

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

|  |  |  |
|--|--|--|
| <b>B</b> Check if applicable:<br><br>Address change<br>Name change<br>Initial return<br>Final return/terminated<br>Amended return<br>Application pending | <b>C</b> Name of organization<br><b>RIVERKEEPER, INC.</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>20 SECOR ROAD</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>OSSINING, NY 10562</b> | <b>D</b> Employer identification number<br><b>13-3204621</b>   |
|  | <b>E</b> Telephone number<br><b>914-478-4501</b>   | <b>G</b> Gross receipts \$ <b>4,440,899.</b>   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527                                      | <b>F</b> Name and address of principal officer: <b>JON SPANIER</b><br><b>SAME AS C ABOVE</b>   | <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? Yes No<br>If "No," attach a list. (see instructions) |
| <b>J</b> Website: ▶ <b>WWW.RIVERKEEPER.ORG</b>   | <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶   | <b>L</b> Year of formation: <b>1983</b> <b>M</b> State of legal domicile: <b>NY</b>  |

**Part I Summary**

|                                    |                |   |   |                    |
|------------------------------------|----------------|---|---|--------------------|
|                                    | <b>1</b>       | Briefly describe the organization's mission or most significant activities: <b>TO PROTECT THE ECOLOGICAL INTEGRITY OF THE HUDSON RIVER, &amp; ITS TRIBUTARIES, AND TO SAFEGUARD</b> |   |                    |
|                                    | <b>2</b>       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |   |                    |
| <b>Activities &amp; Governance</b> | <b>3</b>       | Number of voting members of the governing body (Part VI, line 1a) .....   | <b>3</b>  | <b>22</b>          |
|                                    | <b>4</b>       | Number of independent voting members of the governing body (Part VI, line 1b) .....   | <b>4</b>  | <b>22</b>          |
|                                    | <b>5</b>       | Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....  | <b>5</b>  | <b>33</b>          |
|                                    | <b>6</b>       | Total number of volunteers (estimate if necessary) .....  | <b>6</b>  | <b>132</b>         |
|                                    | <b>7a</b>      | Total unrelated business revenue from Part VIII, column (C), line 12 .....  | <b>7a</b>   | <b>0.</b>          |
|                                    | <b>7b</b>      | Net unrelated business taxable income from Form 990-T, line 39 .....  | <b>7b</b>   | <b>0.</b>          |
|                                    | <b>Revenue</b> | <b>8</b>  | Contributions and grants (Part VIII, line 1h) ..... | <b>Prior Year</b>  |
| <b>9</b>                           |                | Program service revenue (Part VIII, line 2g) .....  | <b>3,415,317.</b>                                   | <b>3,765,340.</b>  |
| <b>10</b>                          |                | Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....   | <b>27,658.</b>                                      | <b>30,652.</b>     |
| <b>11</b>                          |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....  | <b>55.</b>  | <b>846.</b>        |
| <b>12</b>                          |                | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....  | <b>809,562.</b>                                     | <b>553,439.</b>    |
|                                    |                |   | <b>4,252,592.</b>                                   | <b>4,350,277.</b>  |
| <b>Expenses</b>                    | <b>13</b>      | Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....  | <b>0.</b>   | <b>0.</b>          |
|                                    | <b>14</b>      | Benefits paid to or for members (Part IX, column (A), line 4) .....   | <b>0.</b>   | <b>0.</b>          |
|                                    | <b>15</b>      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....   | <b>2,894,062.</b>                                   | <b>3,068,473.</b>  |
|                                    | <b>16a</b>     | Professional fundraising fees (Part IX, column (A), line 11e) .....   | <b>0.</b>   | <b>0.</b>          |
|                                    | <b>b</b>       | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>345,104.</b>   |   |                    |
|                                    | <b>17</b>      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....  | <b>1,075,250.</b>                                   | <b>1,090,910.</b>  |
|                                    | <b>18</b>      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....   | <b>3,969,312.</b>                                   | <b>4,159,383.</b>  |
|                                    | <b>19</b>      | Revenue less expenses. Subtract line 18 from line 12 .....  | <b>283,280.</b>                                     | <b>190,894.</b>    |
| <b>Net Assets or Fund Balances</b> | <b>20</b>      | Total assets (Part X, line 16) .....  | <b>Beginning of Current Year</b>                    | <b>End of Year</b> |
|                                    | <b>21</b>      | Total liabilities (Part X, line 26) .....   | <b>2,429,876.</b>                                   | <b>3,190,410.</b>  |
|                                    | <b>22</b>      | Net assets or fund balances. Subtract line 21 from line 20 .....  | <b>75,247.</b>                                      | <b>644,887.</b>    |
|                                    |                |   | <b>2,354,629.</b>                                   | <b>2,545,523.</b>  |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |   |  |
|-------------------------------|---|--|
| <b>Sign Here</b>              | ▶ <u>Paul Gallay</u><br>Signature of officer                          | 5/11/2021<br>Date  |
|                               | ▶ Paul Gallay, President<br>Type or print name and title              |  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>JAMES J. REILLY</b>                  | Preparer's signature<br><u>James Reilly</u>                              |
|                               | Firm's name ▶ <b>CONDON O'MEARA MCGINTY &amp; DONNELLY LLP</b>        | Date<br><b>5/7/2021</b>  |
|                               | Firm's address ▶ <b>ONE BATTERY PARK PLAZA<br/>NEW YORK, NY 10004</b> | Check if self-employed <input type="checkbox"/> PTIN<br><b>P00183769</b> |
|                               |   | Firm's EIN ▶ <b>13-3628255</b>   |
|                               |   | Phone no. <b>212-661-7777</b>  |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,584,003. including grants of \$ ) (Revenue \$ 32,964. ) LEGAL PROGRAM - SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 1,113,794. including grants of \$ ) (Revenue \$ ) WATER QUALITY PROGRAM - SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 1,000,631. including grants of \$ ) (Revenue \$ ) BOAT AND HABITAT RESTORATION PROGRAM - SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,698,428.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (22), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT, NJ, NY
18 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.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**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**

**1a** 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                           | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (1) PAUL GALLAY<br>PRESIDENT AND DIRECTOR       | 40.00   |   |                       | X       |              |                              | 185,051. | 0.   | 23,709.   |   |
| (2) LINDE OSTRO<br>VICE PRES FOR DEVELOPMENT    | 40.00   |   |                       |         |              | X                            | 181,662. | 0.   | 2,123.  |   |
| (3) JOHN LIPSCOMB<br>BOAT CAPTAIN               | 40.00   |   |                       |         |              | X                            | 124,453. | 0.   | 12,551.   |   |
| (4) ERNEST TOLLERSON<br>CHAIR                   | 3.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (5) KATE SINDING<br>VICE CHAIR                  | 3.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (6) NICHOLAS GROOMBRIDGE<br>SECRETARY           | 3.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (7) JON SPANIER<br>TREASURER                    | 3.00  | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (8) MARY MCNAMARA<br>ADVISORY BOARD REPRESENTAT | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (9) PAUL ZOFNASS<br>DIRECTOR                    | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (10) LESLIE WILLIAMS<br>DIRECTOR                | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (11) EMMANUEL MORLET<br>DIRECTOR                | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (12) TIMON MALLOY<br>DIRECTOR                   | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (13) STEVE LIESMAN<br>DIRECTOR                  | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (14) TOM LEWIS<br>DIRECTOR                      | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (15) TOBY SMITH<br>DIRECTOR                     | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (16) DALE KUTNICK<br>DIRECTOR                   | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (17) ALEXANDRA HERZAN<br>DIRECTOR               | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (18) MARTIN HAMP<br>DIRECTOR                                   | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (19) KARENNA GORE<br>DIRECTOR                                  | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (20) CHRISTINE CHURCHILL<br>DIRECTOR                           | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (21) MARIA CASTANEDA<br>DIRECTOR                               | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (22) KATHARINE BUTLER<br>DIRECTOR                              | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (23) FABIEN COUSTEAU<br>DIRECTOR                               | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (24) ELLEN KOZAK<br>DIRECTOR                                   | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (25) CAROLYN MARKS BLACKWOOD<br>DIRECTOR                       | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (26) LISA BENENSON<br>FORMER DIRECTOR                          | 3.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              | 491,166. | 0.   | 38,383.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 491,166. | 0.   | 38,383.   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



**Part VIII Statement of Revenue**

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

|   |   |                      | (A)            | (B)                                | (C)                        | (D)  |  |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
|   |   |                      | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts  | <b>1 a</b> Federated campaigns  | <b>1a</b>            |                |                                    |                            |  |  |
|   | <b>b</b> Membership dues  | <b>1b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Fundraising events   | <b>1c</b>            | 39,480.        |                                    |                            |  |  |
|   | <b>d</b> Related organizations  | <b>1d</b>            |                |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>            | 50,000.        |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            | 3,675,860.     |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>            | \$ 147,340.    |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f   |                      | 3,765,340.     |                                    |                            |  |  |
| Program Service Revenue   | <b>2 a</b> LEGAL SETTLEMENTS/COST   | <b>Business Code</b> |                |                                    |                            |  |  |
|   |   | 900099               | 30,652.        | 30,652.                            |                            |  |  |
|   | <b>b</b>  |                      |                |                                    |                            |  |  |
|   | <b>c</b>  |                      |                |                                    |                            |  |  |
|   | <b>d</b>  |                      |                |                                    |                            |  |  |
|   | <b>e</b>  |                      |                |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue  |                      |                |                                    |                            |  |  |
| <b>g Total.</b> Add lines 2a-2f   |   | 30,652.              |                |                                    |                            |  |  |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |                      | 846.           |                                    |                            | 846.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                             |                      |                |                                    |                            |  |  |
|   | <b>5</b> Royalties  |                      |                |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents  | <b>6a</b>            | (i) Real       |                                    |                            |  |  |
|   |   |                      | (ii) Personal  |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses  | <b>6b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss)  |                      |                |                                    |                            |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                       | <b>7a</b>            | (i) Securities |                                    |                            |  |  |
|   |   |                      | (ii) Other     |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses                                   | <b>7b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Gain or (loss)   | <b>7c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Net gain or (loss)   |                      |                |                                    |                            |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ 39,480. of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |                      | 641,749.       |                                    |                            |  |  |
|   |   |                      | 90,622.        |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>8b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events   |   |                      | 551,127.       |                                    |                            | 551,127.   |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>9a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>9b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities  |   |                      |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances   | <b>10a</b>  |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold   | <b>10b</b>  |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory   |   |                      |                |                                    |                            |  |  |
| Miscellaneous Revenue   | <b>11 a</b> OTHER REVENUE   | <b>Business Code</b> |                |                                    |                            |  |  |
|   |   | 900099               | 2,312.         | 2,312.                             |                            |  |  |
|   | <b>b</b>  |                      |                |                                    |                            |  |  |
|   | <b>c</b>  |                      |                |                                    |                            |  |  |
|   | <b>d</b> All other revenue  |                      |                |                                    |                            |  |  |
| <b>e Total.</b> Add lines 11a-11d   |   | 2,312.               |                |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions   |   | 4,350,277.           | 32,964.        | 0.                                 | 551,973.                   |  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   | 221,896.              | 200,273.                        | 3,251.                                 | 18,372.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 2,344,847.            | 2,117,746.                      | 32,933.                                | 194,168.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits .....  | 297,024.              | 266,553.                        | 5,944.                                 | 24,527.                     |
| <b>10</b> Payroll taxes .....   | 204,706.              | 183,706.                        | 4,096.                                 | 16,904.                     |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  | 8,639.                | 7,794.                          | 255.                                   | 590.                        |
| <b>c</b> Accounting .....   | 22,326.               | 20,142.                         | 659.                                   | 1,525.                      |
| <b>d</b> Lobbying .....   | 18,737.               | 18,737.                         |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)   | 499,948.              | 449,218.                        | 15,309.                                | 35,421.                     |
| <b>12</b> Advertising and promotion .....   |                       |                                 |  |                             |
| <b>13</b> Office expenses .....   | 90,777.               | 78,911.                         | 3,353.                                 | 8,513.                      |
| <b>14</b> Information technology .....  |                       |                                 |  |                             |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 127,035.              | 92,394.                         | 28,928.                                | 5,713.                      |
| <b>17</b> Travel .....  | 24,548.               | 22,606.                         | 393.                                   | 1,549.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 2,601.                | 2,129.                          | 134.                                   | 338.                        |
| <b>20</b> Interest .....  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 20,130.               | 13,824.                         | 4,937.                                 | 1,369.                      |
| <b>23</b> Insurance .....   | 36,325.               | 27,397.                         | 5,357.                                 | 3,571.                      |
| <b>24</b> 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.) |                       |                                 |  |                             |
| <b>a</b> OUTSIDE SERVICES   | 68,777.               | 61,212.                         | 4,126.                                 | 3,439.                      |
| <b>b</b> EQUIP. RENTAL & MAINTEN  | 57,085.               | 53,412.                         | 2,666.                                 | 1,007.                      |
| <b>c</b> DIRECT MAIL EXPENSE  | 40,737.               | 34,626.                         |  | 6,111.                      |
| <b>d</b> DUES & SUBSCRIPTIONS   | 23,223.               | 21,102.                         | 551.                                   | 1,570.                      |
| <b>e</b> All other expenses   | 50,022.               | 26,646.                         | 2,959.                                 | 20,417.                     |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 4,159,383.            | 3,698,428.                      | 115,851.                               | 345,104.                    |
| <b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)   |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)                 |            | (B)                |
|---|--|---------------------|------------|--------------------|
|   |  | Beginning of year   |            | End of year        |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 500.                | <b>1</b>   | 500.               |
|   | <b>2</b> Savings and temporary cash investments .....  | 682,453.            | <b>2</b>   | 1,727,904.         |
|   | <b>3</b> Pledges and grants receivable, net .....  | 1,663,733.          | <b>3</b>   | 1,389,753.         |
|   | <b>4</b> Accounts receivable, net .....  |                     | <b>4</b>   |                    |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                     | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                     | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                     | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use .....   |                     | <b>8</b>   |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 12,340.             | <b>9</b>   | 5,919.             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 537,691. |            |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 481,957. | 60,250.    | <b>10c</b> 55,734. |
|   | <b>11</b> Investments - publicly traded securities .....   |                     | <b>11</b>  |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                     | <b>12</b>  |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                     | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets .....  |                     | <b>14</b>  |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 10,600.             | <b>15</b>  | 10,600.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 2,429,876.   | <b>16</b>           | 3,190,410. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 75,247.             | <b>17</b>  | 95,607.            |
|   | <b>18</b> Grants payable .....   |                     | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue .....   |                     | <b>19</b>  |                    |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                     | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                     | <b>21</b>  |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                     | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                     | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                     | <b>24</b>  |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 0.                  | <b>25</b>  | 549,280.           |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 75,247.             | <b>26</b>  | 644,887.           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                     |            |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | -472,664.           | <b>27</b>  | 30,911.            |
|   | <b>28</b> Net assets with donor restrictions .....   | 2,827,293.          | <b>28</b>  | 2,514,612.         |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                     |            |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                     | <b>29</b>  |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                     | <b>30</b>  |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                     | <b>31</b>  |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 2,354,629.          | <b>32</b>  | 2,545,523.         |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 2,429,876.          | <b>33</b>  | 3,190,410.         |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 4,350,277. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 4,159,383. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 190,894.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 2,354,629. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 2,545,523. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 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? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

Form 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

|  |   |
|--|---|
| <b>Name of the organization</b><br>RIVERKEEPER, INC. | <b>Employer identification number</b><br>13-3204621 |
|--|---|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015   | (b) 2016   | (c) 2017   | (d) 2018   | (e) 2019   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 4,513,699. | 4,032,516. | 3,757,484. | 3,415,317. | 3,765,340. | 19,484,356. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |            |            |            |            |            |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 4,513,699. | 4,032,516. | 3,757,484. | 3,415,317. | 3,765,340. | 19,484,356. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |            |            |            |            |            | 1,622,556.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 17,861,800. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015   | (b) 2016   | (c) 2017   | (d) 2018   | (e) 2019   | (f) Total                |
|--|------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 4,513,699. | 4,032,516. | 3,757,484. | 3,415,317. | 3,765,340. | 19,484,356.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   | 148.       | 323.       | 356.       | 55.        | 846.       | 1,728.                   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |            |            |            |            |            |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  | 785.       | 1,054.     | 1,577.     | 3,069.     | 2,312.     | 8,797.                   |
| <b>11 Total support.</b> Add lines 7 through 10  |            |            |            |            |            | 19,494,881.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |            |            |            |            | 12         | 250,281.                 |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |            |            |            |            |            | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 91.62 %                             |
| <b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....  | <b>15</b> | 91.91 %                             |
| <b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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 |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section 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                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section 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             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   | (A) Prior Year | Current Year |
|----------------------------------|---|----------------|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1              |              |
| 2                                | Enter 85% of line 1.  | 2              |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3              |              |
| 4                                | Enter greater of line 2 or line 3.  | 4              |              |
| 5                                | Income tax imposed in prior year  | 5              |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6              |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |                |              |

Schedule A (Form 990 or 990-EZ) 2019

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2019 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                             |  |   |
| <b>3</b> 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   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2019 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2014 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2019 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2019 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2015  |                             |  |   |
| <b>b</b> Excess from 2016  |                             |  |   |
| <b>c</b> Excess from 2017  |                             |  |   |
| <b>d</b> Excess from 2018  |                             |  |   |
| <b>e</b> Excess from 2019  |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2019

**Part VI**

**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.)

Horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

RIVERKEEPER, INC.

Employer identification number

13-3204621

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|   |  |
|---|--|
| Name of organization<br><br>RIVERKEEPER, INC. | Employer identification number<br><br>13-3204621 |
|---|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | ANONYMOUS<br><br>20 SECOR ROAD<br><br>OSSINING, NY 10562  | \$ 1,150,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | FARKOUH, FURMAN & FACCILO LLP<br><br>460 PARK AVE, 12TH FLOOR<br><br>NEW YORK, NY 10022         | \$ 75,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | ATTWOOD JR., JAMES A./WILLIAMS LESLIE<br><br>376 HARRIS ROAD<br><br>BEDFORD HILLS, NY 10507     | \$ 120,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | CHRISTIAN A. JOHNSON ENDEAVOR FOUNDATION<br><br>1060 PARK AVENUE, #1F<br><br>NEW YORK, NY 10128 | \$ 225,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | CLANEIL FOUNDATION, INC<br><br>2250 HICKORY RD, SUITE 450<br><br>PLYMOUTH MEETING, PA 19462     | \$ 80,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | DAVIS, CHRIS & SHARON<br><br>741 OLD ALBANY POST ROAD<br><br>GARRISON, NY 10524                 | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |  |
|---|--|
| Name of organization<br><br>RIVERKEEPER, INC. | Employer identification number<br><br>13-3204621 |
|---|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 7          | DONALD C. BRACE FOUNDATION<br><br>LEWIS BRAFF & CO, 500 MAMARONECK AVE, STE 310<br><br>HARRISON, NY 10528 | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | NICHOLAS GROOMBRIDGE<br><br>PO BOX 60<br><br>COLD SPRING, NY 10516  | \$ 90,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | LILY AUCHUNCLOSS FDN. INC.<br><br>16 EAST 79TH STREET, SUITE 31<br><br>NEW YORK, NY 10075                 | \$ 200,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | NYS DEC HR ESTUARY PROGRAM<br><br>625 BROADWAY<br><br>ALBANY, NY 12207                                    | \$ 80,052.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | PARK AVENUE FOUNDATION<br><br>P O BOX 550<br><br>ITHACA, NY 14851   | \$ 120,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | SUN HILL FAMILY FOUNDATION: WATER QUALITY MONITORING<br><br>270 WEST END AVENUE<br><br>NEW YORK, NY 10023 | \$ 80,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |  |
|---|--|
| Name of organization<br><br>RIVERKEEPER, INC. | Employer identification number<br><br>13-3204621 |
|---|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 13         | MARIA RAGUCCI<br><br>16 MORRIS COURT<br><br>RYE, NY 10580                        | \$ 76,313.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | LUCY WALETZKY<br><br>1301 BEDFORD ROAD<br><br>PLEASANTVILLE, NY 10570            | \$ 140,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | WATERKEEPER ALLIANCE<br><br>180 MAIDEN LANE, SUITE 603<br><br>NEW YORK, NY 10038 | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| _____      | _____<br><br>_____<br><br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



|   |  |
|---|--|
| Name of organization<br><br>RIVERKEEPER, INC. | Employer identification number<br><br>13-3204621 |
|---|--|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

|   |  |
|---|--|
| Name of organization<br><br>RIVERKEEPER, INC. | Employer identification number<br><br>13-3204621 |
|---|--|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
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 |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://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**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|  |   |
|--|---|
| Name of organization<br><p style="text-align: center;">RIVERKEEPER, INC.</p> | Employer identification number<br><p style="text-align: center;">13-3204621</p> |
|--|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2019**

LHA

932041 11-26-19

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>  | Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 18,737.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>   | Total lobbying expenditures (add lines 1a and 1b) .....   | 18,737.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>   | Other exempt purpose expenditures .....   | 4,140,646.                                      |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>   | Total exempt purpose expenditures (add lines 1c and 1d) .....   | 4,159,383.                                      |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>   | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  | 357,969.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>   | Grassroots nontaxable amount (enter 25% of line 1f) .....   | 89,492.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>   | Subtract line 1g from line 1a. If zero or less, enter -0- .....   | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>   | Subtract line 1f from line 1c. If zero or less, enter -0- .....   | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>   | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ..... |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |            |
|---|----------|----------|----------|----------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 363,724. | 366,881. | 348,466. | 357,969. | 1,437,040. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          | 2,155,560. |
| <b>c</b> Total lobbying expenditures                                | 25,009.  | 22,696.  | 26,371.  | 18,737.  | 92,813.    |
| <b>d</b> Grassroots nontaxable amount                               | 90,931.  | 91,720.  | 87,117.  | 89,492.  | 359,260.   |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          | 538,890.   |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |            |

**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)).**

|   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers? .....  |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..  |     |    |        |
| <b>c</b> Media advertisements? .....  |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....   |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....  |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....   |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....  |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....  |     |    |        |
| <b>i</b> Other activities? .....  |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....   |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....   |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....  |     |    |        |
| <b>c</b> 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 |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....  | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                                   | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? ..... | <b>3</b> |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|   |           |
|---|-----------|
| <b>1</b> Dues, assessments and similar amounts from members .....   | <b>1</b>  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |
| <b>a</b> Current year .....   | <b>2a</b> |
| <b>b</b> Carryover from last year .....   | <b>2b</b> |
| <b>c</b> Total .....  | <b>2c</b> |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....  | <b>3</b>  |
| <b>4</b> 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? ..... | <b>4</b>  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....   | <b>5</b>  |

**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.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

2019

Open to Public Inspection

Name of the organization RIVERKEEPER, INC. Employer identification number 13-3204621

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Section requirements and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 2,827,293.       | 2,705,415.     | 2,831,044.         | 2,647,278.           | 2,015,298.          |
| b Contributions                                  | 883,182.         | 1,836,087.     | 1,834,098.         | 1,931,627.           | 1,356,726.          |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 1,195,863.       | 1,714,209.     | 1,959,727.         | 1,747,861.           | 724,746.            |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 2,514,612.       | 2,827,293.     | 2,705,415.         | 2,831,044.           | 2,647,278.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  43.10 %
  - c Term endowment  56.90 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 7,500.                          |                              | 7,500.         |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      | 66,565.                         | 57,632.                      | 8,933.         |
| d Equipment  |                                      | 220,005.                        | 203,883.                     | 16,122.        |
| e Other  |                                      | 243,621.                        | 220,442.                     | 23,179.        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 55,734.        |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) PAYCHECK PROTECTION PROGRAM LOAN PAYABLE                                | 549,280.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 549,280.       |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 5,140,330. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 790,053.   |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 790,053.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 4,350,277. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 0.         |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 4,350,277. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 4,949,436. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 790,053.   |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |            |
| <b>c</b> | Other losses  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 790,053.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 4,159,383. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 0.         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 4,159,383. |

**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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

TEMPORARY ENDOWMENTS INCLUDED DONOR RESTRICTED GIFTS. ADDITIONALLY, WE

HAVE AN ENDOWMENT THAT FOR THE MOST PART IS TO REMAIN INTACT AND PROVIDE

INTEREST INCOME, BUT THAT THE BOARD HAS DESIGNATED AS A FUND TO DRAW UPON

TO ASSIST WITH CASH FLOW ISSUES AT CERTAIN TIMES OF YEAR. ANY LOANS FROM

THE ENDOWMENT TO OPERATING CASH ACCOUNTS ARE THEN REPAID WITH 2% INTEREST,

PER THE BOARD.

PERMANENTLY RESTRICTED NET ASSETS CONSIST OF CONTRIBUTIONS THAT ARE

RESTRICTED BY THE DONORS IN THAT THE PRINCIPAL MUST REMAIN IN PERPETUITY,

BUT ANY INVESTMENT RETURN EARNED ON SUCH FUNDS MAY BE SPENT IN ACCORDANCE

WITH THE DONOR TERMS.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2019**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

|  |   |
|--|---|
| Name of the organization<br><p style="text-align: center;">RIVERKEEPER, INC.</p> | Employer identification number<br><p style="text-align: center;">13-3204621</p> |
|--|---|

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <p><b>a</b> <input checked="" type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input checked="" type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input checked="" type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input checked="" type="checkbox"/> Special fundraising events</p> |
|---|--|
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    | ▶                                 |   |   |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- NY
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |   | (a) Event #1     | (b) Event #2 | (c) Other events | (d) Total events                |
|--|---|------------------|--------------|------------------|---------------------------------|
|  |   | FISHERMEN'S BALL | SWEEP        | 1                | (add col. (a) through col. (c)) |
|  |   | (event type)     | (event type) | (total number)   |                                 |
| Revenue  | <b>1</b> Gross receipts .....   | 545,806.         | 96,588.      | 38,835.          | 681,229.                        |
|  | <b>2</b> Less: Contributions .....  | 39,480.          |              |                  | 39,480.                         |
|  | <b>3</b> Gross income (line 1 minus line 2) .....                           | 506,326.         | 96,588.      | 38,835.          | 641,749.                        |
| Direct Expenses  | <b>4</b> Cash prizes .....  |                  |              |                  |                                 |
|  | <b>5</b> Noncash prizes .....   |                  |              |                  |                                 |
|  | <b>6</b> Rent/facility costs .....  |                  |              |                  |                                 |
|  | <b>7</b> Food and beverages .....   | 25,008.          | 1,038.       | 283.             | 26,329.                         |
|  | <b>8</b> Entertainment .....  |                  |              |                  |                                 |
|  | <b>9</b> Other direct expenses .....  | 48,935.          | 6,085.       | 9,273.           | 64,293.                         |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |                  |              |                  | 90,622.                         |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |   |                  |              | 551,127.         |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|   |                                      | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c)) |
|---|--------------------------------------|---|---|---|--|
|   |                                      | <b>1</b> Gross revenue .....  |   |   |  |
| Direct Expenses   | <b>2</b> Cash prizes .....           |   |   |   |  |
|   | <b>3</b> Noncash prizes .....        |   |   |   |  |
|   | <b>4</b> Rent/facility costs .....   |   |   |   |  |
|   | <b>5</b> Other direct expenses ..... |   |   |   |  |
|   | <b>6</b> Volunteer labor .....       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....        |                                      |   |   |   |  |
| <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |                                      |   |   |   |  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_  
 Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_  
 Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_  
 Gaming manager compensation ► \$ \_\_\_\_\_  
 Description of services provided ► \_\_\_\_\_  
 \_\_\_\_\_  
 Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**RIVERKEEPER, INC.**

Employer identification number  
**13-3204621**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                           |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) PAUL GALLAY<br>PRESIDENT AND DIRECTOR    | (i)  | 185,051.   | 0.                                  | 0.                                  | 0.   | 23,709.                 | 208,760.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) LINDE OSTRO<br>VICE PRES FOR DEVELOPMENT | (i)  | 181,662.   | 0.                                  | 0.                                  | 0.   | 2,123.                  | 183,785.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **RIVERKEEPER, INC.** Employer identification number **13-3204621**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 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                               | X                          | 11  | 147,340. FMV   |   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( )   |                            |   |  |   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   |     | X  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |



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

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

RIVERKEEPER, INC.

Employer identification number

13-3204621

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE DRINKING WATER SUPPLY OF NEW YORK CITY AND THE LOWER HUDSON VALLEY.

FORM 990, PART III, LINE 1.

RIVERKEEPER'S MISSION IS TO PROTECT THE ECOLOGICAL INTEGRITY OF THE

HUDSON RIVER, AND ITS TRIBUTARIES, AND TO SAFEGUARD THE DRINKING WATER

SUPPLY OF NEW YORK CITY AND THE LOWER HUDSON VALLEY. THROUGH BOAT

PATROLS, STRATEGIC PARTNERSHIPS, THOUSANDS OF ACTIVIST MEMBERS AND A

RESPECTED LEGAL STAFF, RIVERKEEPER IS RESTORING THE HUDSON RIVER AND

KEEPING CONTAMINANTS OUT OF THE DRINKING WATER SUPPLY OF 9 MILLION NEW

YORKERS. RIVERKEEPER HAS HELPED TO ESTABLISH GLOBALLY RECOGNIZED

STANDARDS FOR WATERSHED PROTECTION, AND SERVE AS THE MODEL AND MENTOR

FOR THE GROWING WATERKEEPER MOVEMENT THAT INCLUDE MORE THAN 260 KEEPER

PROGRAMS ACROSS THE COUNTRY AND AROUND THE GLOBE. RIVERKEEPER, FOR MORE

THAN 40 YEARS IS NEW YORK'S LEADING CLEAN WATER ADVOCATE.

PART III - LINE 4A

RIVERKEEPER LEGAL PROGRAM SUMMARY:

RIVERKEEPER'S MISSION IS TO PROTECT THE ENVIRONMENTAL, RECREATIONAL AND

COMMERCIAL INTEGRITY OF THE HUDSON RIVER AND ITS TRIBUTARIES, AND TO

SAFEGUARD THE DRINKING WATER OF NINE MILLION NEW YORK CITY AND HUDSON

VALLEY RESIDENTS.

THE LEGAL PROGRAM ACHIEVES THESE THROUGH LITIGATION, COMMENTS ON AGENCY

ACTIONS, AND ADVOCACY. LEGAL PROGRAM STAFF CURRENT INCLUDES THREE

ATTORNEYS, ONE SCIENTIST, TWO OUTREACH COORDINATORS, AND A PARA-LEGAL.

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

Schedule O (Form 990 or 990-EZ) (2019)

|   |  |
|---|--|
| Name of the organization<br>RIVERKEEPER, INC. | Employer identification number<br>13-3204621 |
|---|--|

THESE STAFF CO-OPERATE WITH OTHER RIVERKEEPER PROGRAMS AS NEEDED TO  
BEST ACHIEVE OUR SHARED GOALS.

CURRENT LITIGATION AND ADVOCACY CAMPAIGNS CONCERN THE NEED TO:

I) FURTHER CLEAN UP THE HUDSON AS A RESULT OF PCB POLLUTION FROM  
GENERAL ELECTRIC;

II) CLOSE THE INDIAN POINT 3 NUCLEAR POWER PLANT AND THEN SAFELY  
DECOMMISSION ALL THREE REACTORS;

III) PROVIDE SAFE RENEWABLE POWER TO REPLACE THAT CURRENTLY GENERATED  
BY INDIAN POINT AND FOSSIL FUEL POWER PLANTS;

IV) REDUCE COMBINED SEWAGE OVERFLOW AND STORMWATER POLLUTION THROUGHOUT  
THE WATERSHED;

V) IMPROVE THE PROTECTION FOR NEW YORK CITY'S DRINKING WATER;

VI) ELIMINATE THE MOVEMENT OF CRUDE OIL ON THE HUDSON AND REDUCE THE  
MOVEMENT OF REFINED PRODUCT;

VII) PREVENT AND REMOVE TOXICS FROM DRINKING WATER;

VIII) PREVENT THE SITING OF NEW POLLUTING FACILITIES THAT WOULD  
DISCHARGE TO THE HUDSON OR ITS TRIBUTARIES OR ADD TO CLIMATE CHANGE;

IX) PROVIDE A POSITIVE COMMUNITY VISION FOR SUPERFUND CLEAN UPS.

THE LEGAL PROGRAM PROVIDES WIDE RANGING SUPPORT TO OTHER RIVERKEEPER  
PROGRAMS TO ADVANCE THE OBJECTIVES OF THESE CAMPAIGNS. OUR WORK

CONTINUES TO DEVELOP AS NEW ISSUES EMERGE, BUR BROADLY WE ARE DEDICATED

TO CLEANING UP PAST POLLUTION AND ENSURING THAT NEW SOURCES OF

POLLUTION ARE PREVENTED FROM FURTHER CONTAMINATING THE HUDSON.

IN 2020 MAJOR VICTORIES INCLUDED:

I) CLOSURE OF INDIAN POINT 2;

II) DEFEATING THE PROPOSED STORM BARRIERS IN THE HUDSON RIVER;

III) ENFORCING THE REQUIREMENT FOR POLLUTING FACILITIES TO HAVE

STORMWATER PERMITS AND POLLUTION PREVENTION PLANS AT MULTIPLE

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LOCATIONS, AND COMPLIANCE WITH SUCH PERMITS; AND

IV) INDUCING DEC TO REJECT A PROPOSED WASTE FACILITY IN TROY, NY AND

CAUSING AN APPLICANT TO SIGNIFICANTLY SCALE BACK A PROPOSED WASTE IN

STONY POINT, NY, BOTH OF WHICH COULD HAVE CAUSED POLLUTION TO THE

HUDSON;

V) WINNING LITIGATION THAT IMPROVED THE GENERAL PERMIT FOR INDUSTRIAL

STORMWATER

PART III - LINE 4B

FY2018 (JULY 1 2019-JUNE 30, 2020)

RIVERKEEPER'S WATER QUALITY PROGRAM FOCUSES ON COORDINATING COMMUNITY

SCIENCE TO GATHER WATER QUALITY DATA FROM THE HUDSON RIVER AND ITS

TRIBUTARIES, ENGAGING GRASSROOTS AND COMMUNITY-LEVEL PARTNERS IN THE

PROTECTION OF WATER RESOURCES, ADVOCATING FOR POLLUTION REDUCTION

PROJECTS AND PROGRAMS LOCALLY AND STATEWIDE, AND ADVOCATING FOR

PROTECTING WATER - PARTICULARLY DRINKING WATER - AT ITS SOURCE THROUGH

EFFECTIVE WATERSHED MANAGEMENT.

WHILE NOT EXHAUSTIVE, THESE ACCOMPLISHMENTS DEMONSTRATE SOME OF THE

IMPACT OF OUR WORK IN THIS FISCAL YEAR:

WATER QUALITY MONITORING: GATHERED ROUGHLY 3,000 WATER SAMPLES FROM

MORE THAN 440 LOCATIONS, WORKING WITH MORE THAN 180 INDIVIDUALS AND

MORE THAN 75 PARTNER ORGANIZATIONS. MOST DATA IS REPORTED VIA AN

INTERACTIVE MAP AT RIVERKEEPER.ORG, AND/OR COMPILED IN REPORTS. THE

NUMBER OF SAMPLES GATHERED WAS FEWER IN SPRING 2020 DUE TO THE

PANDEMIC, AND WE WORKED WITH PARTNERS TO DEVELOP SAFETY PROTOCOLS FOR

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COMMUNITY SCIENCE THAT INFORMED DECISIONS TO SAFELY RESUME PROJECTS  
ACROSS OUR REGION.

SUPPORTING SCIENTIFIC RESEARCH: WE LAUNCHED A COLLABORATION WITH  
COLUMBIA UNIVERSITY RESEARCHER KARTIK CHANDRAN TO MEASURE VIRUSES,  
INCLUDING SARS-COV-2, IN A STRETCH OF THE HUDSON RIVER IMPACTED BY  
COMBINED SEWER OVERFLOWS, AND SUPPORTED A YALE UNIVERSITY RESEARCHER,  
DAVID RAYMOND, IN GATHERING SAMPLES NEAR NEW YORK CITY THAT WILL BE  
ANALYZED FOR THE PRESENCE OF THE NOVEL CORONAVIRUS. RESEARCH WE  
ASSISTED WITH WAS PUBLISHED IN THE SCIENTIFIC LITERATURE ON THE TOPICS  
OF GREENHOUSE GAS EMISSIONS ASSOCIATED WITH SEWAGE OVERFLOWS IN THE  
HUDSON RIVER AND NEW YORK HARBOR (QUEENS COLLEGE), AND ON THE USE OF  
GENETIC MARKERS TO TRACK SOURCES OF FECAL CONTAMINATION IN HUDSON RIVER  
TRIBUTARIES (CORNELL UNIVERSITY).

WASTEWATER INFRASTRUCTURE: TO SUPPORT LEGISLATIVE ADVOCACY AND LOCAL  
AWARENESS, WE BUILT A DATABASE AND CREATED REPORTS ON NEEDED WASTEWATER  
INFRASTRUCTURE INVESTMENTS IN EACH WATERSHED AND IN EACH SENATE AND  
ASSEMBLY DISTRICT IN THE AREAS WHERE OUR WORK IS FOCUSED. WE ALSO  
SUPPORT LOCAL APPLICATIONS FOR WASTEWATER INVESTMENTS THAT WILL IMPROVE  
WATER QUALITY.

STATEWIDE WATER QUALITY POLICIES: WE ADVOCATED FOR THE ADOPTION OF  
DRINKING WATER STANDARDS FOR PFOA AND PFOS, TWO CHEMICALS FOUND IN  
DRINKING WATER SUPPLIES IN OUR REGION. WE ADVOCATED FOR THE  
IMPLEMENTATION OF REGULATIONS THAT WILL IMPLEMENT THE DRUG TAKE BACK  
ACT, WHICH WILL EXPAND TAKEBACK OPTIONS FOR UNUSED MEDICATIONS AT  
PHARMACIES, AND SHIFT THE COST OF PROGRAMS TO THE INDUSTRY, RATHER THAN  
THE TAXPAYER. WE ADVOCATED FOR LEGISLATION THAT WOULD BETTER PROTECT  
CLASS C STREAMS AND SMALL WETLANDS IN NEW YORK STATE. WE ADVOCATED FOR  
THE ADOPTION OF UPDATED NUTRIENT WATER QUALITY STANDARDS FOR STATE

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WATERWAYS.

WATERWAY-SPECIFIC RESTORATION PLANS: WE SERVE ON THE STATE'S MOHAWK

BASIN PROGRAM STEERING COMMITTEE, WHICH DRAFTED A REVISED 5-YEAR ACTION

AGENDA, INCLUDING A CLEAN WATER PLAN AND SOURCE WATER PROTECTION PLAN

FOR THE RIVER. WE PARTICIPATED IN DRAFTING OF THE NEXT 10-YEAR HUDSON

RIVER ESTUARY ACTION AGENDA. WE ADVOCATED FOR THE STATE TO ADVANCE A

CLEAN WATER PLAN FOR THE WALLKILL RIVER. WE DESIGNED SAMPLING PLANS,

TRAINED PARTNERS AND/OR GATHERED DATA FROM THE WALLKILL RIVER, SAW MILL

RIVER AND SPARKILL CREEK WATERSHEDS TO UPDATE OFFICIAL STATE WATER

QUALITY ASSESSMENTS THAT PRECEDE AND CATALYZE CLEAN WATER PLANS.

WATERWAY-SPECIFIC ADVOCACY: WHERE WE HAVE INVESTED IN DATA COLLECTION

AND COMMUNITY ORGANIZING, WE ADVOCATE FOR OR AGAINST SPECIFIC PROJECTS,

INCLUDING SUPPORT OF COMMUNITIES SEEKING GRANTS FOR WASTEWATER

INFRASTRUCTURE IMPROVEMENTS OR WATERSHED PLANNING; AND ADVOCACY TO

REDUCE THE IMPACTS OF HYDROELECTRIC DAMS, INCLUDING SEVERAL WALLKILL

RIVER AND MOHAWK RIVER PROJECTS THAT CONTRIBUTE TO WATER QUALITY

PROBLEMS.

COMMUNITY ORGANIZING: WE COLLABORATE WITH WATERSHED GROUPS, INCLUDING

BUT NOT LIMITED TO THOSE FOCUSED ON THE WALLKILL RIVER, RONDOUT CREEK,

SPARKILL CREEK AND MOHAWK RIVER; COMMUNITY GROUPS LIKE NEWBURGH CLEAN

WATER PROJECT, KEEP IT GREENE AND A SOLID WASTE MANAGEMENT WORKING

GROUP; AND AD-HOC AND GOVERNMENTAL COMMITTEES LIKE THE NEW PALTZ

ENVIRONMENTAL CONSERVATION COMMISSION. WE SERVE ON THE BOARD OF THE

HUDSON RIVER WATERSHED ALLIANCE, AND CHAIR THE COMMUNICATIONS

COMMITTEE, AND ACT IN A LEADERSHIP ROLE WITH THE LOWER HUDSON URBAN

WATERS COLLABORATIVE. WITH THESE PARTNERSHIPS, WE CONDUCT WATER QUALITY

MONITORING PROJECTS TO ANSWER LOCAL QUESTIONS, SUCH AS IN HIGH FALLS

AND NEW PALTZ; ADVANCE WATER PROTECTIONS SUCH AS SEWER LEAK



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INVESTIGATIONS IN SPARKILL CREEK AND WATERSHED AWARENESS IN RONDOUT AND WALLKILL RIVER WATERSHEDS; HELP COMMUNITIES UNDERSTAND AND USE LEGAL PROCESSES TO OPPOSE DAMAGING PROPOSALS, SUCH AS THE BIOHIGHTECH FACILITY PROPOSED IN RENSSELAER AND THE PECKHAM CONSTRUCTION AND DEMOLITION DUMP PROPOSED IN CATSKILL; ASSIST WITH STRATEGIC PLANNING, INCLUDING FOR OUR LOCAL PARTNERS WORKING IN THE WALLKILL AND IN NEWBURGH; AND/OR ADVANCE SOURCE WATER RESTORATION GOALS, SUCH AS ASSISTING THE COMMUNITY EFFECTIVELY MAKE USE OF THE STEWART AIR NATIONAL GUARD BASE RESTORATION ADVISORY COMMITTEE. ADVOCATED FOR DRINKING WATER SOURCE PROTECTION: WE ADVOCATE FOR THE ROLLOUT OF THE STATE DRINKING WATER SOURCE PROTECTION PROGRAM, WHICH WE HELPED SHAPE AS AN ADVISORY BOARD MEMBER. WE COORDINATE DRINKING WATER SOURCE PROTECTION PLANNING EFFORTS WITH BOTH THE HUDSON 7 COMMUNITIES THAT DRAW DRINKING WATER FROM THE HUDSON RIVER, AND THE CITY OF NEWBURGH. FOR THE HUDSON 7, AMONG OTHER INITIATIVES, WE ADVOCATED TO IMPROVE THE REMEDIATION PLAN FOR A LARGE ARE OF COAL TAR POLLUTION IN POUGHKEEPSIE, TO ENSURE THE CLEANUP IS COMPREHENSIVE AND WON'T IMPERIL DRINKING WATER INTAKES, AND WE WORKED WITH COAST GUARD AND DEC STAFF TO BEGIN TO IMPROVE SPILL PREVENTION AND RESPONSE PLANNING. FOR NEWBURGH, WE DRAFTED A SET OF RECOMMENDATIONS UTILIZING OUR DRINKING WATER SOURCE PROTECTION SCORECARD, COMPLETED A WATER SAMPLING PROJECT TO HELP DEFINE NUTRIENT INPUTS THAT AFFECT THE QUALITY OF THE CITY'S BROWNS POND RESERVOIR AND HELPED ENSURE THAT STATE AND COUNTY COMMITMENTS TO SOURCE WATER PROTECTION ARE MET. WE CONTINUED TO DEVELOP A CAMPAIGN WITH THE GOAL OF GETTING THE STATE TO COMMIT TO UPDATING WATERSHED RULES AND REGULATIONS TO PROTECT DRINKING WATER SOURCES FOR COMMUNITIES STATEWIDE.

WATER JUSTICE: WE HAVE BEGUN TO DEVELOP PROJECTS TO ADVANCE PAIRED

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SOCIAL JUSTICE AND WATER QUALITY GOALS, INCLUDING ADVOCATING FOR  
 UPDATING DEC'S ENVIRONMENTAL JUSTICE POLICY TO INCLUDE DRINKING WATER  
 SOURCES FOR IDENTIFIED POTENTIAL ENVIRONMENTAL JUSTICE AREAS; AND  
 LAUNCHING THE WATER JUSTICE LAB, A PROJECT IN COLLABORATION WITH THE  
 MEDIA SANCTUARY IN TROY THAT WILL TRAIN YOUTH IN BOTH AUDIO  
 STORYTELLING ABOUT WATER JUSTICE ISSUES AND WATER QUALITY LAB WORK. WE  
 ALSO HAVE SUPPORTED THE NEW YORK STATE NAACP'S NEW EFFORT TO PROMOTE  
 ENVIRONMENTAL AND CLIMATE JUSTICE VIA ITS LOCAL BRANCHES.

PART III - LINE 4C

RIVERKEEPER'S PATROL BOAT "R. IAN FLETCHER" MAINTAINS A NEAR CONSTANT  
 PRESENCE ON THE HUDSON RIVER AND ITS MAJOR TRIBUTARIES BETWEEN MARCH  
 AND NOVEMBER EACH YEAR, PATROLLING NY HARBOR, THE HUDSON ESTUARY, THE  
 MOHAWK AND UPPER HUDSON EACH MONTH AND LOGGING BETWEEN 5,000 AND 6,000  
 MILES. THE VESSEL HAS BEEN MODIFIED TO ENABLE IT TO BEST SERVE ITS  
 MISSION AS A POLLUTION WATCHDOG MONITOR, A PLATFORM FOR SCIENTIFIC  
 RESEARCH AND AN AMBASSADOR FOR THE RIVER.  
 WHILE CONDUCTING REGULAR POLLUTION AND SAMPLING PATROLS WE ALSO PROVIDE  
 SUPPORT FOR SCIENTIFIC STUDIES THAT ADVANCE UNDERSTANDING OF THE  
 HUDSON'S ECOSYSTEM, SUPPORT RIVERKEEPER'S WATER QUALITY MONITORING  
 PROGRAM AND BRING LOCAL, FEDERAL AND REGIONAL DECISION-MAKERS,  
 ENVIRONMENTAL ENFORCEMENT AGENCIES, ACADEMICS, THE MEDIA, AND COMMUNITY  
 STAKEHOLDERS OUT TO GAIN A CRITICAL PERSPECTIVE FROM THE WATER. ON  
 THESE TRIPS, CAPTAIN LIPSCOMB SHARES HIS DEEP KNOWLEDGE OF THE RIVER --  
 ITS WILDLIFE, CRITICAL HABITAT ZONES, POLLUTION SOURCES AND WATER  
 QUALITY MANAGEMENT ISSUES. THE BOAT PROGRAM IS CRITICAL TO  
 RIVERKEEPER'S WORK AND ITS ROLE IS UNIQUE ON THE HUDSON RIVER ESTUARY.

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IN 2016, WE COMMISSIONED AND LAUNCHED A SECOND VESSEL, A 20' OUTBOARD. THIS VESSEL NOT ONLY ALLOWS US TO RESPOND SWIFTLY TO EMERGENCIES BUT ALSO ENABLES US TO WORK IN HARD TO ACCESS AREAS AND LOCATIONS WHICH THE LARGER FLETCHER CANNOT REACH DUE TO HEIGHT OR DRAFT RESTRICTIONS. BOAT PROGRAM ALSO INCLUDES RIVERKEEPER'S RESTORATION COORDINATOR, A STAFF POSITION DEDICATED TO WORK ON BARRIER REMOVAL AND NUMEROUS OTHER FISH, WILDLIFE AND HABITAT RESTORATION OPPORTUNITIES THAT ARE CENTRAL TO RIVERKEEPER'S MISSION.

SOME OF OUR WORK IN FISCAL YEAR 2020 INCLUDES:

OUR PATROLS ARE A PLATFORM TO IDENTIFY AND ENFORCE ENVIRONMENTAL LAW VIOLATIONS AND AS A DETERRENT TO WOULD-BE POLLUTERS. OUR PATROLS IN FISCAL YEAR '20 COVERED 6,000 MILES, HELPED US IDENTIFY ENFORCEMENT AND ADVOCACY OPPORTUNITIES AND COLLECT MORE THAN 1,600 WATER QUALITY SAMPLES ON BEHALF OF THE WATER QUALITY PROGRAM TAKEN BY BOAT IN THE HUDSON ESTUARY, MOHAWK RIVER AND UPPER HUDSON... FROM THESE BOAT SAMPLES, WE MADE NEARLY 22,000 MEASURES OF WATER QUALITY (MORE THAN TWO-THIRDS OF ALL MEASURES MADE).

FURTHER WORK INTENDED TO DRIVE POLICY/PLANNING/REGULATION INCLUDED HELPING TO ORGANIZE A REGIONAL COALITION OF PUBLIC OFFICIALS FROM SEVEN MUNICIPALITIES ALONG THE HUDSON THAT RELY ON THE RIVER TO SUPPLY DRINKING WATER TO MORE THAN 100,000 RESIDENTS. THROUGH OUR PARTNERSHIPS IN THE AREA'S OFFICIAL FEDERAL AND STATE SPILL RESPONSE COMMITTEES (US COAST GUARD AREA COMMITTEE AND EPA-CHAired REGIONAL RESPONSE COMMITTEE) WE POSITIONED THE "HUDSON 7" TO HAVE A SEAT AT THE TABLE AT THESE MEETINGS WHERE IMPORTANT DECISIONS REGARDING OUR PREPAREDNESS TO PROTECT THE HUDSON FROM A CATASTROPHIC SPILL ARE DECIDED. IT WAS THE

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FIRST THAT THOUSANDS OF MEMBERS OF THE HUDSON VALLEY'S PUBLIC WERE REPRESENTED AS PARTICIPANTS ALONGSIDE THEIR STATE AND FEDERAL COUNTERPARTS TO LOBBY FOR BETTER PREPAREDNESS, FUNDING AND STRATEGIES TO PROTECT THE ESTUARINE ECOSYSTEM AND THE PUBLIC DRINKING WATER SUPPLY FROM A SPILL. THIS, ALONG WITH OUR SUCCESSFUL EFFORTS IN RECENT YEARS TO AMEND THE US COAST GUARD'S WORST CASE SPILL SCENARIO TO INVOLVE A VESSEL COLLISION OUTSIDE OF NY HARBOR -- SHIFTING THE FOCUS INSTEAD TO ENVIRONMENTAL IMPACTS 100 MILES UPRIVER NEAR KINGSTON-- HAS RESULTED IN A FOCUS ON THE PART OF THE COAST GUARD TO UNDERSTAND THE COMMUNITIES NEEDS UPRIVER AND HAS RESULTED IN THE PLANNING OF A BROAD BASED SPILL RESPONSE EXERCISE.

WE CONTINUE TO WORK WITH RESEARCHERS FROM LAMONT DOHERTY TO COLLECT AND ANALYZE MICROPLASTICS IN NY HARBOR IN ORDER TO STUDY THE SPECIFIC HEALTH IMPACTS ASSOCIATED WITH THEIR SUSPECTED ROLE AS A VECTOR FOR PATHOGENS. WE THINK THIS RESEARCH HAS THE POTENTIAL TO DRIVE REGULATORY CHANGES AIMED TO REDUCE MICROPLASTICS POLLUTION IN THE NATION'S WATERS.

CAPT. JOHN LIPSCOMB IS A FOUNDING MEMBER OF THE HUDSON RIVER SAFETY COMMITTEE, AN ADVISORY BODY INCLUDING REPRESENTATIVES FROM INDUSTRY, RECREATION, CONSERVATION AND OTHER STAKEHOLDERS FORMED AFTER OUR PARTICIPATION IN THE COAST GUARD'S PORTS AND WATERWAYS SAFETY ASSESSMENT, WHICH WAS TRIGGERED BY RIVERKEEPER'S LEADERSHIP AND ADVOCACY ON A PROPOSAL BY INDUSTRY TO DESIGNATE 43 NEW ANCHORAGE GROUNDS ON THE HUDSON (A REQUEST SUSPENDED INDEFINITELY AS A RESULT OF OUR ADVOCACY).

OUR WATCHDOG FUNCTION HAS COMMUNICATED WITH HUNDREDS OF MEMBERS OF THE PUBLIC, HELPING TO REPORT AND RESOLVE NUMEROUS OBSERVED CONDITIONS AFFECTING WATER QUALITY IN THE HUDSON AND ITS TRIBUTARIES.

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RESTORING BIOLOGICAL INTEGRITY AND IMPROVING HABITAT

THROUGHOUT FY 2020, RIVERKEEPER'S DAM REMOVAL PROGRAM HAS BEEN BUSY

WITH A VARIETY OF ENDEAVORS THAT ALL FALL UNDER THE MANTLE OF DAM

REMOVAL AND HABITAT AND SPECIES PROTECTION. MUCH OF THE USUAL

FACE-TO-FACE INTERACTION WITH DAM OWNERS WAS PUT ON HOLD AS THE

SERIOUSNESS OF THE COVID CRISIS INCREASED. HOWEVER, THE SURVEYING OF

NEW CREEKS AND DAMS ACCOUNTED FOR APPROXIMATELY THIRTY PERCENT OF THIS

EFFORT. DR. GEORGE JACKMAN SURVEYED THE FOLLOWING DAMS/CREEKS AND

DISCUSSED DAM REMOVAL/HABITAT RESTORATION WITH PROPERTY OWNERS: HOLLOW

BROOK DAM, CEDAR POND BROOK, MCKINNEY POND DAM, BARRIER #1 ON FURNACE

BROOK, MAIDEN LANE DAM ON FURNACE BROOK, PELHAM DAM ON THE HUTCHINSON

RIVER (EVEN THOUGH IT IS OUT OF THE WATERSHED), LOWER AND UPPER MINKEL

DAM IN NEW CASTLE, STROOKS FELT DAM ON THE QUASSAICK CREEK, STONY POINT

DAM ON THE ON CEDAR POND BROOK, FIRTHCLIFF DAM, ORRS MILL DAM, AND THE

SEWER TRUNK LINE ON THE MOODNA CREEK, UN-NAMED DAMS ON SPROUT BROOK,

SPARKILL CREEK, QUASSAICK CREEK.

IN ADDITION, JACKMAN HAS DONE OUTREACH TO THE NEW OWNERS OF THE KENDALL

DAM ON MILL CREEK IN RENSSELAER. HE HAS ALSO WORKED TO CLEAR THE WAY TO

REMOVE THE MT IDA AND RAIL JOINT DAMS IN TROY. IN SUPPORT OF THESE

INITIATIVES, HE HAS CONDUCTED RADIO AND PODCAST INTERVIEWS ADVOCATING

FOR THE REMOVAL OF MT. IDA DAM AND WROTE A LETTER TO THE CITY OF TROY'S

MAYOR AND CITY COUNCIL URGING THEM TO CONSIDER THE REMOVAL OF THE DAM

TO BENEFIT THE FISHES AND THE ENVIRONMENTAL JUSTICE COMMUNITY.

[HTTPS://WWW.MEDIASANCTUARY.ORG/PODCASTS/RIVERKEEPER-GEORGE-JACKMAN-ON-DA](https://www.mediasanctuary.org/podcasts/riverkeeper-george-jackman-on-da)

MS/

DR. JACKMAN HAS ALSO BEEN ENGAGED IN THE ONGOING PERMITTING PROCESS FOR

BOTH FURNACE BROOK AND QUASSAICK CREEK DAMS. TO FURTHER THE REMOVAL

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PROCESS, IN MANY CASES WE ALSO NEED TO FACILITATE AGREEMENTS AND MEETINGS BETWEEN ENGINEERS AND JURISDICTIONAL AGENCIES AND MUNICIPALITIES. WE HAVE JUST RECEIVED THE NYSDEC PERMIT TO REMOVE THE STROOKS FELT DAM. THIS REPRESENTS THE FIRST DAM REMOVAL PERMIT EVER ISSUED IN THE HUDSON RIVER ESTUARY. IN ADDITION, DR. JACKMAN IS SOUGHT FOR HIS SCIENTIFIC EXPERTISE IN SUCH MATTERS, INCLUDING SAMPLING FOR AQUATIC INVERTEBRATES AND SURVEYING CREEKS WHERE DAM REMOVAL WILL OCCUR. JACKMAN IS CURRENTLY SERVING ON THE HUDSON RIVER PARK ESTUARINE SANCTUARY TECHNICAL ADVISORY COMMITTEE AND THE HUDSON RIVER BIOLOGICAL SURVEY SCIENTIFIC COMMITTEE.

WITH REGARD TO HABITAT RESTORATION AND SPECIES PROTECTION WE HAVE BEEN ACTIVE AND SUCCESSFUL. WE CONTINUED TO BLOG ABOUT THE DECLINE OF THE MIGRATORY SPECIES IN THE HUDSON RIVER. WE HAVE ALSO WRITTEN COMMENTS PERTAINING TO THE RELICENSING OF TWO FERC HYDROPOWER DAMS ON THE FISHKILL CREEK AND THE WALLKILL RIVER AND CONTINUE TO BE STRONG ADVOCATES FOR MITIGATING IMPACTS TO AMERICAN EELS IN BOTH CASES. WE URGED FERC AND NYPA TO TAKE RIGOROUS STUDY AND PROTECTIONS OF AMERICAN EELS AND BLUEBACK HERRING ON THE MOHAWK RIVER. IN ADDITION, WE ARE SEEKING PROTECTIONS OF AMERICAN EELS AT A FERC EXEMPT DAM ON THE POESTEN KILL WITH USFWS AND NYSDEC.

ONE OF THE DAM/HABITAT RESTORATION PROGRAM'S LONG TERM GOALS IS TO CREATE ALLIANCES WITH OTHER GROUPS TO ADVANCE OUR MISSION. AS OF 2020 WE'VE SUCCESSFULLY PARTNERED WITH RENSSELAER LAND TRUST, CENTER FOR BIOLOGICAL DIVERSITY, THREE CHAPTERS OF TROUT UNLIMITED, MEDIA SANCTUARY, MENHADEN COALITION, OPEN SPACE INSTITUTE AND CREATE STEWARDSHIP TO BUILD OFF THE SUCCESS WE HAD ON FURNACE BROOK LAST FALL.

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FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS PARTICIPATE IN ORGANIZATION'S GOVERNANCE AT THE ANNUAL MEMBERSHIP MEETING IN JUNE. THEY ELECT MEMBERS TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

AT EACH MEMBERSHIP ANNUAL MEETING THEREAFTER, A NUMBER OF DIRECTORS EQUAL TO THAT OF THOSE WHO TERMS HAVE EXPIRED WILL BE ELECTED BY A PLURALITY OF THE MEMBERS FOR A TERM OF THREE YEARS AND THE EARLIEST OF THE ELECTION OR APPOINTMENT AND QUALIFICATION OF SUCH DIRECTOR'S SUCCESSOR OR UNTIL SUCH DIRECTOR'S DEATH, RESIGNATION, OR REMOVAL. AT THE EXPIRATION OF ANY TERM OF THREE YEARS, ANY DIRECTOR MAY BE ELECTED. CANDIDATES FOR ELECTION AS DIRECTORS WILL BE NOMINATED BY THE NOMINATING COMMITTEE. MEMBERS OF THE CORPORATION WHO DESIRE TO NOMINATE A MEMBER TO THE BOARD OF DIRECTORS, IN ADDITION TO THOSE CANDIDATES PROPOSED BY THE NOMINATING COMMITTEE, MAY DO SO ON A PETITION SIGNED BY NOT LESS THAN ONE HUNDRED MEMBERS AND DELIVERED TO THE SECRETARY OF THE CORPORATION NOT LESS THAN SIX MONTHS PRIOR TO THE ANNUAL MEETING OF THE MEMBERS. NO MORE THAN ONE PETITION FOR ELECTION SHALL BE ACCEPTED AND THEREFORE, IF MORE THAN ONE PETITION IS SUBMITTED, THE SUBMISSION WITH THE GREATEST NUMBER OF SIGNATURES WILL APPLY; IN THE CASE OF A MORE THAN ONE PETITION WITH EQUAL NUMBER OF SIGNATURES, THE PETITION FIRST SUBMITTED WILL BE ACCEPTED.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PRESIDENT, TREASURER AND BOARD CHAIRMAN WILL REVIEW AND APPROVE THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ON A YEARLY BASIS, THE BOARD OF DIRECTORS MEET TO COMPLETE A "CONFLICT OF

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INTEREST" ACKNOWLEDGEMENT WHICH DOCUMENTS AND SIGNIFIES THAT NO CURRENT  
 CONFLICT OF INTEREST EXISTS BETWEEN THE BOARD MEMBERS AND OUTSIDE  
 ORGANIZATIONS. AT EACH SUBSEQUENT MEETING, BEFORE ANY DECISIONS ARE MADE,  
 IT IS CLARIFIED THAT THERE IS NO CONFLICT OF INTEREST FOR ANYONE IN THE  
 ROOM. IF THERE IS A CONFLICT, THAT PERSON WILL BE EXCLUDED FROM THE  
 DECISION.

FORM 990, PART VI, SECTION C, LINE 19:

RIVERKEEPER MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND  
 FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

|  |          |
|--|----------|
| PROGRAM SERVICE EXPENSES                               | 449,218. |
| MANAGEMENT AND GENERAL EXPENSES                        | 15,309.  |
| FUNDRAISING EXPENSES                                   | 35,421.  |
| TOTAL EXPENSES   | 499,948. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 499,948. |