Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For th	ne 2018 calen	dar year, or tax year	beginr	ning		, 20	18, and endi	ng		,		
В	Check i	f applicable:	С							D Emplo	yer identif	ication num	ber
	Ad	dress change	Chattahooche	e Riv	zerkeepe	er Inc				58-	20954	113	
	Na	ime change	916 Joseph L							E Teleph	one numbe	er	
		tial return	Atlanta, GA							404	-352-	-9828	
		al return/terminated							404-352-9828				
		nended return								G Gross	receints \$	2 1	042,081.
	\vdash	plication pending	F Name and address of	nrincinal	officer:				H(a) Is this	a group retu			Yes X No
		plication pending	Same As C Abo						` '	I subordinate " attach a lis		<u> </u>	Yes No
_	Tay	exempt status:		(c) () ∢ (ir	nsert no.)	4947(a)(1	or 527	If "No,	," attach a lis	t. (see inst	tructions)	J
<u>'</u>			w.chattahooch			13611 110.)	4347 (a)(1	327	IIV-> Croun	exemption r	mahar 🕨		
K		of organization:	X Corporation Trus		Association	Other ►		L Year of forma				gal domicile	
Pa				Sī	ASSOCIATION	Other		L Year of forma	tion: 199	4 141	State of le	gai domicile	: GA
Га	<u>ru i</u> 1	Summar Briefly descri	y ho the organization's	micci	on or most o	cianificant :	activitios:		1 1 0				
	ı	Differily descri	be the organization's			significant (activities.	<u>See Sche</u>	<u>dule O</u>				
Governance													
nar													
ver	2	Check this bo	ox ► if the organ	nization	discontinu	ed its oper	ations or d	isposed of m	ore than 2	25% of its	net ass	ets.	
Go			oting members of the										24
જ			dependent voting me								4		24
ties			of individuals emplo								5		25
Activities &			of volunteers (estim								6		1,159
Ac			ed business revenue								7a		0.
	b	Net unrelated	I business taxable in	come f	rom Form 9	90-T, line	38				7b		0.
	_	0			41.					Prior Year			ent Year
e			and grants (Part VII							2,068,	833.	1,	779,561.
Revenue		-	vice revenue (Part VI							100	271		000 071
₹ev			ncome (Part VIII, column		•					199,371.			220,371.
_			e (Part VIII, column e – add lines 8 throu							2,268,	204	1	000 022
			imilar amounts paid									Ι,	999,932.
			·	•		-	•			218,	000.		16,818.
										0.00	244	1	101 046
es										890,	344.	⊥,	121,046.
Expenses		b Total fundraising expenses (Part IX, column (A), line 11e)											
xbe	b	Total fundrais	sing expenses (Part	IX, colι	ımn (D), lin	e 25) 🟲		163,863.					
ш		•	ses (Part IX, column							1,375,	643.	1,	400,837.
	18	Total expense	es. Add lines 13-17 ((must e	qual Part Ιλ	K, column ((A), line 25)		2,483,	987.	2,	538,701.
		Revenue less	expenses. Subtract	line 18	3 from line 1	12				-215,	783.	_	538,769.
or ces										ng of Curre	nt Year	End	of Year
Net Assets Fund Balanc			(Part X, line 16)							4,944,		4,	211,009.
t As Id B	21	Total liabilitie	s (Part X, line 26)							136,	679.		30,823.
Fun	22	Net assets or	fund balances. Sub	tract lir	ne 21 from I	ine 20				4,807,	651.	4,	180,186.
Pa	rt II	Signatur	e Block										
Unde	r penalt	ties of perjury, I de	eclare that I have examined	this retur	n, including acc	companying sc	hedules and s	atements, and to	the best of r	ny knowledge	e and belie	f, it is true,	correct, and
com	olete. De	eciaration of prepa	arer (other than officer) is ba	ased on a	iii information o	t which prepar	er nas any kno	wieage.	-				
		.											
Sig	ın	Signatu	re of officer						D	ate			
He	re		iet Cohen						Exec	utive	Direc	tor	
			print name and title							, ,			
			oreparer's name		Preparer's sign			Date		Check	 "	PTIN	
Pai	id	Jim Lu	ınsford		Jim Lun	sford				self-employ	/ed I	200568	479
Pre	pare	Firm's name	J Lunsfor							_			
Us	ė On	ly Firm's addre								Firm's EIN	33 -	09960	10
			Kennesaw,							Phone no.	7702	620745	
May	tha I	PS discuss th	is return with the nre	anarar	chown abov	102 (caa in	structions)		<u> </u>			Y Voc	No

Par	i III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	X
1	-	y describe the organization's mission:	
	<u>See</u>	Schedule 0	
2	Did the	e organization undertake any significant program services during the year which were not listed on the prior	
	Form	990 or 990-EZ?	No
		s," describe these new services on Schedule O.	
3	Did th	he organization cease conducting, or make significant changes in how it conducts, any program services?	No
		s," describe these changes on Schedule O.	
4			242
•	Section	ribe the organization's program service accomplishments for each of its three largest program services, as measured by expension 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensions if any, for each program service reported.	es,
	and re	evenue, if any, for each program service reported.	
4 a	(Code	e:) (Expenses \$1,148,970. including grants of \$) (Revenue \$)
	In 2	2018, the second largest program area was water monitoring, which encompasses of	ur
	urba	an stream monitoring as well as river and lake water quality testing. Through o	ur
		ghborhood Water Watch program we tested and analyzed 4,586 water samples and	
		ntified and stopped 12 major sewer spills. We also collected and processed 107	
		e samples for nutrient levels, and 150 river samples for bacteria pollution in	the
	Chai	ttahoochee River National Recreation Area	
	CIIa		
4 b		e:) (Expenses \$951,490. including grants of \$) (Revenue \$)
	<u>In</u> 2	2018, the largest program area was community outreach and stewardship projects,	
	whi	ch includes our outings, festivals, trash cleanups, rain barrel workshops and	
	more	e. We mobilized 1,159 volunteers to remove 32 tons of trash and tires from the	
	wate	ershed, recycling 2.5 tons. In addition, we engaged 348 people on the water for	a
		dling experience to see firsthand the river resource. Hundreds more attended ou	
		er, film and music festivals to celebrate the river and inspire environmental	
		wardship. Additionally, we distributed 598 rain barrels many having accompanied	
		kshop to learn about water supply and water conservation themes. We also trained	
		interns through the course of the year.	<u> </u>
4	(Codo	e:) (Expenses \$ 124,839, including grants of \$) (Revenue \$	
4 C	(Code		
		2018, the third largest program area is CRK?s floating classroom program, which	
		ludes the Lake Lanier and West Point Lake programs. The floating classrooms	
		cate students on board our vessels about watershed pollution, conservation,	
	<u>sci</u>	ence and more. In 2018, 8,548 students and teachers participated in the floating	<u>g</u>
	<u>cla</u> :	ssroom programs. Half of that number participated via a scholarship program.	
		·	
4 d	Other	program services (Describe in Schedule O.)	
	(Expe		
10		nrogram service expenses > 2 225 200	

			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? <i>If 'Yes,' complete Schedule D, Part Il</i>	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? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	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
c	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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
	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (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		X
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		X
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	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	

Form 990 (2018) Chattahoochee Riverkeeper Inc Part IV Checklist of Required Schedules (continued)

			Yes	No
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	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L. Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			· L
1 :	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	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			
ЗАА	(gambling) winnings to prize winners? TEEA0104L 08/03/18	1 c	X 1 990 ((2018)
, m	1	I OHI	1 220 (20101

Form 990 (2018) Chattahoochee Riverkeeper Inc

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 8	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 25			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ŀ	1 If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>	3 b		
4 8	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
ŀ	a 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).			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	a 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
ŀ	a 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).			
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	Х	
	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 a	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.5	- 11	
	Form 8282?	7с		X
	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
	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		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	_		
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a 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.			
ł	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			
(Enter the amount of reserves on hand			
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ŀ	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
10		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		^

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. 24 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 ... 24 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **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? 10b 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 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 > GΑ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 X 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

Juliet Cohen 916 Joseph Lowery Blvd NW

Form 990 (2018)	Chattahoochee	Riverkeeper	Inc

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	director/trustee)						(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									
Chairman	0	Х						0.	0.	0.
(2) David A Shaffer	1							_		
Treasurer	0	X						0.	0.	0.
(3) Steve O'Day	1									
Secretary	0	X						0.	0.	0.
(4) Rebecca Cranford	1									
Director	0	Χ						0.	0.	0.
(5) Hezekiah Cannady	1									
Director	0	Χ						0.	0.	0.
_(6) Denise Donahue	1									
Director	0	Х						0.	0.	0.
_(7)_Billy_Hall	1									
Director	0	Χ						0.	0.	0.
_(8)_Victor_Haydel	_ 1							_		_
Director	0	Х						0.	0.	0.
_(9) Felicia Davis	1									
Director	0	Χ						0.	0.	0.
(10) Richard J Jacobson	1									
Director	0	Х						0.	0.	0.
(11) David Kirkpatrick	_ 1							_		
Director	0	Х						0.	0.	0.
(12) Jamie Pryor	1									
Director	0	Х						0.	0.	0.
(13) Mary Schrepfer	1									
Director	0	Х						0.	0.	0.
(14) Catherine Woodling	1									
Director	0	Х						0.	0.	0.

Part VI	Section A. Officers, Directors, Tru		Key	Em			es,	and	d Highest Com	pensated Emp	loyee	5 (conti	nued)
		(B)			•	C)							
	(A) Name and title	Average hours per week	offi	, unle cer ar	ess pend a	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amo	(F) stimated unt of oth npensation	ther
		(list any hours for related organiza - tions below dotted	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	org ar	from the ganizatio nd related janization	on d
		line)		ee			ated						
	ry Ann Lanier rector	1	X						0.	0.			0.
	rard Gunthert	1	Λ						0.	0.			<u> </u>
	rector	0	Х						0.	0.			0.
	ff Mokotoff	1											
Vio	ce President	0	X						0.	0.			0.
(18) Le	e_Chadwick	11											
	rector	0	X						0.	0.			0.
	<u>rt Ellis</u>	1											
	rector	0	X						0.	0.			0.
	<u>rk_Greatrex</u>	1											•
	rector	0	X	H					0.	0.			0.
	ssica <u>Grimes</u> rector	1	Х						0.	0.			0.
	ura A Smith	1	Λ	\vdash					0.	0.			<u> </u>
	rector		Х						0.	0.			0.
	yan Jenkins	1	21						Ŭ.	<u> </u>			
	rector	0	Χ						0.	0.			0.
(24) Dai	niel Locke	1											
	rector	0	Х						0.	0.			0.
	hn_Radtke	1											
_	rector	0	X						0.	0.			0.
1 b Sub									0.	0.			0.
	al from continuation sheets to Part VII, Sectional (add lines 1b and 1c)							•	180,612.	0.			0.
	I number of individuals (including but not limited					who	recei	ved	180,612.	• • •	ensatio	n	0.
	the organization • 0	10 111030 1	15100	abo	vc)	**110	10001	vcu	111010 (11011 \$100,00	o or reportable comp	onsatio		
-												Yes	No
3 Did on li	the organization list any former officer, directine 1a? If 'Yes,' complete Schedule J for suc	tor, or tru h <i>individu</i>	stee. ıal	, key	y en	nplo	yee,	or h	nighest compensa	ted employee	. 3		Х
the o	any individual listed on line 1a, is the sum of organization and related organizations greated in the list of the	er than \$1	50,0	00?	If '\	es,	' con	ıple	te Schedule J for		4		v
5 Did	h <i>individual</i> any person listed on line 1a receive or accruservices rendered to the organization? <i>If 'Yes</i>	e comper	satio	on fr	om	anv	unre	late	ed organization or	individual			X
	B. Independent Contractors	i, compic		<i>71100</i>	iaic	3 10	7 340	лгρ	C13011		. •		
1 Com	nplete this table for your five highest compen- pensation from the organization. Report compen	sated indessation for	epen the c	dent alen	t coi dar	ntra year	ctors endi	tha	It received more the vith or within the or	nan \$100,000 of ganization's tax year			
(A) Name and business address (B) Description of services										C) ensatio	 on		
	Loumber of independent contractors (include: 1	المصاري	itaali	O 11-	201	lict-	ا ماد ۰	\(c\	who received	thon			
	I number of independent contractors (including b 0,000 of compensation from the organization		nea t	ט נווכ	use I	แรเย(ı aDO	ve)	who received more	uidii			

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

ame of the Organization Employler Identification number

Chattahoochee Riverkeeper Inc 58-2095413 Part VII Continuation: Officers, Directors, Trustees, Key Employees, and **Highest Compensated Employees** (C) (D) (F) (E) Position (check all that apply) Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from Estimated amount of other Name and Title Average Individual to or director Average hours per week (list any hours for related organiza-tions Officer Highest compensated Institutional trustee employee Former compensation from the organization and related organizations the organization (W-2/1099-MISC) y employee l trustee below dotted line) Jason Ulseth 40 Executive Dir. 0 88,029. 0. 0. Juliet Cohen 40 Executive Dir. 0 Χ 92,583. 0. 0.

Form 990 (2018) Chattahoochee Riverkeeper Inc 58-2095413 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (A) Total revenue (B) (D) Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c **d** Related organizations..... 1 d e Government grants (contributions) 1 e 48,855 **f** All other contributions, gifts, grants, and similar amounts not included above . . . 730,706 g Noncash contributions included in lines 1a-1f: \$ 88,636 h Total. Add lines 1a-1f 1,779,561 **Business Code** Program Service Revenue b f All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest and 209,567 209,567 Income from investment of tax-exempt bond proceeds... Royalties..... (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 52,953 **b** Less: cost or other basis and sales expenses 42,149 c Gain or (loss)..... 10,804. d Net gain or (loss)..... 10,804 10,804 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18..... **b** Less: direct expenses **b** c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses b c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold..... **b** c Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Business Code** c **d** All other revenue

999

10,804

0

209,567

Part IX | Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

-000	Check if Schedule O contains a re				X
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,818.	16,818.		
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 5	Benefits paid to or for members	180,613.	153,214.	9,752.	17,647.
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	940,433.	797,771.	50,775.	91,887.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	310, 133.	131,111.	30,773.	31,007.
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
;	Management				
) Legal	3,016.	2,627.	389.	
	Accounting	, , , , , , , , , , , , , , , , , , , ,	, -		
(1 Lobbying				
	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.)				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	119,741.	98,216.	13,049.	8,476.
17	Travel.	8,688.	7,688.	815.	185.
18	Payments of travel or entertainment	0,000.	7,000.	013.	103.
10	expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,161.	13,960.	949.	252.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	75,040.	75,040.		
23	Insurance	117,842.	104,744.	5,951.	7,147.
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.)				
i	Capacity Campaign	305,261.	298,563.		6,698.
	Consulting	237,179.	211,284.	13,236.	12,659.
	Uncollected Cap Cam Pldg	136,070.	136,070.	10,100	
	Supplies	111,634.	102,714.	7,368.	1,552.
	All other expensesSeeSchO	271,205.	206,590.	47,255.	17,360.
	Total functional expenses. Add lines 1 through 24e	2,538,701.	2,225,299.	149,539.	163,863.
-	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).	_,,	_,,		
DAA					F 000 (0010)

3 Piedges and grants receivable, net			Check if Schedule O contains a response or note to any line in this Part X			
2 Savings and temporary cash investments. 1,173,577, 2 510,215				(A) Beginning of year		(B) End of year
3 Piedges and grants receivable, net		1	Cash – non-interest-bearing		1	
A Accounts receivable, net		2	Savings and temporary cash investments	1,173,577.	2	510,215.
Solution		3	Pledges and grants receivable, net		3	
1		4	Accounts receivable, net	267,300.	4	20,025.
section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501c(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L		5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
8 Inventories for sale or use. 8 9 Prepaid expenses and deferred charges. 9 Prepaid expenses and deferred charges. 9 10a 1,152,225. 10b 733,098. 308,385. 10c 419,127 10b 733,098. 308,385. 10c 419,127 11 Investments – publicity traded securities. 10b 733,098. 308,385. 10c 419,127 11 Investments – program-related. See Part IV, line 11. 12 13 Investments – program-related. See Part IV, line 11. 13 14 Intangible assets. 14 15 15 Other assets. See Part IV, line 11. 550. 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34). 4,944,330. 16 4,211,009 17 Accounts payable and accrued expenses 136,679. 17 30,823 18 Grants payable and accrued expenses 136,679. 17 30,823 18 Grants payable and accrued expenses 136,679. 17 20 Tax-exempt bond liabilities. 20 20 Tax-exempt bond liabilities. 20 20 Tax-exempt bond liabilities. 20 21 22 Loans and other payables to current and former officers, directors, trustees, keep employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties. 23 24 Unsecured notes and loans payable to unrelated third parties. 23 24 Unsecured notes and loans payable to unrelated third parties. 24 25 Total liabilities. Add lines 17 through 25. 30,823 25 25 25 25 26 26 27 27 27 27 27 27		6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
10a Land, buildings, and equipment: cost or other basis.	ţ	7			7	
10a Land, buildings, and equipment: cost or other basis.	Se	8	Inventories for sale or use		8	
b Less: accumulated depreciation.	As	9	Prepaid expenses and deferred charges		9	
b Less: accumulated depreciation.		10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
1		b	Less: accumulated depreciation	308,385.	10 c	419,127.
12 Investments — other securities. See Part IV, line 11.					11	
13 Investments — program-related. See Part IV, line 11.		12	· · · ·	- / /	12	0,202,0121
14 Intangible assets. 14 15 Other assets. See Part IV, line 11. 550. 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34). 4,944,330. 16 4,211,009 17 Accounts payable and accrued expenses 136,679. 17 30,823 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties. 23 24 Unsecured notes and loans payable to unrelated third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities on tincluded on lines 17-24). Complete Part X of Schedule D. 25 25 25 25 25 25 25 2		13	Investments – program-related. See Part IV, line 11		13	
15 Other assets. See Part IV, line 11. 550, 15 16 Total assets. Add lines 1 through 15 (must equal line 34). 4,944,330, 16 4,211,009 17 Accounts payable and accrued expenses 136,679, 17 30,823 18 Grants payable 18 19 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 22 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 26 Total liabilities. Add lines 17 through 25. 136,679, 26 30,823 27 Unrestricted net assets. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here 30 April 10		14	, -		14	
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17		16			16	4.211.009
18 Grants payable 18 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties. 23 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities. Add lines 17 through 25. 25 Total liabilities. Add lines 17 through 25. 136, 679. 26 30, 823 25 Total liabilities. Add lines 17 through 25. 136, 679. 26 30, 823 27 4, 053, 564 28 Temporarily restricted net assets. 4, 299, 228. 27 4, 053, 564 28 Temporarily restricted net assets. 4, 299, 228. 27 4, 053, 564 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 4, 807, 651. 33 4, 180, 186 4, 807, 651. 33 4, 180, 186 4, 807, 651. 33 4, 180, 186 4, 807, 651. 33 4, 180, 186 4, 807, 651. 33 4, 180, 186 4, 807, 651. 34 4, 180, 186 4, 807, 651. 34 4, 180, 186 4, 807, 651. 34 4, 180, 186 4, 807, 651. 34 4, 180, 186 4, 807, 651. 34 4, 180, 186 4, 807, 651. 34 4, 180, 186 4, 807, 651. 34 4, 180, 186 4, 807, 651. 34 4, 180, 186 4, 807, 651. 34 4, 180, 186 4, 807, 651. 34 4, 180, 186 4, 807, 651. 34 4, 180, 186 4, 807, 651. 34 4,		17	Accounts payable and accrued expenses			30,823.
20 Tax-exempt bond liabilities 20		18	Grants payable		18	, , , , , , , , , , , , , , , , , , , ,
21 Escrow or custodial account liability. Complete Part IV of Schedule D		19	Deferred revenue		19	
23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here \times 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 30 Total net assets or fund balances. 4,807,651. 33 4,180,186		20	Tax-exempt bond liabilities		20	
23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here \times 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 29 Organizations that do not follow SFAS 117 (ASC 958), check here \times 30 Total net assets or fund balances. 4,807,651. 33 4,180,186	es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
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The properties of the propert	ces		lines 27 through 29, and lines 33 and 34.			
28 Temporarily restricted net assets. 508, 423. 28 126, 622 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 30 and complete lines 30 through 34. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 4,807,651. 33 4,180,186 34 Total liabilities and net assets/fund balances. 4,944,330. 34 4,211,009	ā	27		-/	27	4,053,564.
Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. Total liabilities and net assets/fund balances. 29 30 4,807,651. 31 4,180,186 4,944,330. 4,211.009	Bal	28			28	126,622.
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34,807,651. 35 4,180,186 36 4,944,330. 36 4,211.009	ᅙ	29	Permanently restricted net assets.		29	
30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances. 36 Total liabilities and net assets/fund balances. 37 Total liabilities and net assets/fund balances. 38 Total liabilities and net assets/fund balances. 39 Total liabilities and net assets/fund balances. 30 Total liabilities and net assets/fund balances.	or Fur					
Paid-in or capital surplus, or land, building, or equipment fund	9	30	Capital stock or trust principal, or current funds		30	
32 Retained earnings, endowment, accumulated income, or other funds. 32 33 Total net assets or fund balances. 4,807,651. 33 4,180,186 34 Total liabilities and net assets/fund balances. 4,944,330. 34 4,211.009	Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
33 Total net assets or fund balances 4,807,651. 33 4,180,186 34 Total liabilities and net assets/fund balances 4,944,330. 34 4,211,009	AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
34 Total liabilities and net assets/fund balances. 4,944,330. 34 4,211,009	et	33	Total net assets or fund balances	4,807,651.	33	4,180,186.
	~	34	Total liabilities and net assets/fund balances.	4,944,330.	 	4,211,009.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI.							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	, 999	9,9	32.		
2	Total expenses (must equal Part IX, column (A), line 25).	2	2	, 538	3,7	01.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-538	3,7	69.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	, 80	7,6	51.		
5	Net unrealized gains (losses) on investments	5		-88	3,6	96.		
6 Donated services and use of facilities								
7 Investment expenses								
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	, 180	0.1	86.		
Pa	rt XII Financial Statements and Reporting	-			- , _			
	Check if Schedule O contains a response or note to any line in this Part XII							
	Officer in Octional Octional and a response of mote to any fine in this rail Air.					No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				C3	140		
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?		2	2a		Χ		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a						
	b Were the organization's financial statements audited by an independent accountant?		2	2 b	Χ			
	If 'Yes.' check a box below to indicate whether the financial statements for the year were audited on a separa							
	basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
•	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?		2	2 c	Х			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?								
I	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		3	3 b				
BAA	TEEA0112L 08/03/18		Fo	rm 9	90 (2	2018)		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number Chattahoochee Riverkeeper Inc 58-2095413 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Section A. Public Support										
begiı	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,635,119.	2,779,700.	1,721,296.	2,033,284.	1,690,925.	9,860,324.			
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.			
	Total. Add lines 1 through 3 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)	1,635,119.	2,779,700.	1,721,296.	2,033,284.	1,690,925.	9,860,324.			
6	Public support. Subtract line 5 from line 4						8,118,116.			
Sec	tion B. Total Support			•	•	•	,			
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017 (e) 2018		(f) Total			
7	Amounts from line 4	1,635,119.	2,779,700.	1,721,296.	2,033,284.	1,690,925.	9,860,324.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	161,009.	183,478.	155,451.	166,338.	209,567.	875,843.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on		200, 2101	200,002		===,====	0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	48,907.	-4,127.	41,347.	33,033.	10,804.	129,964.			
11	Total support. Add lines 7 through 10						10,866,131.			
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.			
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ □			
Sec	tion C. Computation of Pu	blic Support P	ercentage							
	Public support percentage for 20 Public support percentage from						74.71 %			
	33-1/3% support test—2018. If t and stop here. The organization	he organization di	id not check the b	oox on line 13. an	d line 14 is 33-1/3	B% or more, check	72.09 % this box			
b	33-1/3% support test—2017. If the and stop here. The organization	ne organization did	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box			
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	r e. Explain in Parl	VI how			
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an Private foundation. If the organization meets the organization organization organization.	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Part ed organization.	t VI how the▶			

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

(Complete only if you checked the box on line 10 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	osts fisted selett,	prodes semprete :	u. (11.)			
Calend	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	.,					7
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				1		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
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 2					16	0/0
	tion D. Computation of Inv					1 1	
17	Investment income percentage for	•	• • •	-			0,0
18	Investment income percentage fi						%
	33-1/3% support tests—2018. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	▶ ∐
	33-1/3% support tests—2017. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. The	e organization qu	ialifies as a public	ly supported organ	nization ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was			
32	described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	2		
	and (c) below.	3a		
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 Part VI 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 Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI 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 Part VI 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		
5a	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 Part VI , 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	• Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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	6		
_	the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	•		
,	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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		
9a	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))?	0-		
b	If 'Yes,' provide detail in Part VI . 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? If 'Yes,' provide detail in Part VI .	9a 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 Part VI .	9c		
10a	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.			
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.)	10a 10b		

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

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain in st complete Sections A	n Part VI). See through E.
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):			
7	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		
•	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	Distributable Amount. 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 integrated (see instructions).	egrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2018

BAA

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D — Distributions							
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			
PAA		Schodulo A (Fo	rm 990 or 990 E7) 2019

BAA

Schedule A (Form 990 or 990-EZ) 2018

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	2018	2017	2016	2015	2014
Gain on Sale of Securities \$ Total \$	10,804. 10,804.		\$ 41,347. \$ 41,347.		\$ 48,907. \$ 48,907.

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

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 not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Genera	I Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or (10) organized	anization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-E2	Z, or 990-PF that received, during the year, contributions total	aling \$5,000 or more (in money or
property) from any one contributor. Comple	te Parts I and II. See instructions for determining a contribu	tor's total contributions.
Special Rules		
X For an organization described in section 50 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,	ort test of the regulations
received from any one contributor, during t	he year, total contributions of the greater of (1) \$5,000; or (2 0-EZ, line 1. Complete Parts I and II.	2) 2% of the amount on (i)
Form 990, Part VIII, line III; or (II) Form 99	0-EZ, line 1. Complete Parts I and II.	
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 exclusively for religious, charitable, scientific, li	from any one contributor,
during the year, total contributions of more purposes, or for the prevention of cruelty to	than \$1,000 <i>exclusively</i> for religious, charitable, scientific, li children or animals. Complete Parts I (entering 'N/A' in coli	terary, or educational umn (b) instead of the
contributor name and address), II, and III.	on an incomplete rate randomy	2 (2)
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received	from any one contributor.
during the year, contributions exclusively for	or religious, charitable, etc., purposes, but no such contribution	ons totaled more than
	ne total contributions that were received during the year for a	
	ny of the parts unless the General Rule applies to this organ ple, etc., contributions totaling \$5,000 or more during the yea	
it received <i>nonexclusively</i> religious, charten	stor, occur, contains attenting to pool of more during the year	
Caution: An organization that isn't covered by	the General Rule and/or the Special Rules doesn't file Sched	lule B (Form 990, 990-EZ, or
Part I, line 2, to certify that it doesn't meet the	ne 2, of its Form 990; or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 990	990-E∠ or on its form 990-PF, 0-PF).

Contodato	_ (. 01111	550,	,,,	,	٥.	,,,	٠.	,	(-0	. 0
Name of org	aniza	ation									

Chattahoochee Riverkeeper Inc

Employer identification number

58-2095413

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	James M Cox Foundation 6205 Peachtree Dunwoody Road	\$ 100,000.	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
		\$ <u>54,500.</u>	Person X Payroll Noncash (Complete Part II for
(a) Number	Brunswick, Ga 31520 (b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
	Turner Foundation 133 Luckie Street 2nd Floor Atlanta, Ga 30303	\$120 <u>,</u> 000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	Nome address and ZID + 4	(c) Total	(d)
Number	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	Hampshire Foundation	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
4	Hampshire Foundation 6295 Greenwood Plaza Blvd	\$50,000.	Person X Payroll Noncash (Complete Part II for
4 (a) Number	Hampshire Foundation 6295 Greenwood Plaza Blvd Greenwood Village, CO 80111 (b)	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
4 (a) Number	Hampshire Foundation 6295 Greenwood Plaza Blvd Greenwood Village, CO 80111 Name, address, and ZIP + 4 Alice H. Richards Charitable Fund 807 S Park St	\$50,000.	Person X Payroll
(a) Number 5 (a) Number	Hampshire Foundation 6295 Greenwood Plaza Blvd Greenwood Village, CO 80111 Name, address, and ZIP + 4 Alice H. Richards Charitable Fund 807 S Park St Carrollton, Ga 30117	\$50,000. (c) Total contributions \$37,500.	Person X Payroll

Employer identification number

Chattahoochee Riverkeeper Inc

58-2095413

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

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
ВАА	School Sc		7 or 990 PE) (201

Name of organization Chattahoochee Riverkeeper Inc

Employer identification number 58-2095413

Part III	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 c contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once. S	al of <i>exclusive</i> ee instruction	ely religious, charitable, etc., ls.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	N/A						
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ntionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	utionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee			
		·	 				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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 separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	xy Tax) (see separate instruc Section 501(c)(4), (5), or (6) (tions), then organizations: Complete Part III.			
		oochee Riverkeeper Inc		Employer identific	ation number
		_		58-209541	
	-	rganization is exempt under section		_	zation.
1		organization's direct and indirect political con of 'political campaign activities')	ampaign activities in	Part IV.	
2	Political campaign activity e	xpenditures (see instructions)		⊳ \$	}
3	Volunteer hours for political	campaign activities (see instructions)			
Pai	rt I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955	▶\$	0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 8	Was a correction made?				Yes No
	b If 'Yes,' describe in Part IV.				
Pai	rt I-C Complete if the o	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities ▶ \$	3
2	Enter the amount of the filin 527 exempt function activities	g organization's funds contributed to other	organizations for sec	tion ►\$	5
3	Total exempt function exper line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	5
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes No
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all some received that were promptly and directly delal action committee (PAC). If additional spa	ivered to a separate po	olitical organization, such	ı as a separate
	(a) 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)					

Part II-A Complete if section 501(the organization	n is exempt under se	ction 501(c)(3) and	l filed Form 5768 (el	ection under
A Check ► ☐ if the filin address,	g organization belor EIN, expenses, ar	ngs to an affiliated group (and and share of excess lobbying ecked box A and 'limited co	expenditures).	ated group member's name	2 ,
(The term	Limits on Lobb 'expenditures' me	ying Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendite	ures to influence p	ublic opinion (grass roots lo	obbying)		
b Total lobbying expendition	ures to influence a	legislative body (direct lob)	bying)		
, , ,	•	and 1b)			
		nes 1c and 1d)			
		nount from the following ta			
If the amount on line 1e, col		The lobbying nontaxable			
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	517,000,000	\$225,000 plus 5% of the excess \$1,000,000.	over \$1,500,000.		
	amount (enter 25%	of line 1f)			
•	•	ss, enter -0			
i Subtract line 1f from lin	e 1c. If zero or less	s, enter -0			
		r line 1h or line 1i, did the or			Yes No
(Som		4-Year Averaging Period of the state of the state of the separate instance of the separate of	lection do not have to		
	Lob	bying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Forn	n 990 or 990-EZ) 2018

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

(election under section 501(h)).					
For each Made and the second of the second of the law and the Dort Made and the second the second of	(a	1)	(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Am-	ount	
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?	Χ				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Χ				
c Media advertisements?		Χ			
d Mailings to members, legislators, or the public?	X				
e Publications, or published or broadcast statements?		X			
f Grants to other organizations for lobbying purposes?		X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			17,6	500.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i Other activities?		X			
j Total. Add lines 1c through 1i				17,6	500.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
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 campaign activity expenditures from the p	orior y	ear?	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) answered 'Yes.'	c)(5) Part I	, or sect II-A, line	ion 50 3, is	01(c)	

F

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	2a	
	b Carryover from last year	2b	
	c 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	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

	Chattahoochee Riverkeeper I	Inc		58-2095413	
Par	t I Organizations Maintaining Dono	r Advised Funds or Othe	r Similar Fund	s or Accounts.	
	Complete if the organization answ				
_		(a) Donor advised f	unds	(b) Funds and other a	ccounts
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 don are the organization's property, subject to the				No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor,	or for any other pr	urpose conferring	□No
Par					
ı aı	Complete if the organization answ	vered 'Yes' on Form 990	. Part IV. line 7		
1	Purpose(s) of conservation easements held by			•	_
-	Preservation of land for public use (e.g., re	• • • • • •	'''	a historically important land	area
	Protection of natural habitat			a certified historic structure	
	Preservation of open space	_	_		
2	Complete lines 2a through 2d if the organization h last day of the tax year.	eld a qualified conservation cont	ribution in the form of	of a conservation easement or	n the
				Held at the End of	the Tax Year
ä	a Total number of conservation easements			. 2a	
ı	Total acreage restricted by conservation easer	ments		. 2b	
•	Number of conservation easements on a certif	ied historic structure included	n (a)	. 2c	
(d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, an	d not on a historic	. 2 d	
3	Number of conservation easements modified, tran tax year ►	sferred, released, extinguished, o	or terminated by the	organization during the	
4	Number of states where property subject to conse	rvation easement is located ►			
5	Does the organization have a written policy regard enforcement of the conservation easement				No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations,	and enforcing conse	ervation easements during the	e year
7	Amount of expenses incurred in monitoring, inspe ▶\$	cting, handling of violations, and	enforcing conservat	tion easements during the yea	ır
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the red	uirements of secti	on 170(h)(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote t conservation easements.	conservation easements in its reo the organization's financial s	venue and expense tatements that des	statement, and balance shee scribes the organization's ac	t, and ecounting for
Par	Organizations Maintaining Collection Complete if the organization answ	ctions of Art, Historical Twered 'Yes' on Form 990	Treasures, or O , Part IV, line 8	Other Similar Assets.	
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, education	i, or research in furth	e statement and balance sh herance of public service, prov	neet works of vide,
ı	o If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or	research in furthera	nce of public service, provide	works of art, the
	(i) Revenue included on Form 990, Part VIII,	line 1		▶\$	
	(ii) Assets included in Form 990, Part X			▶\$	
	amounts required to be reported under SFAS	116 (ASC 958) relating to these	e items:		
	a Revenue included on Form 990, Part VIII, line				<u>_</u> _
	Assets included in Form 990, Part X				

Part III Organizations Maintaining Colle	ections of Art, Histo	ricai Treasures, or	Other Similar Ass	sets (continuea)
3 Using the organization's acquisition, accession, a items (check all that apply):	nd other records, check a	ny of the following that ar	e a significant use of its	collection
a Public exhibition	d Loan o	or exchange programs		
b Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization's	s exempt purpose in	
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the o	rganization's collection?	?	Yes No
Part IV Escrow and Custodial Arranger line 9, or reported an amount on	nents. Complete if t Form 990, Part X,	he organization ans line 21.	swered 'Yes' on Fo	orm 990, Part IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or othe	er assets not included	Yes No
b If 'Yes,' explain the arrangement in Part XIII a	and complete the following	ng table:		
				Amount
c Beginning balance			1c	
d Additions during the year			1 d	
e Distributions during the year			1 e	
f Ending balance			1f	
2 a Did the organization include an amount on Fo				Yes No
b If 'Yes,' explain the arrangement in Part XIII.				
Part V Endowment Funds. Complete if	the erganization an	sworod 'Vos' on Fo	rm 990 Part IV/ li	no 10
(a) Current				(e) Four years back
1 a Beginning of year balance	. year (b) Frior year	(C) TWO years back	(u) Tillee years back	(e) I out years back
b Contributions				+
b Contributions				
c Net investment earnings, gains,				
and losses				
d Grants or scholarships				
e Other expenditures for facilities				
and programs				
g End of year balance	unt was and halance (lin	- 1		
2 Provide the estimated percentage of the curre	•	e 1g, column (a)) neid	as:	
a Board designated or quasi-endowment ►				
b Permanent endowment ► %				
c Temporarily restricted endowment ►	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
The percentages on lines 2a, 2b, and 2c should e	equal 100%.			
3 a Are there endowment funds not in the possession	of the organization that a	re held and administered	for the	
organization by:				Yes No
(i) unrelated organizations				3a(i)
(ii) related organizations				3a(ii)
b If 'Yes' on line 3a(ii), are the related organiza	tions listed as required o	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	t.			
Complete if the organization ans		n 990. Part IV. line	11a. See Form 99	0. Part X. line 10.
Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
Description of property	(investment)	basis (other)	depreciation	(u) book value
1 a Land		- (/	,	
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,152,225.	733,098.	419,127.
Total. Add lines 1a through 1e. (Column (d) must e		column (B). line 10c)	133,030.	419,127.
The state of the s	-,			<u> </u>

BAA Schedule D (Form 990) 2018

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
<u>4)</u>			
3)			
C)			
D)			
E)			
-) 			
<u> </u>			
1)			
l) 			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)		27./7	
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 990	N/A Part IV line 11c Se	e Form 990 Part X line
(a) Description of investment	(b) Book value		Cost or end-of-year market valu
(1)	(2) 20011 10100	(c) meaned or randament of	year or area ar year marker rain
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) (10)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►			
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A	Dort IV line 11d Co	a Farm 000 Part V line 1
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990	, Part IV, line 11d. Se	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 990	, Part IV, line 11d. Se	e Form 990, Part X, line (b) Book value
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Other Assets. Complete if the organization answered (a) Des (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	'Yes' on Form 990 cription 2) line 15.)		(b) Book value
Other Assets. Complete if the organization answered (a) Des (b) Must equal Form 990, Part X, column (B) line 13.) . Other Assets. Complete if the organization answered (a) Des (b) Column (c) Must equal Form 990, Part X, column (B) (c) Column (b) Must equal Form 990, Part X, column (B) (d) Complete if the organization answered 'Yes' on Form 10 Description of liability (1) Federal income taxes (2)	'Yes' on Form 990 cription 2) line 15.)		(b) Book value
Other Assets. Complete if the organization answered (a) Des (b) Must equal Form 990, Part X, column (B) line 13.) . Other Assets. Complete if the organization answered (a) Des (b) Must equal Form 990, Part X, column (B) (c) Must equal Form 990, Part X, column (B) (d) Cotal. (Column (b) must equal Form 990, Part X, column (B) (e) Other Liabilities. Complete if the organization answered 'Yes' on Form (B) (a) Description of liability (b) Federal income taxes (c) (3)	'Yes' on Form 990 cription 2) line 15.)		(b) Book value
Other Assets. Complete if the organization answered (a) Des (b) Must equal Form 990, Part X, column (B) line 13.) . Other Assets. Complete if the organization answered (a) Des (b) Must equal Form 990, Part X, column (B)	'Yes' on Form 990 cription 2) line 15.)		(b) Book value
Other Assets. Complete if the organization answered (a) Des (b) Must equal Form 990, Part X, column (B) line 13.) . Other Assets. Complete if the organization answered (a) Des (b) Must equal Form 990, Part X, column (B)	'Yes' on Form 990 cription 2) line 15.)		(b) Book value
Other Assets. Complete if the organization answered (a) Des (b) Must equal Form 990, Part X, column (B) line 13.)	'Yes' on Form 990 cription 2) line 15.)		(b) Book value
Other Assets. Complete if the organization answered (a) Des (b) Column (b) must equal Form 990, Part X, column (B) line 13.)	'Yes' on Form 990 cription 2) line 15.)		(b) Book value
Other Assets. Complete if the organization answered (a) Des (b) Must equal Form 990, Part X, column (B) line 13.)	'Yes' on Form 990 cription 2) line 15.)		(b) Book value
Other Assets. Complete if the organization answered (a) Des (b) Must equal Form 990, Part X, column (B) line 13.)	'Yes' on Form 990 cription 2) line 15.)		(b) Book value
Other Assets. Complete if the organization answered (a) Des (b) Must equal Form 990, Part X, column (B) line 13.)	'Yes' on Form 990 cription 2) line 15.)		(b) Book value
Other Assets. Complete if the organization answered (a) Des (b) Must equal Form 990, Part X, column (B) line 13.)	'Yes' on Form 990 cription 2) line 15.)		(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
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	1,999,932.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		<u> </u>
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	1,999,932.
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.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	1,999,932.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	1_
		· -
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		-
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	2,538,701.
	1	
1 Total expenses and losses per audited financial statements	1	
 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 	1	
1 Total expenses and losses per audited financial statements	1	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 b	1	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1 2 e	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.)		
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	2 e	2,538,701.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	2 e	2,538,701.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.)	2 e 3	2,538,701.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2e 3	2,538,701.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.)	2 e 3	2,538,701.

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) 2018

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Chattahoochee	Riverkeeper I	nc				Employer identific	ation number
ona c cano o cine	. KIVCIKCOPCI I					58-209541	.3
Part I General Information on G	rants and Assista	nce				•	
 Does the organization maintain records the selection criteria used to award t Describe in Part IV the organization's p 	he grants or assistance	e?					Yes X No
Part II Grants and Other Assista	nce to Domestic (Organizations :	and Domestic Gov	ernments. Comple	te if the organizat	tion answered 'Y	es' on
Form 990, Part IV, line 21							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Trees Atlanta 225 Chester Avenue Atlanta, GA 30316	58-1584758		16,818.	0.			Clean Streets & Streams
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
2 Enter total number of section 501(c)3 Enter total number of other organiza		-					1_0

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
1								
2								
3								
4								
5								
6								
7								

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE M (Form 990)

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 ► Go to w

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Chattahoochee Riverkeeper Inc

Part I Types of Property

Employer identification number

58-2095413

		(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	(d) od of dete contributi	ermini ion ar	ng nounts
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								
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► (Var Services)		28	88,636.	FMV			
26	Other ► ()			,				_
27	Other ► ()							
28	Other► ()							
29	Number of Forms 8283 received by the organization d	uring the tax	year for contributions for	r which the				
	organization completed Form 8283, Part IV, Done	e Acknowle	dgement		29			
						Y	es	No
30a	During the year, did the organization receive by contri it must hold for at least three years from the date	of the initia	I contribution, and whice	ch isn't required to be u	sed	20.5		V
I-	for exempt purposes for the entire holding period?	[30 a		X
	If 'Yes,' describe the arrangement in Part II. Does the organization have a gift acceptance police.	cy that requ	ires the review of any r	nonstandard contribution	nc?	31		V
		-	-		1131	31		X
	Does the organization hire or use third parties or unnoncash contributions?					32 a		X
	If 'Yes,' describe in Part II.							
33	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,			

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

Schedule M (Form 990) 2018

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 10/22/18 Schedule M (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Chattahoochee Riverkeeper Inc

Employer identification number 58-2095413

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

The Mission of the Chattahoochee Riverkeeper CRK is to advocate and secure the protection and stewardship of the Chattahoochee River, its tributaries, lakes and watershed, in order to restore and preserve their ecological health for the people and wildlife that depend on the river system.

Form 990, Part III, Line 1 - Organization Mission

The Mission of the Chattahoochee Riverkeeper CRK is to advocate and secure the protection and stewardship of the Chattahoochee River, its tributaries, lakes and watershed, in order to restore and preserve their ecological health for the people and wildlife that depend on the river system.

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

The staff works with the Finance Committee of the Board of Directors to present the Form 990 to the full Board of Directors for review and approval.

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

CRK is committed to avoiding actual and perceived conflicts of interest. Our policy is to respond to and resolve any actual or perceived conflicts of interest that may arise. To that end, any person acting on behalf of CRK is expected to serve the best interests of the organization and shall immediately disclose potential conflicts of interests to the Audit Committee. The organization requires that the Board of Directors, Officers and the Executive Director disclose any potential conflicts of interest.

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

It is the policy of CRK to establish rates of pay that are competitive in the nonprofit community particularly as they are reflected for organizations of comparable size, mission and location. Salary increases are considered annually, the organization does not grant automatic salary increases. Increases are determined

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

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

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 considered annually, the organization does not grant automatic salary 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, audit, financial statements and by the numbers each year and makes the governing documents, conflict of interest policy available to the public.

Form 990, Part IX, Line 24e Other Expenses

	(A)	(B) Program	(C) Management	(D)
	Total	Services	& General	Fundraising
Bank Charges	28,579	•	28,579.	
Gifts	1,497	. 550.	947.	
Hospitality	20,784	. 11,525.	8,172.	1,087.
Maintenance	37,885	. 35,947.	795.	1,143.
Membership/Developement	27,203	. 21,080.	367.	5,756.
Merchandise	20,325	. 20,325.		
Non Cash Donated Services	88,636	. 88,636.		
Other Expense	2,270	. 1,057.	1,213.	
Photo/Video	4,100	4,100.		
Postage and Shipping	16,375	. 9,817.	3,904.	2,654.
Printing and Publications	17,899	9,282.	1,897.	6,720.
Subscriptions/Dues/Sponsor	5,652		1,381.	
	Total \$ 271,205	. \$ 206,590.	\$ 47,255.	\$ 17,360.