### Form **990**

Department of the Treasury

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

► 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.

OMB No. 1545-0047 2015

Open to Public Inspection

Δ	For th	he 2015 calen	dar year, or tax year begin	nina	, 2015, and endi	na				
<del>_</del> B		if applicable:	C	·····y	, 2015, and chai	a	D Employ	er identi	; ification number	
ט							- ' '			
		ddress change	Chattahoochee Ri					<u> 2095</u>		
	Na	ame change	916 Joseph Lower				E Telepho			
	Ini	itial return	Atlanta, GA 3031	ō			404-	-352·	-9828	
	Fin	nal return/terminated								
	Ar	mended return					<b>G</b> Gross re	eceipts	\$ 3,368,	. 865.
	Ar	pplication pending	F Name and address of principa	officer:		H(a) Is this	a group return	•		X
	□,,,	ppinoation politicity	Same As C Above			H(b) Are al	I subordinates	included		No
_	Tau	avament atatus		\d (incomb no )   M	947(a)(1) or 527	If 'No,	l subordinates ' attach a list.	(see ins	tructions)	Ш
÷		exempt status	X 501(c)(3) 501(c) (		947(a)(1) or 527	_				
J	We	bsite: ► WW	w.chattahoochee.c				exemption nu			
K		n of organization:	X Corporation Trust	Association Other ►	L Year of forma	ation: 199	4 M s	tate of le	egal domicile: GA	
Pa	ırt I	Summar	y							
	1	Briefly descri	ibe the organization's missi	on or most significant activ	vities: The orga	anizati	on's p	rima	ry exempt	
d)			is to advocate ar							
ဋ			ochee River, its							and
E			their ecological							
Governance	2		ox ► if the organization							
			oting members of the gover					3		21
•ಶ			dependent voting members					4		21
<u>.8</u>	5	Total number	r of individuals employed in	calendar year 2015 (Part	V, line 2a)			5		17
Activities &	6	Total number	r of volunteers (estimate if	necessary)				6		0
₽c	7a	Total unrelate	ed business revenue from F	Part VIII, column (C), line 1	2			7a		0.
_	b	Net unrelated	d business taxable income	from Form 990-T, line 34				7b		0.
						F	Prior Year		Current Ye	ear
	8	Contributions	s and grants (Part VIII, line	1h)			1,635,1	19.	3,090	.157.
Revenue			vice revenue (Part VIII, line						- 7 - 7 - 7	,
Ne Ve	10	Investment in	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)			209,9	16.	179	,351.
8	11	Other revenu	ie (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and	11e)					
	12	Total revenue	e - add lines 8 through 11	(must equal Part VIII, colu	mn (A), line 12)		1,845,0	35.	3,269	.508.
			imilar amounts paid (Part I						- 7 - 55	, , , , , ,
			to or for members (Part I)	• • •						
			er compensation, employee				874,4	72	700	,201.
es	10			•			0/4,4	13.	760	, 201.
Expenses	16 a	Professional	fundraising fees (Part IX, o	column (A), line I le)						
9	b	Total fundrais	sing expenses (Part IX, col	umn (D), line 25) ►	92,480.					
û	17	Other expens	ses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)			759,2	21.	1,318	962
	18	Total expens	es. Add lines 13-17 (must e	equal Part IX. column (A).	line 25)		1,633,6		2,099	
			s expenses. Subtract line 1		•		211,3		1,170	
5 6		Trevende less	s expenses. Cubirdet line is	5 Holli IIIIC 12					End of Ye	
Net Assets or Fund Balances	20	Total accets	(Part X, line 16)				ng of Curren			
Ass Ba	21		es (Part X, line 26)			,	3,915,5		4,811	
E ét	21						107,3			,316.
			r fund balances. Subtract li	ne 21 from line 20		3	3,808,2	53.	4,774	<u>,283.</u>
Pa	ırt II	Signatur	re Block							
Unde	er penal	Ities of perjury, I de	eclare that I have examined this retu arer (other than officer) is based on	irn, including accompanying schedul	es and statements, and to	the best of n	ny knowledge	and beli	ef, it is true, correct	, and
COIII	piete. Di	- I	arer (other than officer) is based of the	an information of which preparet has	s any knowledge.	1				
			ure of officer							
Sig	gn	Signati	are of officer			D	ate			
He	re		iet Cohen			Exec	utive I	)ire	ctor	
		٠,٠	r print name and title.							
		Print/Type p	preparer's name	Preparer's signature	Date		Check	if	PTIN	· <u></u>
Pa	id	Jim Lı	unsford	Jim Lunsford			self-employe	ed	P00568479	
Pr	epare				<u> </u>					
Us	e On	ily Firm's addr			Λ		Firm's FIN	<b>▶</b> २२.	-0996010	
		, iiii s addi	Kennesaw, GA		<b>1</b>				-262-0745	
Mar	, tha I	IDS discuss th	nis return with the preparer		rtions)				X Yes	No
ivia	y ui⊏ l	11 VO UISCUSS (I	no return with the preparer	2110M11 aDOAC: (2CC 1112ft ft	,uuio)				. IZAI IUS	140

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <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, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
(	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
(	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	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	
ı	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	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		Х
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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 (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

## Form 990 (2015) Chattahoochee Riverkeeper Inc Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		X
Ł	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	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
ı	big 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	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
I	a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		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? <i>If 'Yes,' complete Schedule L, Part III.</i>	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):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
I	a A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	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		Х
31	•	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	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
ı	o 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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

# Form 990 (2015) 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 it Schedule C Contains a response of note to any line in this fact v			لللنا
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.   1 a	-		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Χ	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 17			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Χ
<b>b</b> If 'Yes' 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		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country: ►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		-
-			
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_	V	
services provided to the payor?	7 a	X	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	9 a		
a Did the sponsoring organization make any taxable distributions under section 4966?			ļ
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	-		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders			
112	-		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O.</i>	14 b		
BAA TEEA0105L 10/12/15	Form	1 <b>990</b> (	(2015)

Form 990 (2015) Chattahoochee Riverkeeper Inc 58-2095413 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. . . . . 21 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 ... 21 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?..... 8 b 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 > None 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

Suzette Taylor 916 Joseph Lowery Blvd NW

	Form <b>990</b> (2015)	Chattahoochee	Riverkeeper	Inc
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58-2095413

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

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

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

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

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	thar			(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other			
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) J Rutherford Seydel II	_ 1									
Director	0	X						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	Х						0.	0.	0.
(7) Gary Gaines	1	37						0	0	0
Director	0	Χ						0.	0.	0.
	1	37						0	0	0
Director	0	Χ						0.	0.	0.
	1 -	Х						0.	0.	0.
(10) Victor Haydel	1	Λ						0.	0.	0.
Director	1	Х						0.	0.	0.
(11) Hugo Hernandez	1	Λ						0.	0.	<u></u>
Director		Х						0.	0.	0.
(12) Bill Hoffman	1	21						0.	0.	<u> </u>
Director		Х						0.	0.	0.
(13) Richard J Jacobson	1									
Director	0	Χ						0.	0.	0.
(14) David Kirkpatrick	1									
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> (contin	nued)
	(B)			((	•							
(A) Name and title	Average hours per week	box	, unle	heck ss pe	erson directo	than is both or/trus	h an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from	amo	(F) stimated ount of oth	her
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	org ar	npensation the ganization of related panization and related panization	on d
			()			ed						
<u>(15)</u> <u>Jamie Pryor</u> <u>Director</u>	$-\frac{1}{0}$	Х						0.	0.			0.
(16) Mary Schrepfer	1_1_							0.	0.			
Director	0	Х						0.	0.			0.
<u>(17) Charles Smith</u> Director	$-\frac{1}{0}$	Х						0.	0.			0.
(18) Catherine Woodling	1											
Director (10) Marsa Arra Landau	0	Х						0.	0.			0.
(19) Mary Ann Lanier Director	$-\frac{1}{0}$	Х						0.	0.			0.
(20) Gerard Gunthert	1	21						0.				
Director	0	Х						0.	0.			0.
(21) Jeff Mokotoff	1	•										
Director	0	Χ						0.	0.			0.
(22) Jason Ulseth	$-\frac{40}{0}$			Х				74 040	0			0
Executive Dir. 0 (23) Juliet Cohen 40								74,049.	0.			0.
Executive Dir.   0   X   81,191.   0.									0.			
(24)												
(25)		-										
1 b Sub-total	ļ	ļ					<b>&gt;</b>	155,240.	0.			0.
c Total from continuation sheets to Part VII, Secti	on A						<b></b>	0.	0.			0.
d Total (add lines 1b and 1c)							<b></b>	155,240.	0.			0.
2 Total number of individuals (including but not limited	I to those I	isted	abov	ve) v	who	recei	ved		0 of reportable comp	ensatio	n	
from the organization • 0												
											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	ctor, or tru ch individu	stee, al	key	em	ıploy	/ee,	or h	nighest compensa	ted employee	. 3		Х
<b>4</b> For any individual listed on line 1a, is the sum o the organization and related organizations greate such individual	er than \$1	50,0	00?	If 'Y	∕es'	com	plet	e Schedule J for		. 4		Х
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e comper	satio	n fro	om : lule	any <i>J fo</i>	unre r suc	late	ed organization or	individual	. 5		Х
Section B. Independent Contractors	-									<u>I</u>	<u>.ll</u>	
Complete this table for your five highest compensation from the organization. Report comper	sated indessation for	epen the c	dent alen	cor	ntrad vear	ctors endi	tha ng v	it received more the title of the transfer of	nan \$100,000 of ganization's tax yea			
(A) (B)								(	<b>C)</b> ensatio	n.		
- Name and business add	1633							Description	JI SCIVICES	Compe		
2 Total number of independent contractors (including l	nut not lim	ited t	n tha	ا می	ister	laho	VE)	who received more	than			
\$100,000 of compensation from the organization			. u 10	.50 1			•0)	THE POSCIVOR HIGH	triuri .			

rai		Check if Schedule O contain		onse or note to any	y line in this Part VI	III		
					<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					
arai our		Membership dues		195,474.				
s, ( Am		Fundraising events						
Giff Ilar		Related organizations						
ns, Sim	е	Government grants (contributions)	. 1e	1,000.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, a similar amounts not included above	nd . <b>1 f</b>	2,893,683.				
iti Ot	q	Noncash contributions included in lines		310,457.				
Cor and	_	Total. Add lines 1a-1f	• •		3,090,157.			
				Business Code	37 33 37 23			
Program Service Revenue	2 a		[					
» Re	b							
γice	C							
Sel	d							
ram	e	All other program service reve						
rog		<b>Total.</b> Add lines 2a-2f		<b>&gt;</b>				
Д	÷	Investment income (including						
	3	other similar amounts)	····		183,478.			183,478.
	4	Income from investment of tax	k-exempt	bond proceeds►	= = = , = : = :			
	5	Royalties		▶				
		,	) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		(i) 9	ecurities	(ii) Other				
	7 a	Gross amount from sales of	5,230					
	<b>L</b>	, <u> </u>	73,230	•				
	D	Less: cost or other basis and sales expenses	9,357					
	С		4,127					
	d	Net gain or (loss)			-4,127.	-4,127.		
<u>o</u>	8 a	Gross income from fundraising	gevents					
en.		(not including\$						
lev		of contributions reported on lin	-					
λF	<b>L</b>	See Part IV, line 18 Less: direct expenses						
Other Revenue		Net income or (loss) from fund						
O		Gross income from gaming ac See Part IV, line 19	-					
		Less: direct expenses						
		Net income or (loss) from gan						
		Gross sales of inventory, less	-					
	ıva	and allowances		a				
	b	Less: cost of goods sold	1	b				
	С	Net income or (loss) from sale	es of inve					
	1-1	Miscellaneous Revenue		Business Code				
	11 a							
	b							
	۲. د	All other revenue						
		<b>Total.</b> Add lines 11a-11d	L	<u> </u>				
		<b>Total revenue.</b> See instruction			3,269,508.	-4,127.	0.	183,478.

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>(B)</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	155,244.	141,810.	2,239.	11,195.
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	624,957.	545,766.	48,649.	30,542.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	024,337.	343,700.	40,043.	30,342.
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	29,317.		22,565.	6,752.
Ŀ	<b>)</b> Legal	14,511.	14,472.	39.	
C	Accounting	5,700.		5,700.	
C	<b>1</b> Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.\$Ch. OAdvertising and promotion	376,106.	376,106.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	102,405.	85,342.	11,185.	5,878.
17	Travel	15,589.	14,153.	1,397.	39.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	,	·		
19	Conferences, conventions, and meetings	6,115.	6,085.	30.	
20	Interest	7,	3,000		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44,922.	44,922.		
23	Insurance	54,396.	46,731.	5,857.	1,808.
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	Donated Services	310,457.	310,457.		
	Capacity Campaign	118,239.	117,830.	409.	
C	Supplies	78,503.	74,148.	2,649.	1,706.
C	Merchandise	33,870.	18,952.		14,918.
e	All other expenses	128,832.	94,778.	14,412.	19,642.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	2,099,163.	1,891,552.	115,131.	92,480.
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	e in this Part X	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing				1	
	2	Savings and temporary cash investments			929,214.	2	1,748,522.
	3	Pledges and grants receivable, net			180,542.	3	68,001.
	4	Accounts receivable, net			2,445.	4	182,500.
S	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	officers, nployees	directors, s. Complete		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (a	as defined under		6	
	7	Notes and loans receivable, net				7	
šet	8	Inventories for sale or use		8			
Assets	9	Prepaid expenses and deferred charges		F-		9	
7	_	· · · ·					
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	760,729.			
	b	Less: accumulated depreciation		516,961.	204,338.	10 c	243,768.
	11	Investments – publicly traded securities			2,595,249.	11	2,563,339.
	12	Investments – other securities. See Part IV, line 11		<b> -</b>		12	
	13	Investments – program-related. See Part IV, line 11.		<b> -</b>		13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			3,795.	15	5,469.
	16	Total assets. Add lines 1 through 15 (must equal line	34)		3,915,583.	16	4,811,599.
	17	Accounts payable and accrued expenses			75,215.	17	15,906.
	18	Grants payable	·	18	·		
	19	Deferred revenue	32,115.	19	21,410.		
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability. Complete Part I		<u> </u>		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	l disqual	ified persons.		22	
⊐	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			25	
_	26	Total liabilities. Add lines 17 through 25			107,330.	26	37,316.
(h		Organizations that follow SFAS 117 (ASC 958), check he	re ►	X and complete			
ğ	_	lines 27 through 29, and lines 33 and 34.	_	_			
a	27	Unrestricted net assets			3,453,411.	27	3,463,139.
Ba	28	Temporarily restricted net assets.		-	354,842.	28	1,311,144.
P	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.					
3	30	Capital stock or trust principal, or current funds			30		
8	31	Paid-in or capital surplus, or land, building, or equipment	ent fund			31	
As	32	Retained earnings, endowment, accumulated income,	or other	funds		32	
fet	33	Total net assets or fund balances			3,808,253.	33	4,774,283.
	34	Total liabilities and net assets/fund balances			3,915,583.	34	4,811,599.

BAA Form **990** (2015)

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	3,2	69,5	508.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,09	99,1	L63.				
3	Revenue less expenses. Subtract line 2 from line 1	3			345.				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5 Net unrealized gains (losses) on investments. 5									
6 Donated services and use of facilities 6									
7	Investment expenses	7							
8	Prior period adjustments	8							
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	4,7	74.2	283.				
Pa	rt XII   Financial Statements and Reporting		, , , , , , , , , , , , , , , , , , ,	,					
	Check if Schedule O contains a response or note to any line in this Part XII				. П				
				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 reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a							
	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	ite							
	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?								
	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?									
	<b>b</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		3b						
BAA				990	(2015)				

- Company (2003)

#### **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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name o	of the organization					Employer identific	cation number				
Cha	ttahoochee Riverkeepe					58-209543					
Part							ctions.				
The o	rganization is not a private found	dation because it is: (	For lines 1 through 11,	check o	nly one	box.)					
1	A church, convention of church	nes, or association of cl	hurches described in <b>sec</b>	tion 1 <mark>70</mark> (	b)(1)(A)(	i).					
2	A school described in <b>section</b>	1 <b>70(b)(1)(A)(ii).</b> (Attach	Schedule E (Form 990 or	r 990-EZ)	).)						
3	A hospital or a cooperative h	nospital service organ	ization described in sec	ction 170	)(b)(1)(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).	Enter the hospital's				
	name, city, and state:										
5	An organization operated for the 170(b)(1)(A)(iv). (Complete	Part II.)		_	-		in section				
6											
7	in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	A community trust described			•							
9	An organization that normally from activities related to its exinvestment income and unre June 30, 1975. See section	empt functions — subje ·lated business taxabl <b>509(a)(2).</b> (Complete l	ct to certain exceptions, e income (less section Part III.)	and (2) r 511 tax)	o more t from bi	than 33-1/3% of its suppusinesses acquired by	port from gross				
10	An organization organized a	•	,	,		` ' '					
11	An organization organized a or more publicly supported or lines 11a through 11d that do	organizations describe	ed in <b>section 509(a)(1)</b> (	r sectio	n 509(a)	)(2). See section 509(	a)(3). Check the box in				
а											
b	Type II. A supporting organize management of the supporting must complete Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organiza	having control or tion(s). <b>You</b>				
С	Type III functionally integrated organization(s) (see instruction	. A supporting organizat	tion operated in connectio	n with, a	nd function	onally integrated with, its	supported				
d	Type III non-functionally integrated. The	rated. A supporting org	, ganization operated in co v must satisfy a distribu	nnection	with its s	supported organization(stands and an attentiveness	s) that is not s requirement (see				
	instructions). You must com	plete Part IV, Section	is A and D, and Part V.								
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writt	en determination from	the IRS	that it is	a Type I, Type II, Typ	oe III functionally				
	Enter the number of supported	, ,	11 3 3								
	Provide the following information	-									
9	(i) Name of supported	(ii) EIN	T	(iv)	s the	(v) Amount of monetary	(vi) Amount of other				
	organization	(4) = 111	(iii) Type of organization (described on lines 1-9 above (see instructions))	organizat in your g docur	ion listed overning	support (see instructions)	support (see instructions)				
				Yes	No						
-											
(A)											
<u>(B)</u>											
(C)											
(D)											
`											
<u>(E)</u>											
Total	E D		H ( F 000	200 53		Oalaa III A 25					
RAA	For Paperwork Reduction Act N	iotice, see the instruc	TUONS FOR FORM 990 OF S	クႸU-EZ.		Schedule A (For	m 990 or 990-EZ) 2015				

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

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

Section A. Public Support							
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,114,127.	1,227,858.	1,422,262.	1,635,119.	2,779,700.	8,179,066.
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	1,114,127.	1,227,858.	1,422,262.	1,635,119.	2,779,700.	8,179,066.
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)						1,457,295.
6	<b>Public support.</b> Subtract line 5 from line 4						6,721,771.
Sec	tion B. Total Support	T		1	1		
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
7	Amounts from line 4	1,114,127.	1,227,858.	1,422,262.	1,635,119.	2,779,700.	8,179,066.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	53,228.	43,190.	99,419.	161,009.	183,478.	540,324.
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.	-4,127.	102,673.
11	Total support. Add lines 7 through 10						8,822,063.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			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	blic Support B	orcontago				
	Public support percentage for 20						76.19%
	Public support percentage from					<u> </u>	75.64 %
16 a	16 a 33-1/3% support test − 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.						
b	b 33-1/3% support test — 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17 a	17a 10%-facts-and-circumstances test — 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part 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> r 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 ►

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

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

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) >	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<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.						
c	: Add lines 7a and 7b						
	<b>Public support.</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
10 a	Amounts from line 6						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here					
	tion C. Computation of Pul						
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •		•		
	Public support percentage from :					16	8
	tion D. Computation of Inv					ı	
	Investment income percentage f	•		-			
	Investment income percentage f					l l	
	33-1/3% support tests – 2015. If is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies	as a publicly supp	orted organizat	ion ▶
b	33-1/3% support tests — 2014. If line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz		-				

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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**

	5 5		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	165	140
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	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		
	<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4	a 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		
	<b>b</b> 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	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		
	<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
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 or 990-EZ)	8		
9	<b>a</b> 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		
	<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI</i>	9b		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9с		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
	<b>b</b> Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Par	t IV	Supporting Organizations (continued)			
11	∐ac ti	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sect	tion E	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
'	or election of the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ed to such powers during the tax year	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization	2		
Sect		C. Type II Supporting Organizations	<u>!</u>		1
		Mr. salka a 2 2 and a		Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sect	tion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did #h	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organ	iization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, organ	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the hization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported sization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By re	ason of the relationship described in (2), did the organization's supported organizations have a significant			
	voice all tim	in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this	s regard	3		
Sect	tion E	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	П	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Ħπ	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ıs).		
			,		
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
а	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported Initiations and explain</b> how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted that these activities.	2a		
		antially all of its activities	La		
b	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement.	2b		
_					
		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did theach	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	<u>ıniza</u> t	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovembe	er 20. 1970. <b>See instruct</b>	ions. All
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):	٠		
á	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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	grated	Type III supporting or	ganization

(see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2015

Par	t V   Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organiza	ations (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
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	ipported organizations.		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in $\textbf{Part VI}).$ See instructions			
7	<b>Total annual distributions.</b> Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions			
9	Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

BAA

Schedule **A** (Form 990 or 990-EZ) 2015

58-2095413

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### Part II, Line 10 - Other Income

Nature and Source	2015	2014	2013	2012	2011
Gain on Sale of Securitie					
	\$ -4,127.	\$ 48,907.	\$ 48,446.	\$ 9,447.	
Total	\$ -4,127.	\$ 48,907.	\$ 48,446.	\$ 9,447.	\$ 0.

#### 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

2015

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 priva	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the <b>General</b>	Rule or a Special Rule.	_
<b>Note.</b> Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-EZ property) from any one contributor. Comple	Z, or 990-PF that received, during the year, contributions tota te Parts I and II. See instructions for determining a contribut	ling \$5,000 or more (in money or or'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% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 ne year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	l6a, 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	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lit children or animals. Complete Parts I, II, and III.	rom any one contributor, erary, or educational
during the year, contributions exclusively fo \$1,000. If this box is checked, enter here the charitable, etc., purpose. Do not complete a	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contribution to total contributions that were received during the year for a gany of the parts unless the <b>General Rule</b> applies to this organole, etc., contributions totaling \$5,000 or more during the year	ons totaled more than n <i>exclusively</i> religious, nization because
990-PF), but it <b>must</b> answer 'No' on Part IV, lin	the General Rule and/or the Special Rules does not file Sche 2, of its Form 990; or check the box on line H of its Form 9 of iting requirements of Schedule B (Form 990, 990-EZ, or 99	990-EZ or on its Form 990-PF.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page

1 of

1 of Part I

Chattahoochee Riverkeeper Inc

Employer identification number

58-2095413

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	James M Cox Foundation 6205 Peachtree Dunwoody Road	\$400,000.	Person X Payroll 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
2	Turner Foundation		Person X Payroll
	133 Luckie Street 2nd Floor	\$260,000.	Noncash
	Atlanta, Ga 30303		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	The Kendeda Fund		Person X  Payroll
	122 Park Avenue	\$200,000.	Noncash
	Takoma Park, MD 20912		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number		(c) Total contributions	Type of contribution  Person X
Number	Name, address, and ZIP + 4  Robert W Woodruff Foundation	(c) Total contributions	Type of contribution
4	Name, address, and ZIP + 4  Robert W Woodruff Foundation	contributions	Person X Payroll
4	Name, address, and ZIP + 4  Robert W Woodruff Foundation  191 Peachtree ST Suite 3540	contributions	Person X Payroll Noncash  (Complete Part II for
4 (a)	Name, address, and ZIP + 4  Robert W Woodruff Foundation  191 Peachtree ST Suite 3540  Atlanta, Ga 30303  (b)	\$ 320,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
4 (a)	Name, address, and ZIP + 4  Robert W Woodruff Foundation  191 Peachtree ST Suite 3540  Atlanta, Ga 30303  (b)	\$ 320,000.	Type of contribution  Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)  (d)  Type of contribution  Person  Payroll  (Description)
4 (a)	Name, address, and ZIP + 4  Robert W Woodruff Foundation  191 Peachtree ST Suite 3540  Atlanta, Ga 30303  (b)	\$ 320,000.	Type of contribution  Person X  Payroll
(a) Number	Name, address, and ZIP + 4  Robert W Woodruff Foundation  191 Peachtree ST Suite 3540  Atlanta, Ga 30303  Name, address, and ZIP + 4	\$320,000.  (c) Total contributions	Type of contribution  Person X  Payroll

Page

1 to

1 of Part II

Chattahoochee Riverkeeper Inc

Name of organization

58-2095413

Employer identification number

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A		
<u></u>	 \$ 	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 <sup>\$</sup>	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u></u>	 \$ 	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$ 	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	  <sub>s</sub>	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u> </u>	<sub>\$</sub>	
	Description of noncash property given  Description of noncash property given	Description of noncash property given    Description of noncash property given   FMV (or estimate) (see instructions)

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Chattahoochee Riverkeeper Inc

58-2095413

Page 1 of Part III Name of organization Employer identification number

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc.,

contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..........▶\$

	Use duplicate copies of Part III if additional	space is needed.	,		
(a) No. from Part I		(c) Use of gift	(d) Description of how gift is held		
	N/A				
		(e) Transfer of gift			
	Transferee's name, addre	Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, addre	Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
No. from Part I	Purpose of gift	Use of gift	Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, addre	ranster of giπ ss, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addre	(e) Transfer of gift ss. and ZIP + 4	Relationship of transferor to transferee		
	h				

#### 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 its instructions is at www.irs.gov/form990.

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) or	organizations: Complete Part III.			
Name	e of organization			Employer identific	ation number
Ch	<u>attahoochee Riverke</u>	eeper Inc		58-209541	
Pa	-	rganization is exempt under secti	• •		zation.
1	·	organization's direct and indirect political of			
2	·			•	
_3					
Pa	•	rganization is exempt under secti	. ,,,		
1		cise tax incurred by the organization under			
2		cise tax incurred by organization managers			
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4	a Was a correction made?				Yes No
	<b>b</b> If 'Yes,' describe in Part IV.				
Pa		rganization is exempt under secti			
1	Enter the amount directly ex	spended by the filing organization for section	on 527 exempt function	on activities ►\$	
2		organization's funds contributed to other organ			
3	Total exempt function exper line 17b	nditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	<u> </u>
4		le Form 1120-POL for this year?			
5	organization made payment amount of political contribution	s and employer identification number (EIN) s. For each organization listed, enter the a ns received that were promptly and directly de al action committee (PAC). If additional spa	mount paid from the livered to a separate o	tiling organization's tun olitical organization, such	ds. Also enter the as a separate
	<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) 2015

Part II-A Complete if section 501(	hile organization	on is exempt under sec		illieu i Ollii 3700 (el	ection under			
		ngs to an affiliated group (and	list in Part IV each affilia	ated group member's name	9,			
address, EIN, expenses, and share of excess lobbying expenditures).								
B Check ► if the filing	ng organization che	ecked box A and 'limited cor	trol' provisions apply.					
(The term	Limits on Lobb 'expenditures' me	ying Expenditures ans amounts paid or incurr	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 lol	obying)					
		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 a	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 \$		\$175,000 plus 10% of the excess						
Over \$1,500,000 but not over \$ Over \$17,000,000	\$17,000,000	\$225,000 plus 5% of the excess o \$1,000,000.	ver \$1,500,000.					
	amount (enter 25%	ο 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)					
(Som	ne organizations th colum	at made a section 501(h) elens 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)	(a) 2012	bying Expenditures During (b) 2013	4-Year Averaging Peri	<b>(d)</b> 2015	(e) Total			
					(e) Total			
year beginning in)  2 a Lobbying nontaxable					(e) Total			
year beginning in)  2 a Lobbying nontaxable amount					(e) Total			
year beginning in)  2 a Lobbying nontaxable amount					(e) Total			
year beginning in)  2 a Lobbying nontaxable amount					(e) Total			
year beginning in)  2 a Lobbying nontaxable amount				(d) 2015	(e) Total			

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

(ciection under section 50 (in)).					
Connection New Journal on New 2 - House half helps a great his Don't New Artists of the conference	(a	)	(k	)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amo	ount	
1 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)?	Χ				
c Media advertisements?		Χ			
<b>d</b> 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?	Χ			32,00	00.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ			
i Other activities?		Χ			
j Total. Add lines 1c through 1i				32,00	00.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Χ			
<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					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
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(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) I answered 'Yes.'	c)(5), Part I	, or s II-A, l	ection 50 line 3, is	11(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.		2 b			
<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			
'	ŀ				

#### 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.

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

OMB No. 1545-0047

	Chattahoochee Riverkeeper In	nc			58-2095413
Pai	Organizations Maintaining Donor Complete if the organization answ	Advised Funds or Oth	er Similar Funds	or Acc	
	Complete if the organization arisw				
	Total months and advanta	(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 donor are the organization's property, subject to the o				
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit cimpermissible private benefit?	of the donor or donor adviso	, or for any other pur	pose cor	nferring
Pai	t II Conservation Easements.				
	Complete if the organization answ	ered 'Yes' on Form 990	), Part IV, line 7.		
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e.g., red	creation or education)	Preservation of a	historica	Illy important land area
	Protection of natural habitat		Preservation of a	certified	historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation cor	tribution in the form of	a conser	rvation easement on the
	last day of the tax year.	•	-		
					Held at the End of the Tax Year
	a Total number of conservation easements		L.	2 a	
	b Total acreage restricted by conservation easem		L L	2 b	
(	c Number of conservation easements on a certifie	ed historic structure included	in (a)	2 c	
(	d Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, a	nd not on a historic	2 d	
3	Number of conservation easements modified, transfer tax year ►	ferred, released, extinguished,	or terminated by the o	rganizatio	on during the
4	Number of states where property subject to conserv	vation easement is located >			
5	Does the organization have a written policy regard and enforcement of the conservation easement:	arding the periodic monitorins it holds?	g, inspection, handlin	ng of vio	lations, Yes No
6	Staff and volunteer hours devoted to monitoring, in: •	specting, handling of violations	s, and enforcing conser	vation ea	asements during the year
7	Amount of expenses incurred in monitoring, inspect ►\$	ting, handling of violations, an	d enforcing conservation	n easem	ents during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the re	equirements of section	n 170(h)	(4)(B)(i) 
9	In Part XIII, describe how the organization reports of include, if applicable, the text of the footnote to	conservation easements in its the organization's financial	revenue and expense s statements that desc	tatement ribes the	t, and balance sheet, and e organization's accounting for
_	conservation easements.	Cara A.A. Illaka da al	T	l C'.	
Pai	Organizations Maintaining Collec Complete if the organization answ	ered 'Yes' on Form 990	), Part IV, line 8.	ner Sir	nliar Assets.
1 8	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 furthe	stateme erance of	ent and balance sheet works of public service, provide,
I	b If the organization elected, as permitted under shistorical treasures, or other similar assets held for following amounts relating to these items:	public exhibition, education, c	r research in furtheran	ce of pub	lic service, provide the
	(i) Revenue included on Form 990, Part VIII, li				
	(ii) Assets included in Form 990, Part X				
	If the organization received or held works of art, his amounts required to be reported under SFAS 1	16 (ASC 958) relating to the	se items:		
	a Revenue included on Form 990, Part VIII, line 1				
1	Assets included in Form 990 Part X				►Ś

Part III Organizations Maintaining Coll	ections of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (continu	ed)
<b>3</b> Using the organization's acquisition, accession, a items (check all that apply):	and other records, check a	ny of the following that a	re a significant use of its	collection	
a Public exhibition	<b>d</b> Loan	or exchange programs			
<b>b</b> Scholarly research	e Other				
c Preservation for future generations	_	•			
4 Provide a description of the organization's collec Part XIII.	tions and explain how they	further the organization	's exempt purpose in		
5 During the year, did the organization solicit o to be sold to raise funds rather than to be ma	aintained as part of the o	rganization's collection	?	Yes	No
Escrow and Custodial Arranger line 9, or reported an amount or	<b>nents.</b> Complete if t n Form 990, Part X,	he organization an Iine 21.	swered 'Yes' on Fo	orm 990, Par	t IV,
1 a Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermediary	for contributions or oth	er assets not included	☐ Yes ☐	No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII					
				Amount	
c Beginning balance			1с		
<b>d</b> Additions during the year			1 d		
e Distributions during the year			1 e		
f Ending balance			1f		
2a Did the organization include an amount on Fo	orm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.	Check here if the explar	nation has been provide	ed on Part XIII		7
					<u> </u>
Part V Endowment Funds. Complete if	the organization an	swered 'Yes' on Fo	orm 990, Part IV, li	ne 10.	
(a) Currer	t year <b>(b)</b> Prior year	(c) Two years bac	k (d) Three years back	(e) Four years	s back
1 a Beginning of year balance					
<b>b</b> Contributions					
c Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
<b>g</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 quasi-endowment ▶	%				
<b>b</b> Permanent endowment ►	5				
c Temporarily restricted endowment ►	%				
The percentages on lines 2a, 2b, and 2c should	equal 100%.				
3 a Are there endowment funds not in the possessio	n of the organization that a	ero hold and administoro	d for the		
organization by:	in or the organization that a	ile field affu admiriisteret	a for the	Yes	No
(i) unrelated organizations				. 3a(i)	
(ii) related organizations				3a(ii)	
b If 'Yes' on line 3a(ii), are the related organization	ations listed as required of	on Schedule R?		. 3b	
4 Describe in Part XIII the intended uses of the	organization's endowme	ent funds.			
Part VI Land, Buildings, and Equipmen	ıt.				
Complete if the organization ans		n 990. Part IV. line	e 11a. See Form 99	0. Part X. li	ne 10.
Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book va	
Description of property	(investment)	basis (other)	depreciation	(u) BOOK VE	iiue
<b>1 a</b> Land	,	` .			
<b>b</b> Buildings					
c Leasehold improvements					
<b>d</b> Equipment					
<b>e</b> Other		760,729.	516,961.	243	,768.
Total. Add lines 1a through 1e. (Column (d) must e					,768.
5 (2.2.2 (2.7.1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		. ,,			<u> </u>

BAA Schedule **D** (Form 990) 2015

	Vector Form 990	N/A Deart IV line 11h See Form	990 Part Y line 12
Complete if the organization answered  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	
(1) Financial derivatives	(B) Book value	(C) Mothed of Variation. Cost of one	or your market value
(2) Closely-held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶	-		
Part VIII Investments - Program Related.	LIVI F 00/	N/A	000 David V 15 12
Complete if the organization answered  (a) Description of investment	(b) Book value	J, Part IV, line TTC. See Form  (c) Method of valuation: Cost or er	
	(b) Book value	(c) Method of Valuation: Cost of er	id-or-year market value
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	•		
Part IX Other Assets.	N/A		
Complete if the organization answered		0, Part IV, line 11d. See Form	
	escription		(b) Book value
<u>(1)</u> (2)			
(3)			
(4) (5)			
(4)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)			
(4) (5) (6) (7) (8) (9) (10)			
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (	B) line 15.)		
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (part X)  Other Liabilities.	· · · · · · · · · · · · · · · · · · ·		
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (part X)  Other Liabilities. Complete if the organization answered 'Yes' on the complete of the organization and the complete of the compl	Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X)  Other Liabilities.  Complete if the organization answered 'Yes' on (a) Description of liability	· · · · · · · · · · · · · · · · · · ·		
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' on B (a) Description of liability	Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (example)  Part X Other Liabilities. Complete if the organization answered 'Yes' on the equal income taxes (2) (3)	Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (part X)  Other Liabilities. Complete if the organization answered 'Yes' on some states (2) (3) (4)	Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on some second income taxes (2) (3) (4) (5)	Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on factorial income taxes (2) (3) (4) (5) (6)	Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on some states (2) (3) (4) (5) (6) (7)	Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on second (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (part X)  Complete if the organization answered 'Yes' on factorization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (part X)  Complete if the organization answered 'Yes' on factorial income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' on B (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Form 990, Part IV, line 1  (b) Book value		
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (part X)  Complete if the organization answered 'Yes' on factorial income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	Form 990, Part IV, line 1  (b) Book value	1e or 11f. See Form 990, Part X, line 2	25

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	3,064,593.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	5.	
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.		-204,915.
3 Subtract line 2e from line 1	. 3	3,269,508.
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.)		
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		3,269,508.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Retui	'n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	2,099,163.
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		
<b>c</b> Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.		
3 Subtract line 2e from line 1	. 3	2,099,163.
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	_	
b Other (Describe in Part XIII.)       4 b         c Add lines 4a and 4b	. 4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		2,099,163.

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) 2015

## SCHEDULE M (Form 990)

Name of the organization

**Noncash Contributions** 

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public Inspection

Chattahoochee Riverkeeper Inc

Employer identification number 58-2095413

Pai	rt I Types of Property		_			•		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(contrib	<b>i)</b> letermin oution a	ing mounts
1	Art — Works of art							
2	Art – Historical treasures							
3	Art — Fractional interests							•
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities – Publicly traded							
10	Securities — Closely held stock							
11	Securities – Partnership, LLC, or trust interests .							
12	Securities – Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other► ( )							
29	Number of Forms 8283 received by the organization du							
	organization completed Form 8283, Part IV, Donee	3 Acknowled	igement		29			
							Yes	No
30a	a During the year, did the organization receive by contrib							
	it must hold for at least three years from the date of					20.0		V
	for exempt purposes for the entire holding period?					30 a		X
	f 'Yes,' describe the arrangement in Part II.	y that racini	ros the review of any	ann standard contribution	one?	21		v
31		-	-		ז כו וע	31		X
	a Does the organization hire or use third parties or renoncash contributions?					32 a		Х
	f 'Yes,' describe in Part II.							
33	If the organization did not report an amount in column describe in Part II.	(c) for a type	e of property for which o	column (a) is checked,				

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

Schedule M (Form 990) (2015)

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

**BAA** TEEA4602L 05/28/15 Schedule **M** (Form 990) (2015)

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### 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.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

Chattahoochee Riverkeeper Inc

58-2095413

#### **Capacity & Capital Building Campaign**

In 2015, CRK launched a three-year capacity and capital building campaign to invest additional resources in engagement, education and enforcement programs. A signature component of the campaign is the lauch of a second floating classroom on West Point Lake. CRK set a goal for this campaign of \$2,000,000. During 2015, CRK raised \$1,339,800 or 67% of this \$2,000,000 goal.

#### 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 lakes, 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 2015, the largest program area was CRKs community outreach and stewardship projects, which reached more people than ever before adding 1,200 new members to the organization. CRK distributed 558 rain barrels and reached more than 1,9000 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, Member Celebration, outings and other events where over 5,000 people attended. We engaged 800 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 18 tons of trash removed from waterways and 2 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 14 student interns.

Name of the organization

Chattahoochee Riverkeeper Inc

58-2095413

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

In 2015, the second largest program area was CRKs water monitoring projects, which have grown exponentially in the past five years with more samples taken, processed and analyzed than ever before 2,500 water samples were taken by 80 volunteers at 113 urban stream locations as part of our Neighborhood Water Watch Program. This effort led to 11 major sewer spills being identified and stopped. In addition, we completed six years of nutrient monitoring at ten locations on Lake Lanier, collecting 91 samples annually. We also completed the second 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 928 Adopt-A-Stream demonstrations. We answered 208 Citizen Hotline calls, conducted 62 field investigations, which resulted in 12 enforcement actions. We assisted 51 industrial facilities comply with a storm water permit to stop industrial storm water from polluting streams.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

The prepared Form 990 will be reviewed by the Executive Director and Operations Manager. They will then provide the Form 990 to the Board Finance Committee who will review the 990. The Board Finance Committee will then present the Form 990 to 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

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

Figure 3921 Parto a bine 153 the means tien Review & Approval Process in 250 & Top Management rests. 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 15b - Compensation Review & Approval Process - Officers & Key Employees

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.

<u> </u>	
Name of the organization	Employer identification number
Chattahoochee Riverkeeper Inc	58-2095413

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

		(A)	(B)	(C)	(D) Fund-
	_	Total	Program <u>Services</u>	Management <u>&amp; General</u>	raising
Marketing Outreach Water Quality Water Quantity	_	91,024. 222,403. 22,048. 40,631.	91,024. 222,403. 22,048. 40,631.		
_	Total 🕏	376,106.	\$ 376,106.	\$ 0.	\$ 0.