# Form 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

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

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

OMB No. 1545-0047

Open to Public Inspection

A	For th	he 2019 calen	dar year, or tax	year begi	nning		, 2019,	and endin	g		,			
В	Check i	if applicable:	С							D Employe	er identifi	cation number		
	Ac	ddress change	Chattahoo	chee Ri	iverkeepe	er Inc				58-2	0954	13		
	I     Na	ame change	916 Josep							E Telephoi				
	$\vdash$	itial return	Atlanta,	GA 3031	L <b>8</b>					4∩4-	352-	9828		
	$\vdash$	nal return/terminated								101	JJ2	J020		
	-	mended return								<b>G</b> Gross re	ceints \$	2,775	Q1/I	
	-	oplication pending	F Name and add	lress of princip	al officer:				H(a) Is this a	a group return			1771	
	^⊦	opilication pending	Same As C		ar omcer.				` '	subordinates attach a list.			No	
$\overline{}$	Tav	exempt status:	X 501(c)(3)	501(c) (	) <b> </b>	nsert no.)	4947(a)(1) or	527	If "No,"	attach a list.	(see inst	ructions)		
<u>'</u>						13611 110.)	4347(a)(1) 01		III-> Craus	avamentian num				
K			w.chattah	1 1	1 -	Other ►	lı,			exemption nu		di.ii C7		
		n of organization:		Trust	Association	Other	L Y	ear of formation	on: 1994	4 101 5	ate of leg	gal domicile: GA	<u> </u>	
Pa	rt I	Summar Priofly dosori	bo the organiz	ation's miss	sion or most o	cianificant :	activities: a	~						
	1	briefly descri	be the organization	<u> </u>	SION OF THOSE S	signincant	activities. Se	<u>e Sched</u>	lule_O					
<u>8</u>														
Governance														
Ver	2	Check this bo	ov ▶ ☐ if the	organizatio	n discontinu	ed its oner	ations or dispo	nsed of mo	re than 2	 5% of its r	net ass			
ලි			oting members								3	Ct3.	26	
			dependent voti								4		26	
ië.			of individuals								5		21	
Activities &	6		of volunteers								6		1,159	
Ϋ́			ed business rev								7a		0.	
	b	Net unrelated	d business taxa	ble income	from Form 9	990-T, line	39				7b		0.	
										rior Year		Current Y		
Φ	8		and grants (P							,779,5	61.	1,893	<u>,046.</u>	
Revenue	9	-	vice revenue (F											
eve	10		ncome (Part VI							220,3	71.	253	,508.	
<b>—</b>	11		e (Part VIII, co				•			0000	0.0	0.116		
			e – add lines 8							,999,9		2,146	•	
			imilar amounts			•	-			16,8	18.	21	,818.	
	14		I to or for mem											
S	15		er compensation							,121,0	46.	1,101	<u>,597.</u>	
Expenses	16 a	Professional	fundraising fee	s (Part IX,	column (A), I	line 11e)								
<del>ĝ</del>	b	Total fundrais	sing expenses	(Part IX, co	olumn (D), lin	e 25) 🟲	14	5,053.						
ú	17	Other expens	ses (Part IX, co	lumn (A), I	ines 11a-11d,	, 11f-24e).			. 1	,400,8	37.	986	,894.	
	18	Total expense	es. Add lines 1	3-17 (must	equal Part IX	K, column (	(A), line 25)			,538,7		2,110		
	19	Revenue less	s expenses. Su	btract line	18 from line 1	12				-538,7			,245.	
₽ %			-							g of Current		End of Ye		
ang lets	20	Total assets	(Part X, line 16	5)						,040,5		4,542	,878.	
Assets o d Balance	21	Total liabilitie	es (Part X, line	26)						30,8			,065.	
Ferd	22	Net assets or	fund balances	. Subtract	line 21 from I	ine 20			. 4	,009,7	62.	4,535	.813.	
	rt II	Signatur	e Block							, , .		-/	7	
			eclare that I have ex arer (other than office	amined this re	turn, including acc	companying so	hedules and staten	nents, and to t	the best of m	y knowledae a	and belief	f, it is true, correct	t, and	
com	plete. D	eclaration of prepa	arer (other than offic	er) is based or	all information of	f which prepar	er has any knowled	dge.		, ,			,	
Siç	n	Signatu	ire of officer						Da	te				
Hè	re	▶ Jul	iet Cohen						Execu	ıtive D	irec	tor		
			print name and title	9										
		Print/Type p	oreparer's name		Preparer's sign	nature		Date		Check	if P	TIN		
Pa	id	Jim Lu	ınsford		Jim Lun	sford				self-employe	d F	00568479		
	epare			R Luns	ford Jr			•						
Us	e On	Firm's addre			Drive, U	nit 296	53			Firm's EIN	33-	0996010		
		=	Kenne		30156		· <del></del>			Phone no.		262-0745		
Ma	y the I	IRS discuss th	nis return with t			e? (see in:	structions)					X Yes	No	

Par		
	Check if Schedule O contains a response or note to any line in this Part III	X
	Briefly describe the organization's mission:	
	<u>See_Schedule_O</u>	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	7
	Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	7 🖂
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as meas Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the and revenue, if any, for each program service reported.	ured by expenses. ne total expenses,
4 a	(Code: ) (Expenses \$ 992,432. including grants of \$ ) (Revenue \$	)
	In 2019, the largest program area was community outreach and stewardship	projects,
	which includes our outings, festivals, trash cleanups, rain barrel worksh	
	more. We mobilized 1,829 volunteers to remove 50 tons of trash and tires	
	watershed, recycling 4.7 tons. In addition, we engaged 380 people on the	
	paddling experience to see firsthand the river resource. Hundreds more at	
	river, film and music festivals to celebrate the river and inspire enviro	
	stewardship. Additionally, we distributed 531 rain barrels many having ac	
	workshop to learn about water supply and water conservation themes. We al	
	15 interns through the course of the year.	
4 h	(Code: ) (Expenses \$ 738,894. including grants of \$ ) (Revenue \$	
75	In 2019, the second largest program area was water monitoring, which enco	mnaggeg our
	urban stream monitoring as well as river and lake water quality testing.	
	Neighborhood Water Watch program we tested and analyzed 5,251 water sample	
	identified and stopped 22 major sewer spills. We also collected and proce	
	lake samples for nutrient levels, and 150 river samples for bacteria poll	
	Chattahoochee River National Recreation Area. CRK also monitors compliance	
	stormwater rules at various industrial facilities. In 2019, we investigat	
	industrial facilities using a custom developed mapping program. In additi	
	developed a low cost, remote water quality monitor system that relays dat	
	time. We deployed four of these devices in urban streams as a pilot progr	
	cline. We deproyed four of chebe devices in distinguisticans as a prior progr	<u></u>
1.0	(Code: ) (Expenses \$ 90,537. including grants of \$ ) (Revenue \$	
70	In 2019, the third largest program area is CRK's floating classroom progr	·am which
	includes the Lake Lanier and West Point Lake programs. The floating class	
	educate students on board our vessels about watershed pollution, conserva	
	science and more. In 2019, 8,117 students and teachers participated in th	
	classroom programs. Half of that number participated via a scholarship pr	<u>ogram.</u>
/l ~l	Other program services (Describe on Schedule O.)	
		`
	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 1 821 863	<i></i>

			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	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	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 donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	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
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
е	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)? <i>If 'Yes,' complete Schedule D, Part X.</i>	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		Χ
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? <i>If 'Yes,' complete Schedule H</i>	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 (2019) 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	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_	_	
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
BAA			990 (	(2019

Form 990 (2019) Chattahoochee Riverkeeper Inc

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

			Yes	No
2 8	a 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 21			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ı	a If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 8	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
ı	olf '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).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	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
ı	olf '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	
	s If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
(	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		
١	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b  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.)	10		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	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.	ısa		
ı	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			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	of If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		-
	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
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
_	If 'Yes,' complete Form 4720, Schedule O.			

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 on 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..... 26 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 26 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 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?..... 10 a Χ 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...... X 15 a **b** Other officers or key employees of the organization...See .Schedule . 0..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 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 on Schedule O) Describe on Schedule O 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 (2019) Chattahoochee Riverkeeper :	m 990 (2019)	Chattahoochee	Riverkeeper	lnc
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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.

See instructions for the order in which to list the persons above.

Director

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (A) (B) (E) (F) Name and title Reportable Reportable Average Estimated amount hours director/trustee) compensation from compensation from of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional lighest compensated ormer (list any employee hours for organizations related organiza tions l trustee helow dotted (1) Juliet Cohen 40 Executive Dir. 0 Χ 0 0. 86,821 (2) Jason Ulseth 40 0 Executive Dir. Χ 76,832 0 0. (3) J Rutherford Seydel 1 0 0. Chairman Χ 0 0 (4) David A Shaffer 1 Treasurer 0 Χ 0 0 0. (5) Steve O'Day 1 Secretary 0 Χ 0 0. 0. 1 (6) Rebecca Cranford 0 Χ 0. 0. Director 0 (7) Hezekiah Cannady 1 0 Χ 0. Director 0. 0. (8) Denise Donahue 1 0 Director Χ 0 0 0. (9) Billy Hall 1 Director 0 Χ 0 0 0. (10) Victor Haydel 1 0 Director Χ 0 0. 0 (11) Felicia <u>Davis</u> 1 0 Χ Director 0 0 0. (12) Richard J Jacobson 1 0 Χ 0 Director 0 0. (13) David Kirkpatrick 1 0 Χ 0 Director 0 0. Jamie Pryor 1

0

0

0.

Χ

0

Part \	/II   Section A. Officers, Directors, Tru		Key	Em			es,	and	d Highest Com	pensated Emp	oyees	<b>5</b> (conti	nued)
		(B)			(0	•							
	(A) Name and title	Average hours per week	box offi	, unle cer ar	ess pe nd a d	erson direct	than is both or/trus	h an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(	(F) ated amo	
		(list any hours for related organiza - tions below dotted line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	the c	organizat d related anization	tion d
	ary Schrepfer irector	10	Х						0.	0.			0.
(16) C	atherine Woodling irector	$-\frac{1}{0}$	Х						0.	0.			0.
(17) M	ary Ann Lanier irector	$-\frac{1}{0}$	Х						0.	0.			0.
<b>(18)</b> G	erard Gunthert irector	1	Х						0.	0.			0.
<b>(19)</b> J	eff Mokotoff ice President	$-\frac{1}{0}$	Х						0.	0.	0.		
(20) L	ee Chadwick irector	$-\frac{1}{0}$	Х						0.	0.	0.		
<b>(21)</b> B	ert Ellis irector	1	Х						0.	0.	0		
(22) M	ark Greatrex irector	1	Х						0.	0.			0.
<b>(23)</b> J	essica Grimes irector	1	Х						0.	0.	0		0.
	aura A Smithirector	1	Х						0.	0.	C		0.
	ryan Jenkins irector	1	Х						0.	0.			0.
	ubtotal	on A						<b>&gt;</b>	163,653.	0.			0.
d To	tal (add lines 1b and 1c).							<b></b>	163,653.	0.			0.
	tal number of individuals (including but not limited on the organization ► 0	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
	m the organization ► 0											Yes	No
3 Die on	d the organization list any <b>former</b> officer, direction 1a? If 'Yes,' complete Schedule J for such	tor, truste h <i>individu</i>	e, ke al	ey eı	mplo	oyee	e, or	high	nest compensated	employee	. 3		X
the	r any individual listed on line 1a, is the sum of e organization and related organizations greate ch individual	r than \$1	50,0	00?	If 'Y	∕es,	' com	ıple	te Schedule J for		4		Х
<b>5</b> Die	d any person listed on line 1a receive or accrue services rendered to the organization? If 'Yes	e compen	satio	on fr	om	anv	unre	late	ed organization or	individual			X
	n B. Independent Contractors										•		
1 Co	implete this table for your five highest compensimpensation from the organization. Report compension	sated indes sation for	epen the c	dent alen	t cor dar	ntra year	ctors endi	tha ng v	it received more th with or within the or	nan \$100,000 of ganization's tax year			
(A) (B)								Compe	<b>C)</b> ensatio	n			
	tal number of independent contractors (including b 00,000 of compensation from the organization		ited to	o the	se l	listed	d abo	ve)	who received more	than			

# Form 990

# **Continuation Sheet for Form 990**

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

lame of the Organization Employler Identification number

Chattahoochee Riverkeeper Inc 58-2095413

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) (B) (C) (D) (E) (F)

Highest Compensated Employees												
(A)	(B)			((				(D)	(E)	(F)		
Name and title	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual truster or director		Officer	key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
Daniel Locke Director	$-\frac{1}{0}$	Х						0.	0.	0.		
John Radtke Director	1	Х						0.	0.	0.		
Susan Goodsell Director	1	Х						0.	0.	0.		
		+										
		-										
		+										
		<u> </u>										
		ļ ——										
		<u> </u>								Form 900 Cont 2010		

Form **990** Cont 2019

Total revenue. See instructions......

12

#### Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.... (B) Related or (A) Total revenue (D) Unrelated Revenue exempt excluded from tax 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 14,146 f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 1,878,900 **q** Noncash contributions included in 1 g lines 1a-1f. . . . . . . . . . 123,416 h Total. Add lines 1a-1f . . . . • 1,893,046 Business Code Program Service Revenue b **f** All other program service revenue. . . g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 154,138. 154,138 Income from investment of tax-exempt bond proceeds... (i) Real (ii) Personal 6 a Gross rents . . . . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 728,630 7b and sales expenses 629,260 c Gain or (loss). . . . . . . 7с 99,370 d Net gain or (loss)..... 99,370 99,370 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . . . . . 8a 8b **b** Less: direct expenses..... c Net income or (loss) from fundraising events ...... 9 a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances 0a 10b **b** Less: cost of goods sold. . . . **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue d All other revenue. e Total. Add lines 11a-11d.

2,146,

99,370

0

154,138

# Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in this Part IX.										
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	( <b>D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,818.	21,818.								
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	163,653.	135,852.	9,819.	17,982.						
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	937,944.	787,782.	56,105.	94,057.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		,								
9	Other employee benefits										
10	Payroll taxes										
	Fees for services (nonemployees):										
	Management										
	Legal	4,458.	4,117.	268.	73.						
	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	131,553.	106,835.	15,564.	9,154.						
17	Travel	9,113.	5,502.	1,572.	2,039.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,====	2,2020	=,::=:							
19	Conferences, conventions, and meetings	6,705.	4,469.	340.	1,896.						
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	73,902.	73,902.								
23	Insurance	101,237.	92,696.	2,191.	6,350.						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).										
	Consulting	290,019.	272,465.	15,322.	2,232.						
	Non Cash Donated Services	123,416.	123,416.								
	Supplies	116,996.	108,983.	7,190.	823.						
	Maintenance	26,830.	25,094.	942.	794.						
	All other expenses	102,665.	58,932.	34,080.	9,653.						
25	<b>Total functional expenses.</b> Add lines 1 through 24e	2,110,309.	1,821,863.	143,393.	145,053.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► X if following SOP 98-2 (ASC 958-720)										
RΔΔ					Form <b>991</b> (2019)						

		Check if Schedule O contains a response or note to	o any line	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing				1	
	2	Savings and temporary cash investments			510,215.	2	331,472.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			20,025.	4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer I contribu	r, director, itor, or 35%			
		controlled entity or family member of any of these per	rsons			5	
	6	Loans and other receivables from other disqualified p	•				
		section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
its.	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges				9	
A	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,174,801.			
	b	Less: accumulated depreciation	10 b	807,000.	419,127.	10 c	367,801.
	11	Investments – publicly traded securities		,	3,091,218.	11	3,843,605.
	12	Investments – other securities. See Part IV, line 11			, ,	12	, ,
	13	Investments – program-related. See Part IV, line 11.			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		4,040,585.	16	4,542,878.
	17	Accounts payable and accrued expenses			30,823.	17	7,065.
	18	Grants payable		<u>L</u>		18	
	19	Deferred revenue		<u> </u>		19	
	20	Tax-exempt bond liabilities		_		20	
es	21	Escrow or custodial account liability. Complete Part I		<u>L</u>		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, dire utor, or 3 rsons	ector, trustee, 5%		22	
⊐	23	Secured mortgages and notes payable to unrelated the		_		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	Total liabilities. Add lines 17 through 25			30,823.	26	7,065.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X	,		,
a	27	Net assets without donor restrictions			3,948,762.	27	4,436,313.
Ba	28	Net assets with donor restrictions		H=	61,000.	28	99,500.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
5	29	Capital stock or trust principal, or current funds				29	
इ	30	Paid-in or capital surplus, or land, building, or equipm		<u>L</u>		30	
SS	31	Retained earnings, endowment, accumulated income,		<u> </u>		31	
ţ,	32	Total net assets or fund balances		_	4,009,762.	32	4,535,813.
Ş	33	Total liabilities and net assets/fund balances		<u> </u>	4,040,585.	33	4,542,878.
					1,040,505.		1,542,070.

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	2	2,14	16,5	554.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	2,1	10,3	309.
3	Revenue less expenses. Subtract line 2 from line 1	3			36,2	245.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	1,00	09,7	762.
5	Net unrealized gains (losses) on investments	5		48	39,8	306.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		1.5	35.8	313.
Pa	rt XII Financial Statements and Reporting	<del></del>	-	., .	,,,	
	Check if Schedule O contains a response or note to any line in this Part XII					
	Check if Schedule O contains a response of note to any line in this Fart XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				res	NO
•			_			i
	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 a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a				
ı	<b>b</b> Were the organization's financial statements audited by an independent accountant?			2b	Χ	l
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa	ite				
	basis, consolidated basis, or both:					i
	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 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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?			3 a		Х
ı	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b		
BAA				orm	990 (	(2019)

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

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

vame	or the	eorganization					En	ipioyer identifica	ation numbe	ſ			
Cha	itta	ahoochee Riverkeepe	er Inc				5	58-2095413					
Par		Reason for Public Cha		rganizations must o	comple	te this	part.) S	ee instruc	tions.				
		nization is not a private found		<u> </u>									
1	Ň	A church, convention of church	es, or association of ch	nurches described in sect	tion 1 <b>70</b> (	b)(1)(A)(	i).						
2		A school described in section 1					• •						
3	H	A hospital or a cooperative h		·		•	Miii						
4	Н	A medical research organiza						V1VAVIII) F	ntar tha h	nocnital'e			
-		name, city, and state:						·					
5	Ш	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or opera	ated by	a governm	nental unit de	escribed in	n			
6		A federal, state, or local gove	ernment or governme	ental unit described in s	ection 1	<b>70(b)(</b> 1)	)(A)(v).						
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	it or from th	ne general pul	olic descri	bed			
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	П	An agricultural research organiz	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a la	nd-grant colle	ege				
	ш	or university or a non-land-gran											
		university:											
10		An organization that normally r from activities related to its investment income and unrel June 30, 1975. See section 5	eceives: (1) more than exempt functions—sublated business taxable	33-1/3% of its support froject to certain exception income (less section)	ns, and	(2) no r	more than	33-1/3% of i	ts suppor	t from gross			
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).	ı					
12		An organization organized ar or more publicly supported o	nd operated exclusive	ely for the benefit of, to	perform	the fun	nctions of,	or to carry or	ut the pur	poses of one			
		lines 12a through 12d that de	escribes the type of si	upporting organization	and com	iplete lir	nes 12e, 1	2f, and 12g.	<b>(3).</b> Once	K the box in			
а	1	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the director	ported o	rganizati tees of t	ion(s), typic the support	cally by giving ng organizati	the suppo on. <b>You m</b>	orted <b>ust</b>			
t	)	Type II. A supporting organiz management of the supporting must complete Part IV. Section	ation supervised or conganization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ted organize the suppor	ation(s), by ted organizat	having co ion(s). <b>Yo</b> o	entrol or <b>u</b>			
c	: 🔲	Type III functionally integrated. organization(s) (see instructionally integrated in the content of the content		ion operated in connection	n with, ar	n <u>d f</u> unctio	onally integ	rated with, its	supported				
c	ιП	Type III non-functionally integr											
		functionally integrated. The cinstructions). <b>You must com</b>	rganization generally	must satisfy a distribu	tion req	uiremen	it and an a	ttentiveness	requirem	ent (see			
e	Ш	Check this box if the organize integrated, or Type III non-fu	nctionally integrated :	supporting organizatior	١.		, ,	31	e III funct	ionally			
		ter the number of supported of	•										
_ ~		ovide the following information			ı		1		1				
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	overning		nt of monetary se instructions)		mount of other (see instructions)			
					Yes	No							
(A)													
.,,													
(B)													
(C)													
יחי													
(D)													
(E)													

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

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

Sec	Section A. Public Support						
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,779,700.	1,721,296.	2,033,284.	1,690,925.	1,893,046.	10,118,251.
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.
	<b>Total.</b> 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)	2,779,700.	1,721,296.	2,033,284.	1,690,925.	1,893,046.	1,426,588.
6	Public support. Subtract line 5 from line 4						8,691,663.
Sec	tion B. Total Support						., ,
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	2,779,700.	1,721,296.	2,033,284.	1,690,925.	1,893,046.	10,118,251.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	183,478.	155,451.	166,338.	209,567.	154,138.	868,972.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	200,000	200,000	200,000			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Part VI.	-4,127.	41,347.	33,033.	10,804.	99,370.	180,427.
11	Total support. Add lines 7 through 10						11,167,650.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	<b>First five years.</b> 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						77.83%
	33-1/3% support test—2019. If t	he organization di	d not check the b	oox on line 13. an	d line 14 is 33-1/3	3% or more, chec	74.71 % k this box
b	and stop here. The organization qualifies as a publicly supported organization.  b 33-1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	<b>10%-facts-and-circumstances te</b> 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	re. Explain in Par	t VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an Private foundation. If the organi	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and <b>stop her</b> a publicly support	re. Explain in Par 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		prodes semprete .	<u> </u>			
Calend	dar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	.,	.,	•		,	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
	tion B. Total Support		1		T		
	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	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.).						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here	· · · · · · · · · · · · · · · · · · ·				
	tion C. Computation of Pul						
	Public support percentage for 20	•			•		%
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	<u> </u>			
17	Investment income percentage for	•	• • •	-			%
18	Investment income percentage fi					<u> </u>	olo
	<b>33-1/3% support tests—2019.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies	as a publicly supp	orted organization	▶ ∐
	<b>33-1/3% support tests—2018.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box	and <b>stop here.</b> The	e organization qu	ialifies as a public	ly supported organ	ization ►

# 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			
За	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 <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	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.	<b>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	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?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of	•		
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
7	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))?  If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9с		
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Par	t IV	Supporting Organizations (continued)			
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	rning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
•	or ele	ect at least a majority of the organization's directors or trustees at all times during the tax year? If No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.			
	direct	e organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, led to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported organization(s)			
	that o	operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	- ' '	C. Type II Supporting Organizations	_		
		e. Type ii Cupper unig C. guininatione		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			
		ich of the organization's supported organization(s)? If No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
	orgar vear	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization'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			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	eason of the relationship described in (2), did the organization's supported organizations have a significant			
	all tin	e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
Saa		is regard.  E. Type III Functionally Integrated Supporting Organizations	3		
Sec	lioii i	E. Type III Functionally integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	⊥∐ T	The organization satisfied the Activities Test. Complete line 2 below.			
b	·∐⊤	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	: <u> </u>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ities Test. Answer (a) and (b) below.		Yes	No
а	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was			
		onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
b		he activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
	the o	organization's supported organization(s) would have been engaged in ? If Yes, explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement.	2b		
,		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>	-17		
		the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
a	each	of the supported organizations? Provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-E2) 2019 Chattahoochee Riverkeeper Inc		58-20	95413 Page
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions	
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	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> 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):			
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). BAA

Schedule A (Form 990 or 990-EZ) 2019

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D – Distributions	Current Year
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 <b>Part VI</b> ). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
<b>b</b> Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
DAA		Schodulo A (Fo	rm 990 or 990 E7) 2019

BAA

Schedule A (Form 990 or 990-EZ) 2019

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	2019	2018	2017	2016	2015
Gain on Sale of Securities  S  Total \$	99,370. 99,370.	<del></del>			\$ -4,127. \$ -4,127.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. 2010

Employer identification number

2019

OMB No. 1545-0047

Chatt	ahoochee River	keeper Inc	58-2095413			
Organiz	Organization type (check one):					
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	no			
Form 99	0-PF	527 political organization				
		501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
-	·	red by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Special Rule and a Specia	pecial Rule. See instructions.			
General	General Rule					
		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contribu				
Special	Rules					
X	under sections 509(a)( received from any or	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line e contributor, during the year, total contributions of the greater of (1) \$5,000; ine 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that			
	during the year, total	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions of more than \$1,000 exclusively for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	during the year, cont \$1,000. If this box is charitable, etc., purp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recerbibutions <i>exclusively</i> for religious, charitable, etc., purposes, but no such cont checked, enter here the total contributions that were received during the year ose. Don't complete any of the parts unless the <b>General Rule</b> applies to this contributions, charitable, etc., contributions totaling \$5,000 or more during the	ributions totaled more than r for an <i>exclusively</i> religious, organization because			
		sn't covered by the General Rule and/or the Special Rules doesn't file Schedo o' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 9				

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Chattahoochee Riverkeeper Inc

1 Employer identification number

58-2095413

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	James M Cox Foundation		Person X Payroll
	6205 Peachtree Dunwoody Road	\$ 50,000.	Noncash
	Atlanta, Ga 30328	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Sapelo Foundation		Person X Payroll
	1712 Ellis Street 2nd Floor	\$49,500.	Noncash
	Brunswick, Ga 31520	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Turner Foundation		Person X Payroll
	133 Luckie Street 2nd Floor	\$ 100,000.	Noncash
	Atlanta, Ga 30303		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4  Coca-Cola Foundation		Person X
(a) No. 4	Name, address, and ZIP + 4  Coca-Cola Foundation		
(a) No. 4	Name, address, and ZIP + 4  Coca-Cola Foundation	\$100,000.	Person X Payroll
(a) No. 4	Name, address, and ZIP + 4  Coca-Cola Foundation  PO Box 1734	\$100,000.	Person X Payroll Noncash (Complete Part II for
4(a)	Name, address, and ZIP + 4  Coca-Cola Foundation  PO Box 1734  Atlanta, GA 30301  (b)	\$ 100,000.	Person X Payroll
4 (a) No.	Name, address, and ZIP + 4  Coca-Cola Foundation  PO Box 1734  Atlanta, GA 30301  (b)  Name, address, and ZIP + 4	\$ 100,000.	Person X Payroll
4 (a) No.	Name, address, and ZIP + 4  Coca-Cola Foundation  PO Box 1734  Atlanta, GA 30301  Name, address, and ZIP + 4  The Vasser Woolley Foundation	\$100,000.  (c) Total contributions	Person X Payroll
4 (a) No.	Name, address, and ZIP + 4  Coca-Cola Foundation  PO Box 1734  Atlanta, GA 30301  Name, address, and ZIP + 4  The Vasser Woolley Foundation  1201 W Peachtree ST STE 4200	\$ 100,000.  (c) Total contributions	Person X Payroll
(a) No.	Name, address, and ZIP + 4  Coca-Cola Foundation  PO Box 1734  Atlanta, GA 30301  Name, address, and ZIP + 4  The Vasser Woolley Foundation  1201 W Peachtree ST STE 4200  Atlanta, GA 30309	\$100,000.  (c) Total contributions  \$50,000.	Person X Payroll
(a) No.	Name, address, and ZIP + 4  Coca-Cola Foundation  PO Box 1734  Atlanta, GA 30301  Name, address, and ZIP + 4  The Vasser Woolley Foundation  1201 W Peachtree ST STE 4200  Atlanta, GA 30309  (b)  Name, address, and ZIP + 4	\$100,000.  (c) Total contributions  \$50,000.	Person X Payroll
(a) No.	Name, address, and ZIP + 4  Coca-Cola Foundation  PO Box 1734  Atlanta, GA 30301  Name, address, and ZIP + 4  The Vasser Woolley Foundation  1201 W Peachtree ST STE 4200  Atlanta, GA 30309  Name, address, and ZIP + 4  Carol Elliott Trust	\$100,000.  (c) Total contributions  \$50,000.  (c) Total contributions	Person X Payroll

Name of organization Employer identification number

Chattahoochee Riverkeeper Inc

58-2095413

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N/	<u>A</u>		
		;   \$   \$	
(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	(b)  Description of noncash property given	(c)	(d) Date received
from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	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	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	1 1. 1. 2. 2. 2.	(See instructions.)	
		· =   · =	
L -		[ ]\$	

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Name of organization		
Chattahoochee	Riverkeeper	Inc

Employer identification number 58-2095413

Part III	Exclusively religious, charitable, et			
	or (10) that total more than \$1,000 for the following line entry. For organizations of	he year from any one contrib	<b>outor.</b> Comple	te columns (a) through (e) and
	contributions of <b>\$1,000</b> or less for the year.	(Enter this information once. Se	ee instruction	s.)
	Use duplicate copies of Part III if additional	space is needed.		, , , , , , , , , , , , , , , , , , , ,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	Purpose of gift	Use or girt		Description of now girt is neid
		(e) Transfer of gift		
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	Rela	tionship of transferor to transferee	
	H			

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

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► 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

• 5	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
	of organization	,		Employer identification	ation number
Cha	attahoochee Riverke	eper Inc		58-209541	.3
		rganization is exempt under section			zation.
1		organization's direct and indirect political o	ampaign activities in	Part IV.	
2		n of 'political campaign activities')  spenditures (see instructions)		▶ ☆	,
		campaign activities (see instructions)		•	
		rganization is exempt under section			
	-	ise tax incurred by the organization under	, , , ,	<b>▶</b> \$	0.
2		sise tax incurred by organization managers			
		a section 4955 tax, did it file Form 4720 for			
	*		-		
	If 'Yes,' describe in Part IV.				1103 Lino
Par	t I-C Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	
	-	pended by the filing organization for section	• • •	, , , ,	
2		g organization's funds contributed to other			
3		ditures. Add lines 1 and 2. Enter here and		▶\$	
4	Did the filing organization file	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 ailus received that were promptly and directly delal action committee (PAC). If additional spa	ivered to a separate po	olitical organization, such	as a separate
	<b>(a)</b> Name	(b) Address	<b>(c)</b> EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2019

Part II-A Complete if section 501(	the organization i	s exempt under se	ction 501(c)(3) and	d filed Form 5768 (e	lection under
	**	to an affiliated group (and	list in Part IV each affill	iated group member's nam	ie,
address,	EIN, expenses, and s	hare of excess lobbying	expenditures).		
B Check ► if the filir	ng organization checke	ed box A and 'limited co	ntrol' provisions apply.		
(The term	Limits on Lobbying 'expenditures' means	g Expenditures amounts paid or incur	red.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expenditu	·				
<b>b</b> Total lobbying expenditu					
c Total lobbying expenditu	`	,			
d Other exempt purpose of					
e Total exempt purpose e	•	·			
f Lobbying nontaxable an both columns					
If the amount on line 1e, colu	umn (a) or (b) is:	ne lobbying nontaxable	amount is:		
Not over \$500,000	-	% of the amount on line 1e.			
Over \$500,000 but not over \$1,		00,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		75,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		25,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		,000,000.			
g Grassroots nontaxable a h Subtract line 1g from lin					
i Subtract line 1f from line	•				
j If there is an amount othe section 4911 tax for this	r than zero on either lin	e 1h or line 1i, did the org	ganization file Form 4720	reporting	Yes No
3000011 4311 (4x 101 (1113					
(Som	e organizations that n	Year Averaging Period I nade a section 501(h) el v. See the separate inst	lection do not have to		
	Lobbyii	ng Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total
2 a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					
BAA				Schedule C (For	m 990 or 990-EZ) 2019

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

(election under Section 501(11)).					
	(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	
1 During the year, did the filing organization attempt to influence foreign, national, state, or local					
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?	Х				
<b>b</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?	Х				
e Publications, or published or broadcast statements?		Χ			
f Grants to other organizations for lobbying purposes?		Χ			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X			29,7	11.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ		<u> </u>	
i Other activities?		Χ			
j Total. Add lines 1c through 1i				29,7	11.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		-			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A   Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. or			
section 501(c)(6).	(-/(-/	,			
				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	prior y	ear?	3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. or s	ection 5	01(c)	
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part I	ili-A,	line 3, is		
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
<b>b</b> Carryover from last year		2b			
<b>c</b> Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
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 1			58-2095413	
Par	TI Organizations Maintaining Dono	or Advised Funds or Other	Similar Fun	ds or Accounts.	
	Complete if the organization answ	wered 'Yes' on Form 990, P	art IV, line (	0.	
_		(a) Donor advised fund	ds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the ass organization's exclusive legal cor	sets held in dor ntrol?	nor advised funds Yes No	)
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	t of the donor or donor advisor, or	for any other	ourpose conferring	)
Par					
ı aı	Complete if the organization answ	wered 'Yes' on Form 990. F	Part IV. line	7.	
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (for example)	,	<u></u> 37	n of a historically important land area	
	Protection of natural habitat	,	Preservation	on of a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization hast day of the tax year.	held a qualified conservation contribu	ution in the form	of a conservation easement on the	
				Held at the End of the Tax Ye	ear
	a Total number of conservation easements			— — —	
	Total acreage restricted by conservation easer				
•	Number of conservation easements on a certif	fied historic structure included in	(a)	2c	
(	d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, and r	not on a histori	c <b>2d</b>	
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished, or t	erminated by the	e organization during the	
4	Number of states where property subject to conse	ervation easement is located >			
5	Does the organization have a written policy reand enforcement of the conservation easemer				)
6	Staff and volunteer hours devoted to monitoring, i				
7	Amount of expenses incurred in monitoring, inspe ▶\$	ecting, handling of violations, and en	forcing conserva	ation easements during the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the require	rements of sec	tion 170(h)(4)(B)(i) <b>Yes No</b>	)
9	In Part XIII, describe how the organization rep include, if applicable, the text of the footnote t conservation easements.	ports conservation easements in it to the organization's financial stat	s revenue and ements that de	expense statement and balance sheet, escribes the organization's accounting for	and or
Par	Organizations Maintaining Colle Complete if the organization answ	ections of Art, Historical Tre wered 'Yes' on Form 990, F	easures, or Part IV, line	Other Similar Assets. 8.	
1 8	If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	eld for public exhibition, education,	, or research in	tement and balance sheet works of art, furtherance of public service, provide i	n
ı	o If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r FASB ASC 958, to report in its r or public exhibition, education, or res	evenue statem search in further	ent and balance sheet works of art, ance of public service, provide 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 FASB	ASC 958 relating to these items:			
	a Revenue included on Form 990, Part VIII, line				
I	Assets included in Form 990, Part X				

Part III Organizations Maintaining Con-	ections of Art, fist	orical freasures, of	Other Sillillar Ass	iets (continueu)
<b>3</b> Using the organization's acquisition, accession, a items (check all that apply):		,	nake significant use of its	collection
a Public exhibition	<b>d</b> Loan	or exchange program		
<b>b</b> Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's collect Part XIII.	tions and explain how they	further the organization	s exempt purpose in	
<b>5</b> During the year, did the organization solicit o to be sold to raise funds rather than to be ma	r receive donations of ar aintained as part of the c	t, historical treasures, organization's collection	or other similar assets ?	Yes No
Escrow and Custodial Arranger line 9, or reported an amount or	<b>nents.</b> Complete if t n Form 990, Part X,	he organization an line 21.	swered 'Yes' on Fo	rm 990, Part IV,
1 a Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermediary	for contributions or oth	er assets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII	and complete the followi	ng table:		
				Amount
c Beginning balance			1с	
<b>d</b> Additions during the year			1 d	
e Distributions during the year			1e	
f Ending balance			1f	
2a Did the organization include an amount on Fo				Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.			-	
<b>2</b> ii 100, Oxpidiii die dirangement iii i dit 7tiii.	Chook hore it the explai	idion has been provide	ou our are minimized.	
Part V Endowment Funds. Complete if	the organization an	swared 'Yes' on Fo	orm 990 Part IV/ lin	ne 10
(a) Currer	Ť		<u> </u>	(e) Four years back
1 a Beginning of year balance	t year (b) i nor yea	(C) Two years back	(u) Three years back	(c) I out years back
<b>b</b> Contributions				
<b>D</b> Contributions				+
c Net investment earnings, gains, and losses				
<b>d</b> Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
<b>g</b> End of year balance				
2 Provide the estimated percentage of the curre	ent year end balance (lir	ne 1g, column (a)) held	as:	
a Board designated or quasi-endowment ►	%			
<b>b</b> Permanent endowment ►	<u> </u>			
c Term endowment ► %				
The percentages on lines 2a, 2b, and 2c should	equal 100%.			
<b>3 a</b> Are there endowment funds not in the possessio organization by:				Yes No
(i) Unrelated organizations				3a(i)
(ii) Related organizations				3a(ii)
<b>b</b> If 'Yes' on line 3a(ii), are the related organization	ations listed as required	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	it.			
Complete if the organization ans	swered 'Yes' on Forr	m 990, Part IV, line	e 11a. See Form 99	0, Part X, line 10.
Description of property	(a) Cost or other basis	<b>(b)</b> Cost or other	(c) Accumulated	(d) Book value
<b>1 a</b> Land	(investment)	basis (other)	depreciation	
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		1,174,801.	807,000.	367,801.
Total. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X, o	column (B), line 10c.)		367,801.

Schedule D (Form 990) 2019

Complete if the organization answere  (a) Description of security or category (including name of security)	(b) Book value		ation: Cost or end-of-year market value
) Financial derivatives	` '	(0)	
2) Closely held equity interests			
3) Other			
	-		
A) B) C) D) E)			
<u>"</u>	-		
<u>"                                    </u>			
<u>′</u>	_		
<del>-</del> )	-		
<u>3)</u>	_		
	_		
l)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)		27./2	
Part VIII Investments – Program Related. Complete if the organization answere	d 'Vas' on Form 991	N/A Deart IV line 11c	See Form 990 Part Y line 1
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
	(b) Dook value	(c) motilod of valuation	on Jose of Gha of year market value
(1)	+		
(2)	+		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
10)			
otal. (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	Part IV line 11d	Soo Form 990 Part V Jino 15
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answere	N/A d 'Yes' on Form 990	), Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answere  (a) D	N/A	), Part IV, line 11d.	See Form 990, Part X, line 15
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answere  (a) D	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answere  (a) D  (1)  (2)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	), Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	), Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990 escription	O, Part IV, line 11d.	(b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990 escription	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answere)  Other Assets.  Complete if the organization answered 'Yes' on	N/A d 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answere)  Other Assets.  Complete if the organization answered 'Yes' on	N/A d 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (c) complete if the organization answered 'Yes' on	N/A d 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column  Other Liabilities. Complete if the organization answered 'Yes' on  (1) Federal income taxes (2)	N/A d 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column	N/A d 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Otal. (Column (b) must equal Form 990, Part X, column Otal. (Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column (b	N/A d 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5)	N/A d 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) (6)	N/A d 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) (6) (7)	N/A d 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (a) Descential income taxes (b) (c) (d) (d) (d) (d) (d) (e) (f) (g)	N/A d 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (18) (19)	N/A d 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere  (a) D  (b) Complete if the organization answere (a) D  (c) Complete if the organization answere (b) D  (d) Complete if the organization answere (c) Complete if the organization answere (c) Complete if the organization answere (c) Complete if the organization answered (c) Complete if	N/A d 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (18) (19)	N/A d 'Yes' on Form 990 escription  (B) line 15.)	O, Part IV, line 11d.	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
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	2,636,360.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	489,806.
3 Subtract line 2e from line 1	3	2,146,554.
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	2,146,554.
		·
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	·
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retur	·
	Retur 1	·
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 b  2 c		n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).		n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 b  2 c		n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).	1	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	2,110,309.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	1 2e	2,110,309.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 Ab  b Other (Describe in Part XIII.).	1 2e 3	2,110,309.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	1 2e	2,110,309.

Part XIII Supplemental Information.

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

BAA Schedule D (Form 990) 2019

### 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

Open to Public Inspection

Chattahoochee Riverkeeper I	Inc					58-209541	
Part I General Information on Gr							
<ol> <li>Does the organization maintain records the selection criteria used to award the</li> <li>Describe in Part IV the organization's pro</li> </ol>	ne grants or assistance	?			or assistance, and		Yes X No
					to if the ergonizati	an anguared N	'aa' an
<b>Part II</b> Grants and Other Assistar Form 990, Part IV, line 21,							
	- ,			•		<u> </u>	T
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							Clean Streets &
Atlanta, GA 30316	58-1584758		16,818.	0.			Streams
(2)							
(3)							
<u></u>							
(4)							
(5)							
<u>(6)</u>							
(7)							
(8)							
2 Enter total number of section 501(c)(3	3) and government ord	anizations listed	in the line 1 table				1
3 Enter total number of other organizati							

Part III Grants and Othe can be duplicate	er Assistance to Do ed if additional spac	omestic Individo ce is needed.	uals. Complete if the	ne organization ans	swered 'Yes' on Form	990, Part IV, line 22. Part III
(a) Type of grant or as	sistance	<b>(b)</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)

Name of the organization

**Noncash Contributions** 

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.ii

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

OMB No. 1545-0047

Open to Public Inspection

Chattahoochee Riverkeeper Inc

Employer identification number

58-2095413

Pai	rt I   Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash		determin	
1	Art — Works of art							
2	Art — Historical treasures							
3	Art – Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests .							
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other► ( <u>Var Services</u> )		24	123,416.	FMV			
26	Other ► ()							
27	Other ► ()							
28					<u> </u>			
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done				29			
							Yes	No
30a	During the year, did the organization receive by contribution it must hold for at least three years from the date	of the initial	I contribution, and which	ch isn't required to be u	ısed			
	for exempt purposes for the entire holding period	17				30 a		X
	b If 'Yes,' describe the arrangement in Part II.							
	Does the organization have a gift acceptance pol				ns?	31		X
32a	a Does the organization hire or use third parties or	related orga	nizations to solicit, pro	cess, or sell				3.7

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

**b** If 'Yes,' describe in Part II.

describe in Part II.

Schedule M (Form 990) 2019

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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 8/5/19 Schedule M (Form 990) 2019

### 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

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.

# JAMES R LUNSFORD JR 2001 DUNCAN DRIVE, UNIT 2963 KENNESAW, GA 30156 770-262-0745

October 23, 2020

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

Dear Client:

Your 2019 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

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

Sincerely,

Jim Lunsford