b> (Co	Other Assets. Complete if the	e organization answered (a) De  (a) The properties of the properti	N/A d 'Yes' to Form 990 escription	, Part IV, line 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the	e organization answered (a) De  (a) The second seco	N/Ad 'Yes' to Form 990 escription	, Part IV, line 11d. See Form 9	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) <b>Total.</b> (Co	Other Assets. Complete if the	e organization answered (a) De  (a) The second seco	N/Ad 'Yes' to Form 990 escription	, Part IV, line 11d. See Form 9	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co	Other Assets. Complete if the	e organization answered (a) De  al Form 990, Part X, column ( es. ganization answered 'Yes' to F	M/A 'Yes' to Form 990 escription  (B), line 15.)	, Part IV, line 11d. See Form 9	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co	Other Assets. Complete if the  complete if the  complete if the  complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the complete if the organization of the complete if the complete	e organization answered (a) De  al Form 990, Part X, column ( es. ganization answered 'Yes' to F	M/A 'Yes' to Form 990 escription  (B), line 15.)	, Part IV, line 11d. See Form 9	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3)	Other Assets. Complete if the  complete if the  complete if the  complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the complete if the organization of the complete if the complete	e organization answered (a) De  al Form 990, Part X, column ( es. ganization answered 'Yes' to F	M/A 'Yes' to Form 990 escription  (B), line 15.)	, Part IV, line 11d. See Form 9	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4)	Other Assets. Complete if the  complete if the  complete if the  complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the complete if the organization of the complete if the complete	e organization answered (a) De  al Form 990, Part X, column ( es. ganization answered 'Yes' to F	M/A 'Yes' to Form 990 escription  (B), line 15.)	, Part IV, line 11d. See Form 9	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4) (5)	Other Assets. Complete if the  complete if the  complete if the  complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the complete if the organization of the complete if the complete	e organization answered (a) De  al Form 990, Part X, column ( es. ganization answered 'Yes' to F	M/A 'Yes' to Form 990 escription  (B), line 15.)	, Part IV, line 11d. See Form 9	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Ca  Part X  (1) Fede (2) (3) (4) (5) (6)	Other Assets. Complete if the  complete if the  complete if the  complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the complete if the organization of the complete if the complete	e organization answered (a) De  al Form 990, Part X, column ( es. ganization answered 'Yes' to F	M/A 'Yes' to Form 990 escription  (B), line 15.)	, Part IV, line 11d. See Form 9	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Ca  Part X  (1) Fede (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the  complete if the  complete if the  complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the complete if the organization of the complete if the complete if the organization of the complete if the complete	e organization answered (a) De  al Form 990, Part X, column ( es. ganization answered 'Yes' to F	M/A 'Yes' to Form 990 escription  (B), line 15.)	, Part IV, line 11d. See Form 9	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the  complete if the  complete if the  complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the complete if the organization of the complete if the complete if the organization of the complete if the complete	e organization answered (a) De  al Form 990, Part X, column ( es. ganization answered 'Yes' to F	M/A 'Yes' to Form 990 escription  (B), line 15.)	, Part IV, line 11d. See Form 9	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the  complete if the  complete if the  complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the complete if the organization of the complete if the complete if the organization of the complete if the complete	e organization answered (a) De  al Form 990, Part X, column ( es. ganization answered 'Yes' to F	M/A 'Yes' to Form 990 escription  (B), line 15.)	, Part IV, line 11d. See Form 9	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the  complete if the  complete if the  complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the organization of the complete if the complete if the organization of the complete if the complete if the organization of the complete if the complete	e organization answered (a) De  al Form 990, Part X, column ( es. ganization answered 'Yes' to F	M/A 'Yes' to Form 990 escription  (B), line 15.)	, Part IV, line 11d. See Form 9	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Assets. Complete if the Complete if the Complete if the Other Liabilitie Complete if the organization (a) Descriperal income taxes	e organization answered  (a) De  al Form 990, Part X, column ( es. ganization answered 'Yes' to Fotion of liability	M/A d 'Yes' to Form 990 escription  (B), line 15.)	, Part IV, line 11d. See Form 9	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columnia (Column	Other Assets. Complete if the  Complete if the  Other Liabilitie Complete if the organization of the complete if the organization of the complete in the compl	e organization answered  (a) De  al Form 990, Part X, column ( es.  ganization answered 'Yes' to Fotion of liability  990, Part X, column (B) line 25.)	B), line 15.)	, Part IV, line 11d. See Form 9	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	1
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,845,035.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	1,845,035.
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		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	1,845,035.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Datus	
	Retui	rn.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Retui	rn.
	1	1,633,694.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2 a  2 b		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of Security (2b)  c Other losses.		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).	1	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2 e	1,633,694.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  4 a	1 2 e	1,633,694.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  4 a  b Other (Describe in Part XIII.)  4 b	1 2 e	1,633,694.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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.  4 a	2e 3	1,633,694.

Part XIII Supplemental Information.

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

**BAA** Schedule **D** (Form 990) 2014

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Chattahoochee Riverkeeper Inc

Employer identification number

58-2095413

#### Form 990, Part III, Line 1 - Organization Mission

The organization's primary exempt purpose is to advocate and secure the protection and stewardship of the Chattahoochee River, its tributaries and watershed, in order to restore and preserve their ecological health for the people, fish and wildlife that depend on the River system

#### Form 990, Part III, Line 4a - Program Service Accomplishments

In 2014, the largest program area was CRK's community outreach and stewardship projects, which reached more people than ever before adding 1,695 new members to the organization. CRK held 45 water conservation workshops, distributed 460 rain barrels and reached more than 1,500 people with the tools and knowledge to adopt water conservation and efficiency practices at home and in their businesses. CRK hosted multiple river awareness events including the River Race and Festival, 20th Anniversary Gala, Member Celebration, outings and other events where over 4,691 people attended. We engaged 1,411 volunteers from community organizations and corporations in stream, lake and river cleanups, including 550 people in the 4th Annual Sweep the Hooch multi-site cleanup for a total of 20 tons of trash removed from waterways and 1.8 tons of trash recycled. In addition, CRK organized and led outings including paddle and boat trips, hikes and facility tours. CRK staff trained and managed 17 student interns.

#### Form 990, Part III, Line 4b - Program Service Accomplishments

In 2014, the second largest program area was CRK's water monitoring projects, which have grown exponentially in the past five years with more samples taken, processed and analyzed than ever before -2,324 water samples were taken by 51 volunteers at 72 urban stream locations as part of our Neighborhood Water Watch Program. This effort led to seven major sewer spills being identified and stopped. In addition, we

Name of the organization

Chattahoochee Riverkeeper Inc

58-2095413

#### Form 990, Part III, Line 4b - Program Service Accomplishments

collecting 91 samples annually. We also completed the first year of nutrient monitoring on West Point Lake taking 21 samples. The data for both nutrient monitoring programs was delivered to the state and other stakeholders. We also provided 588 Adopt-A-Stream demonstrations and trained another 45 volunteers in the Form 990, Part VI, Line 11b - Form 990 Review Process

Get the Dirt Out program to identify and stop sediment from flowing into waterways. The prepared Form 990 will be reviewed by the Executive Director and Operations

We answered 210 Citizen Hotline calls, conducted 110 field investigations, which Manager. They will then provide the Form 990 to the Board Finance Committee who resulted in 19 enforcement actions. We assisted 31 industrial facilities comply with will review the 990. The Board Finance Committee will then present the Form 990 to a storm water permit to stop industrial storm water from polluting streams. the full Board of Directors at a regularly scheduled board meeting for their review and approval.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization requires that Board of Directors, Officers and the Executive
Director disclose any potential conflicts of interest prior to the negotiations with
respect to the proposed transaction involving a member of the board, officer or
executive director (interested Management Person) with a financial interest in the
proposed transaction. Following disclosure of a financial interest, the Board of
Directors shall determine whether a conflict of interest exists and if so the Board
shall vote to authorize or reject the transaction or take any other action deemed
necessary to address the conflict and protect the Organization's best interests.

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

It is the policy of CRK to establish rates of pay that are competitive in the nonprofit community particularly as they are reflected for organizations of comparable size, mission and location. Salary increases are a function of performance and the Organization's ability to pay. Salary increases are considered annually, the Organization does not grant automatic annual increases. Increases are determined based on budget considerations and in conjunction with a performance

Name of the organization	Employer identification number
Chattahoochee Riverkeeper Inc	58-2095413

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued)

review. The Consideration of salary increases includes the employee's fulfillment

Form 990 Rart VI b Line 15b Compensation Review & Approval Process: Offices & Key Englowers sm.

It is the policy of CRK to establish rates of pay that are competitive in the

nonprofit community particularly as they are reflected for organizations of

comparable size, mission and location. Salary increases are a function of

performance and the Organization's ability to pay. Salary increases are considered

annually, the Organization does not grant automatic annual increases. Increases are

determined based on budget considerations and in conjunction with a performance

review. The Consideration of salary increases includes the employee's fulfillment

of current job responsibilities and maintaining an attitude of professionalism.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The organization publishes an annual report each year that makes the governing documents, conflict of interest policy and financial statements available to the public.

#### Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B)	(C)	_ (D)
		Total	Program <u>Services</u>	Management <u>&amp; General</u>	Fund- raising
Marketing Outreach Water Quality Water Quantity		34,539. 265,391. 16,242. 24,180.	34,539. 265,391. 16,242. 24,180.		
2	Total \$	340,352.	\$ 340,352.	\$ 0.	\$ 0.