			EXTENDED TO NOVEMBER 15	, 201	8							
	00		Return of Organization Exempt F	rom l	ncome Tax	OMB No. 1545-0047						
F	orm <b>99</b>	U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (	ns) <b>2017</b>								
D	epartment of th	ne Treasury	Do not enter social security numbers on this form a	is it may b	e made public.	Open to Public						
-	ternal Revenue		Go to www.irs.gov/Form990 for instructions and to the second s	information.	Inspection							
<u>A</u>	For the 2	017 calenda	ar year, or tax year beginning and er	nding								
B	Check if applicable:	C Name of	organization		D Employer identific	cation number						
Į	Address change Name	SAVA	NNAH RIVERKEEPER									
Ļ	Initial		isiness as			630660						
ľ	return Final		and street (or P.O. box if mail is not delivered to street address) Re BOX 14908	loom/suite	E Telephone number 912-	596-7780						
	termin- ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	252,016.						
C	Amended	AUGU	STA, GA 30919-4908		H(a) Is this a group re							
[	Applica- tion pending		nd address of principal officer: FRANK CARL		for subordinates	? <b>Yes X No</b>						
			AS C ABOVE		H(b) Are all subordinates in	duded? Yes No						
1	Tax-exem	pt status: L	x 501(c)(3) 501(c) ( )	527	CONTRACTOR OF THE OWNER	list. (see instructions)						
			SAVANNAHRIVERKEEPER.ORG	1	H(c) Group exemption							
-			Corporation Trust Association Other	L Year (	of formation: 2001 M	State of legal domicile: GA						
Ľ		Summary	THE C	AVANN	AH BIVERKEE	DEDIC (CDK)						
Contraction of the	Activities & Covernance With the set of the	Briefly describe the organization's mission or most significant activities: THE SAVANNAH RIVERKEEPER MISSION IS TO PROTECT THE WATER QUALITY OF THE SAVANNAH RIVE										
Y	2 Ch	2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets										
1000	3 NU	umber of vot	9									
- 1	4 NU		ependent voting members of the governing body (Part VI, line 1b) $\ldots$	Contraction of the second se	9							
1	26 <b>5</b> To		of individuals employed in calendar year 2017 (Part V, line 2a)		8							
	6 To		of volunteers (estimate if necessary)			812						
1	7a To		business revenue from Part VIII, column (C), line 12			0.						
_	b Ne	et unrelated	business taxable income from Form 990-T, line 34									
		2.4.22			Prior Year 165,282.	Current Year 181,468.						
	9 8 Co		and grants (Part VIII, line 1h)		0.	101,400.						
	0 1		ce revenue (Part VIII, line 2g)	510 ACC 1.5 C	12,183.							
ſ	10 Inv		come (Part VIII, column (A), lines 3, 4, and 7d)		-16,833.	-6,412.						
	110.000		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		160,632.	204,147.						
-			- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
			o or for members (Part IX, column (A), line 4)		0.	0.						
		÷	compensation, employee benefits (Part IX, column (A), lines 5-10)	COCUMENTO COLORADO	194,422.	180,381.						
	0		undraising fees (Part IX, column (A), line 11e)		0.	0.						
	b To			0.								
I			es (Part IX, column (A), lines 11a-11d, 11f-24e)		88,124.	152,876.						
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	282,546.	333,257.							
			expenses. Subtract line 18 from line 12		-121,914.	-129,110.						
J.					ginning of Current Year	End of Year						
2 pto	20 To	otal assets (F	Part X, line 16)		839,244.	742,676.						
Ase	21 To	07.5	(Part X, line 26)	A BOLDER AND	11,297.	15,733.						
Nei		et assets or f	827,947.									
Ľ	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, porrect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer FRANK CARL, CHAIRMAN Type or print name and title	Frank	Carl	Date 10/16/18
Paid Preparer	Print/Type preparer's name MICHELLE BENNETT Firm's name SEROTTA MADDOCKS	Preparer's signature	Date 10/16	Check PTIN 5/18 sti-employed P00968513 Firm's EIN ► 58-1107697
Use Only	Firm's name SEROT'TA MADDOCKS Firm's address 2743 PERIMETER 1 AUGUS'TA, GA 309	PARKWAY, BLDG	100 STE 200	Phone no. 706-722-5337
May the I	RS discuss this return with the preparer shown at	oove? (see instructions)		

 732001
 11-28-17
 LHA For Paperwork Reduction Act Notice, see the separate instructions.
 Form 990 (2017)

 SEE
 SCHEDULE
 O
 FOR
 ORGANIZATION
 MISSION
 STATEMENT
 CONTINUATION

Form	1990 (2017) SAVANNAH RIVERKEEPER	58-2630660 Page <b>2</b>
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE SAVANNAH RIVERKEEPER'S (SRK) MISSION IS TO PRO	
	QUALITY OF THE SAVANNAH RIVER, THE INTEGRITY OF IT	
	PROMOTE AN ENLIGHTENED STEWARDSHIP OF THIS UNIQUE	HERITAGE.
2	Did the organization undertake any significant program services during the year which were not listed	
	prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O.	services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	
	revenue, if any, for each program service reported.	ons to others, the total expenses, and
4a	(Code: ) (Expenses \$ 287,045 • including grants of \$	) (Revenue \$ 1,610.)
та	PROGRAM SERVICES INCLUDE TRAINING THE PUBLIC FOR ".	
	TRAINING THE PUBLIC ON "GET THE DIRT OUT", ABANDON	
	LARGE DEBRIS REMOVAL FROM THE SAVANNAH RIVER. MONI	
	THROUGH RIVER PATROLS. THE SAVANNAH RIVER IS THE 4	
	IN THE UNITED STATES. SUBMIT OFFICIAL COMMENTS TO	
	ISSUES LIKE HARBOR DEEPENING, PLANT VOGLE NUCLEAR	PLANT WATER USAGE AND
	FISH KILLS. SAVANNAH RIVERKEEPER ALSO SPEAKS AT VA	RIOUS CIVIC
	ORGANIZATIONS ALONG THE 425 MILE WATER BASIN.	
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$ )
40	(code) (expenses \$ including grains of \$	) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 287,045.	

Form 990 (2017) SAVANNAH RIV Part IV Checklist of Required Schedules SAVANNAH RIVERKEEPER

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		х

Form **990** (2017)

 
 Form 990 (2017)
 SAVANNAH
 RIVERKEEP

 Part IV
 Checklist of Required Schedules (continued)
 SAVANNAH RIVERKEEPER

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note All Form 990 filers are required to complete Schedule O	38	Δ	1

Form **990** (2017)

Form	990 (2017) SAVANNAH RIVERKEEPER		58-2630	660	Р	age <b>5</b>			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance					<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1</b> a	1						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and	-	able gaming						
	(gambling) winnings to prize winners?			1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	8						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	Irns?	•	2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction								
3a				3a		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X			
b	If "Yes," enter the name of the foreign country:		,						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accoui	nts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		Х			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t								
	any contributions that were not tax deductible as charitable contributions?			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts						
	were not tax deductible?		-	6b					
7									
а									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas rec	quired						
	to file Form 8282?			7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation	file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer	d by th	ne						
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:		1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:		1						
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1						
	organization is licensed to issue qualified health plans	13b	-						
	Enter the amount of reserves on hand	13c				v			
				14a	<u> </u> '	x			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b					

Form <b>990</b> (2	2017)
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Form 990	(2017)
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#### SAVANNAH RIVERKEEPER

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					.	Х				
Sec	tion A. Governing Body and Management										
					Ye	s	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.										
b	Enter the number of voting members included in line 1a, above, who are independent										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?										
3											
	of officers, directors, or trustees, or key employees to a management company or other person?			3			Х				
4	Did the organization make any significant changes to its governing documents since the prior Form §	990 wa	as filed?	4			Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5			Х				
6	Did the organization have members or stockholders?			6			Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or								
	more members of the governing body?			78	1		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or								
	persons other than the governing body?			7k			Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:								
а	The governing body?			88	_						
b	Each committee with authority to act on behalf of the governing body?			8k	X	:					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9			Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)								
					Ye		No				
10a	Did the organization have local chapters, branches, or affiliates?			10	a X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ldots$			10							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	re filing the form?	11	a X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	a		X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	<u>ہ</u>						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y										
	in Schedule O how this was done			12	2						
13	Did the organization have a written whistleblower policy?						X				
14	Did the organization have a written document retention and destruction policy?			14	·		Х				
15	Did the process for determining compensation of the following persons include a review and approva		ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official						X				
b	Other officers or key employees of the organization			15	<u>י</u>		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				v				
	taxable entity during the year?			16	a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		-								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	'n's								
	exempt status with respect to such arrangements?			16	וכ						
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed <b>GA</b>		<b>FO1</b> (-)(0)		- 1- 1						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	i (Seci	100 501(C)(3)s only	) avail	adle						
	for public inspection. Indicate how you made these available. Check all that apply.	in Ori	badula ()								
10	Own website Another's website X Upon request Other (explain		,	n al die							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	TOUTION (	or interest policy, a	na tina	ancial						
20	statements available to the public during the tax year.	oka a	nd rooorda: ►								
20	State the name, address, and telephone number of the person who possesses the organization's boundary JACOBSON - $706-826-8991$	oks al									
	328 RIVERFRONT DRIVE, AUGUSTA, GA 30901										

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	mployees,	Highest	Compensated
	Employees, and Independe	ent Contra	ctors				

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B) (C)							(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one					one	Reportable						
	hours per	box	oox, unless person is both an officer and a director/trustee)		compensation	compensation	amount of							
	week		cer an	ia a a I	recto	or/trus	itee)	from	from related	other				
	(list any	recto						the	organizations	compensation				
	hours for related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the				
	organizations	ustee	trust		ee	ubeu		(00-2/1099-00150)		organization and related				
	below	lual tr	tional		nploy	st cor yee	L_			organizations				
	line)	Individual trustee or director	Institutional trustee	Officer	(ey en	Highest compensated employee	Former			organizatione				
(1) FRANK CARL	5.00	-	-		-	1 0	<u> </u>							
CHAIRMAN		x		x				0.	0.	Ο.				
(2) ROBERT PAVEY	5.00													
TREASURER		X		X				0.	0.	0.				
(3) CHARLIE BELIN	7.00													
SECRETARY		X		Х				0.	0.	0.				
(4) CHUCK HARDIN	2.00													
BOARD MEMBER		Х						0.	0.	0.				
(5) BUBBA STRICKLAND	2.00													
BOARD MEMBER		Х						0.	0.	0.				
(6) STEVE BAXLEY	3.00								_	_				
BOARD MEMBER		х						0.	0.	0.				
(7) MARTIN SHELTON	2.00									_				
BOARD MEMBER		х						0.	0.	0.				
(8) SUZIE WILLIAMS	2.00									_				
BOARD MEMBER		х						0.	0.	0.				
(9) TOM WIEDMEIER	2.00									•				
BOARD MEMBER		X						0.	0.	0.				
(10) TONYA BONITATIBUS	40.00							<b>F1</b> 000		•				
EXECUTIVE DIRECTOR				X				51,800.	0.	0.				
						-								
		-					-							
		1												
			1	L		L				- 000 (22.2)				

	1 990 (2017) SAVANNAH	RIVERKI	EEI	PEF	2					58-26	30	660	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	itior <sup>more</sup> rson	than is bot	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatior from related	n	am	(F) timate iount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	organizations (W-2/1099-MIS		comp fro orga anc	oensa om the anizati I relate nizatio	e ion ed
									E1 000		0			
с	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							51,800. 0. 51,800.		0. 0. 0.			0. 0. 0.
2	Total number of individuals (including but r compensation from the organization								-	),000 of reportable				0
3	Did the organization list any <b>former</b> officer	, director, or tru	uste	e, ke	ey er	nplo	oyee,	or	highest compensated e	mployee on	[		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d ot		the organization		3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue compei	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services		4		x x
Sec	rendered to the organization? If "Yes," con ction B. Independent Contractors	ipiele Schedui	eji	or si	ucn	pers	son .					5		11
1	Complete this table for your five highest co the organization. Report compensation for	-	-								pensa	ation fi	rom	
	(A) Name and business	address	N	ONE	3				(B) Description of s	services	С	(C omper		n
2	Total number of independent contractors (	•	ot li	mite	d to		se lis 0	stec	d above) who received n	nore than				

	990 ( <b>t VII</b>		INAH RIVE	RKEEPER			58-263	)660 Page <b>9</b>
Fai	ιVII							
		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII	/ <b>P</b> )	(0)	L
					Total revenue	Related or exempt function revenue	Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	1b           1c           1d           ions)         1e           ts, and         1	14,526. 4,153. 162,789.				
Contri and O		Noncash contributions included in lines <b>Total.</b> Add lines 1a-1f	1a-1f: \$		181,468.			
-				Business Code	,			
Program Service Revenue	2a b c d e							
	3	Total. Add lines 2a-2f Investment income (including other similar amounts)	dividends, intere	est, and	29,091.			29,091
	4 5	Income from investment of tax Royalties		🕨				
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)		(ii) Personal				
	b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)		(ii) Other				
Other Revenue	8 a	Net gain or (loss) Gross income from fundraisin including \$ 4 , 1 contributions reported on line Part IV, line 18 Less: direct expenses	g events (not .53. of .1c). See a	39,847.				
5	0	Net income or (loss) from func	braising overte		-8,022.			-8,022
	9 a	Gross income from gaming ac Part IV, line 19	ctivities. See		0,022.			0,022
		Less: direct expenses						
	10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns a					
		Net income or (loss) from sale						
F	11 a	Miscellaneous Revenu		Business Code 524298	1,610.	1,610.		
	b c				_, • _ • •	_, • _ •		
		All other revenue		├				
		Total. Add lines 11a-11d			1,610.			
	-			🔽 🗌	204,147.	1,610.	0	

SAVANNAH RIVERKEEPER

		/		· · · ·	<b>/</b> P)
	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				· · ·
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and	F1 000	40 050	2 0 4 0	
_	persons described in section 4958(c)(3)(B)	51,800.	48,852.	2,948. 6,044.	
7	Other salaries and wages	106,219.	100,175.	0,044.	
8	Pension plan accruals and contributions (include		1 1 1 1	0.04	
	section 401(k) and 403(b) employer contributions)	5,025.	4,101.	924.	
9	Other employee benefits	17 227	15 241	1 000	
0	Payroll taxes	17,337.	15,341.	1,996.	
1	Fees for services (non-employees):				
а	Management				
b		7 665		7 665	
С	Accounting	7,665.		7,665.	
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17	4 402		4 402	
f	Investment management fees	4,483.		4,483.	
g					
	column (A) amount, list line 11g expenses on Sch 0.)	25 705	25 705		
2	Advertising and promotion	35,705.	35,705.		
3	Office expenses				
4	Information technology	4,455.	4,455.		
5	Royalties	18,816.		10 016	
6	Occupancy		16 250	18,816.	
7	Travel	16,350.	16,350.		
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	7,139.	7,139.		
9	Conferences, conventions, and meetings	1,139.	1,139.		
)					
	Payments to affiliates	6 117	6 117		
2	Depreciation, depletion, and amortization	6,447. 5,253.	6,447. 2,215.	3,038.	
3		5,455.	۵,۷۱۵.	3,030.	
ŀ	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	LSRA EXPENSE	13,032.	13,032.		
b	SUPPLIES	7,258.	7,258.		
с	EDISTO EXPENSE	7,070.	7,070.		
d	EVENT FOOD	4,746.	4,746.		
е	All other expenses	14,457.	14,159.	298.	
5	Total functional expenses. Add lines 1 through 24e	333,257.	287,045.	46,212.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

if following SOP 98-2 (ASC 958-720)

Гd		Dalance Sheet					
		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			74,043.	1	43,652.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,695.	4	0.
	5	Loans and other receivables from current and for	ormer of	ficers, directors,			
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c	)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			533.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	226,160.			
	b	Less: accumulated depreciation	10b	27,863.	209,243.	10c	198,297.
	11	Investments - publicly traded securities			551,730.	11	500,727.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			839,244.	16	742,676.
	17	Accounts payable and accrued expenses			11,297.	17	15,733.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV c	of Schedule D		21	
es	22	Loans and other payables to current and forme	r officers	s, directors, trustees,			
III		key employees, highest compensated employee	es, and o	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D		······  -	11 007	25	1 - 722
	26	0		57	11,297.	26	15,733.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔽 and			
ces		complete lines 27 through 29, and lines 33 ar			462 207		
lano	27	Unrestricted net assets			462,297.	27	457,425.
Ba	28	Temporarily restricted net assets		····· -	365,650.	28	269,518.
Fund Balances	29					29	
		Organizations that do not follow SFAS 117 (A	SC 958	), check here ▶ 📖			
s o		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ec				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			877 G/7	32	776 012
_	33	Total net assets or fund balances			827,947. 839,244.	33	726,943. 742,676.
	34	Total liabilities and net assets/fund balances	<u></u>		059,444.	34	Form <b>990</b> (2017)

Form **990** (2017)

## Part X | Balance Sheet

_		/ · -
Form	990	(2017)

	990 (2017) SAVANNAH RIVERKEEPER	58-	2630660	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			47.
2	Total expenses (must equal Part IX, column (A), line 25)	2			57.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			47.
5	Net unrealized gains (losses) on investments	5	3	3,0	14.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	_	4,9	08.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	72	6,9	43.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:		2		
	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 th	e audit			
Ŭ	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
22	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Jd		iyie Au	3a		x
<b>k</b>	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	irod cu			
a					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

**SCHEDULE A** 

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Nan	ne of t	the organization	מתזידם זוגוווא						· Identification nur	nber
Do	-+ 1		NNAH RIVER			:			8-2630660	
	rt I	Reason for Public		-				S.		
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	check only	one box.)				
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	on 170(b)(*	1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forr	n 990 or 9	90-EZ).)				
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b>	ection 170	)(b)(1)(A)(i	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name	e,
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental (	unit descrik	bed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	Χ	An organization that norma	Illy receives a substa	ntial part of its support	from a gov	ernmental	unit or from t	he general	public described in	n
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	( <b>ix)</b> operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	, and state o	f the colleg	le or	
		university:								
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	oport from	contributi	ons, members	ship fees, a	and gross receipts f	from
		activities related to its exen								
		income and unrelated busir								
		See section 509(a)(2). (Cor	mplete Part III.)				-	-		
11		An organization organized a		ively to test for public sa	afety. See	section 50	)9(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to c	arry out the	e purposes of one o	or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (	Check the box in	
		lines 12a through 12d that								
а		<b>Type I.</b> A supporting orga							/ giving	
		the supported organization								
		organization. You must o								
b		<b>Type II.</b> A supporting org	-		tion with it	ts support	ed organizatio	on(s), by ha	aving	
		control or management o	-				-		-	
		organization(s). You mus						5		
с		Type III functionally inte			in connec	tion with.	and functiona	Ilv integrate	ed with.	
		its supported organizatio							,	
d		Type III non-functionally						rted organi	ization(s)	
-		that is not functionally int								
		requirement (see instruct		• •	-		-			
е		Check this box if the orga	,	•	-			II. Type III		
-	-	functionally integrated, or						, . , pe		
f	Ente	er the number of supported of								
a		ide the following information							·	
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of oth	ıer
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instruct	tions)
					1					
Tota	al									

## Schedule A (Form 990 or 990 EZ) 2017 SAVANNAH RIVERKEEPER

58-2630660 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	603,112.	163,433.	644,244.	165,282.	181,468.	1,757,539.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	603,112.	163,433.	644,244.	165,282.	181,468.	1,757,539.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						29,298.
6	Public support. Subtract line 5 from line 4.						1,728,241.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013 603,112.	(b) 2014 163,433.	<b>(c)</b> 2015	<b>(d)</b> 2016	(e) 2017	<b>(f)</b> Total
7	Amounts from line 4	603,112.	163,433.	644,244.	165,282.	181,468.	1,757,539.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$				4,909.	29,091.	34,000.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	15,199.	38,958.	34,033.	3,738.	1,610.	93,538.
11	Total support. Add lines 7 through 10						1,885,077.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (	line 6, column (f) di	ivided by line 11, c	olumn (f))		14	91.68 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	93.30 %
16a	33 1/3% support test - 2017. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2016. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	· · · · · · · · · · · · · · · · · · ·	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						s <b>&gt;</b>
_							

Schedule A (Form 990 or 990-EZ) 2017

## Schedule A (Form 990 or 990 EZ) 2017 SAVANNAH RIVERKEEPER

## 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.)

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2	017	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2	017	(f) Total	
	Amounts from line 6	(-) =	(-)	(-/	(-) =	(-, -		()	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)								
	First five years. If the Form 990 is for	the organization'	s first, second. thi	rd, fourth. or fifth t	ax year as a section	on 501(c)(3	) oraaniz:	ation.	
		U U					, .	. Г	
Sec	ction C. Computation of Publi							····· F =	
	Public support percentage for 2017 (li			column (f))		15			%
	Public support percentage from 2016					16			%
	ction D. Computation of Inves								
	Investment income percentage for 20					17			%
	Investment income percentage from 2					18			%
	33 1/3% support tests - 2017. If the						and line 1	7 is not	/0
	more than 33 1/3%, check this box ar								
F	33 1/3% support tests - 2016. If the								
i.	line 18 is not more than 33 1/3%, che								
20									$\exists$
20	Private foundation. If the organization	T GIU HOL CHECK a		a, or 190, check l	INS DUX AND SEE IN	SUUCTOUS		<b>P</b> L	

## 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
40		
10a		
10b		

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
~	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
<u>Soc</u>	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	hu al's		
с	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	Зb		

## Schedule A (Form 990 or 990-EZ) 2017 SAVANNAH RIVERKEEPER

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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
~	Distributable Amount. Subtract line 5 from line 4, unless subject to			
6				

7 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) 2017

## Schedule A (Form 990 or 990 EZ) 2017 SAVANNAH RIVERKEEPER

	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		(	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

## Schedule A (Form 990 or 990-EZ) 2017 SAVANNAH RIVERKEEPER

Schedule A	
Part VI	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.

SCHEDULE C	Political Campaign and Lobbying Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2017
Department of the Treasury	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.	Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
•	wered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activ	vities), then

## If th

- 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

<ul> <li>Section 501(c)(4), (5),</li> </ul>	or (6) organizations:	Complete Part III.
Name of organization		

Nan	Name of organization En				Employer identification number		
			H RIVERKEEPER			58-2630660	
Pa	art I-A	Complete if the org	ganization is exempt unde	r section 501(c) o	or is a section 52	7 organization.	
	Political	campaign activity expendit	zation's direct and indirect political tures ign activities		)		
	art I-B	Complete if the org	ganization is exempt unde	r section 501(c)(3	3).		
1	Enter the	amount of any excise tax	incurred by the organization unde	r section 4955	)	►\$	
2	Enter the	amount of any excise tax	incurred by organization managers	s under section 4955	)	►\$	
3	If the org	anization incurred a section	on 4955 tax, did it file Form 4720 fo	r this year?		Yes No	
4a	a Was a co	prrection made?				Yes No	
<u>k</u>	lf "Yes,"	describe in Part IV.					
			ganization is exempt unde		-		
1		• •	d by the filing organization for sect	-	on activities	►\$	
2			nization's funds contributed to othe	-	ction 527		
	exempt f	unction activities			J	\$	
3			s. Add lines 1 and 2. Enter here and				
						▶\$	
4		ling organization file Form	• • • • • • • • • • • • • • • • • • • •				
5			nployer identification number (EIN)				
		, ,	ation listed, enter the amount paid to			•	
			romptly and directly delivered to a s additional space is needed, provid			barate segregated fund or a	
	political	. ,	1 71				
		<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's funds. If none, enter	s contributions received and	

732041 11-09-17

Schedule C (	Form 990 or 990-EZ	2017	SAVANNAH	RIVERKEEPER

Part II-A Complete if the organ section 501(h)).	nization is exe	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
A Check      if the filing organization	n belongs to an affi	liated group (and list ir	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share	of excess lobbying	expenditures).			
B Check   if the filing organizatio	n checked box A ar	nd "limited control" pro	ovisions apply.		
	on Lobbying Expe ures" means amou	nditures Ints paid or incurred.	)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influe	nce a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add line	es 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (	add lines 1c and 1c	d)			
f Lobbying nontaxable amount. Enter	the amount from the	e following table in bot	th columns.		
If the amount on line 1e, column (a) or (	b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,0		0 plus 15% of the exc	. ,		
Over \$1,000,000 but not over \$1,500	, ,	0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00		\$225,000 plus 5% of the excess over \$1,500,000.			
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (ente	r 2504 of line 1fl				
h Subtract line 1g from line 1a. If zero o					
i Subtract line 1f from line 1c. If zero o					
i If there is an amount other than zero					
reporting section 4911 tax for this ye		, 0			Yes No
		eraging Period Under			
(Some organizations that	t made a section 5		have to complete all	of the five columns I	below.
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

## Schedule C (Form 990 or 990-EZ) 2017 SAVANNAH RIVERKEEPER

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:		37			
a Volunteers?		X	4		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X X			
c Media advertisements?		X			
d Mailings to members, legislators, or the public?		X			
<ul><li>e Publications, or published or broadcast statements?</li><li>f Grants to other organizations for lobbying purposes?</li></ul>		X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?				2,186.	
<ul> <li>b Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> </ul>		x			
i Other activities?		X			
j Total. Add lines 1c through 1i				2,186.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or s	ection		
501(c)(6).			1		
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sect			oction		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		• • •		ne 3 is	
answered "Yes."	, .		,	10 0, 10	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)					
expenses for which the section 527(f) tax was paid).					
a Current year		2a			
<b>b</b> Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	kcess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political				
expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	ıp list); Part I	I-A, lines 1	and 2 (see		
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:					
FARI 1-R, DINE 1:					
OF THE \$2,186, \$892 WAS PAID FOR FEDERAL ADVOCACY AD	VICE, S	\$892 1	VAS PA	ID	
FOR A LOBBYIST IN SOUTH CAROLINA TO ASSIST IN GETTIN	G A BII	LL PAS	SSED,		
AND \$402 WAS SPENT TO TRAVEL TO ATLANTA TO SPEAK WIT	H GEOR	GIA ST	TATE		

LEGISLATORS.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

OF THE \$2,186, \$892 WAS PAID FOR FEDERAL ADVOCACY ADVICE, \$892 WAS PAID

FOR A LOBBYIST IN SOUTH CAROLINA TO ASSIST IN GETTING A BILL PASSED,

AND \$402 WAS SPENT TO TRAVEL TO ATLANTA TO SPEAK WITH GEORGIA STATE

LEGISLATORS.

)

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization	
	SA

Employer identification number 58 - 2630660

	SAVANNAH RIVERKEEP		58-2630660	
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			•	
Pa				
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (e.g., recreation or e	· · · · ·	torically impo	rtant land area
	Protection of natural habitat	Preservation of a cer		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
c	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, re			n during the tax
	year ►	, , , ,	5	5
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
		5 , 5		5 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easeme	nts during the year
	► \$			0
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organiza	tion's accounting for
	conservation easements.		-	
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form	1990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and bal	ance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	ance of public	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service,	provide the following amounts
	relating to these items:			-
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$
			•	\$
2	If the organization received or held works of art, historical tre			de
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included on Form 990 Part VIII line 1	-		\$

\$ 

Sche		H RIVERKEE						58-26			age <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Othe	er Simila	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ls, checl	k any of the	following that	at are a si	ignificant ι	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c							se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	asures, or oth	er similaı	assets		-		-
	to be sold to raise funds rather than to be m							L	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or	•	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								7		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:			<b></b>				
									Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T 0-	Ending balance						<b>1f</b>		Yes		
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •			-	J No ∣
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i							<u></u>	<u></u>		
		(a) Current year		rior year	(c) Two year			ears hack	(a) Four	vears	hack
1a	Beginning of year balance	(a) ourient year		nor year		10 Duok	<b>(u)</b> mee y	ouro buon		youro	buok
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1	a. column (a	a)) held as:						
а	Board designated or quasi-endowment	· · · · <b>,</b> · · · · · · · · · · · · · · · · · · ·	%	3, (	-,,,						
b	Permanent endowment	%									
	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for tl	he organiz	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?	)				3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IN	/, line 11a. S	See Form 990						
	Description of property	(a) Cost or o basis (investr		• • •	t or other (other)		ccumulate preciation	d	( <b>d)</b> Boo	k value	Э
1a	Land			15	52,179.				15	2,1	79.
	Buildings										
	Leasehold improvements				51,871.		7,1			4,6	
	Equipment			2	2,110.		20,69	90.		1,4	20.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	10c.)				19	8,2	97.

Schedule D (Form 990) 2017

Complete if the organization answered "Yes" of	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)		
Total. (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)		
Total. (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)	
Total. (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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2017 SAVANNAH RIVERKEEPER		58-2630660 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	•	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt 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.

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ       Supplemental Information Regarding Fundraising or Gaming Activities         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.         Partment of the Treasury enal Revenue Service         Go to www.irs.gov/Form990         For the latest instructions.							
Name of the organization		dentification number						
Part I Fundrais		H RIVERKEEPER Complete if the organization answ	ered "Y	/es" 0	n Form 990 Part IV		58-263	
required to     required to     required to     Indicate whether the     a    Mail solicitati     b    Internet and     c    Phone solicit     d    In-person sol     2 a Did the organizatio     key employees liste	complete this par e organization rais ons email solicitations ations icitations n have a written c ed in Form 990, P highest paid indiv	t. sed funds through any of the follow e Solicita f Solicita g Specia or oral agreement with any individua part VII) or entity in connection with viduals or entities (fundraisers) purs	ing acti ation of ation of I fundra I (inclue profess	vities. non-g gover aising ding o ional f	Check all that apply overnment grants nment grants events fficers, directors, tru undraising services?	'. stees, ?	or <b>Y</b>	es 🗌 No
(i) Name and address or entity (fund	s of individual	(ii) Activity	fùndi have c or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (or	mount paic retained by undraiser ed in col. (i)	
			Yes	No				
Total						<u> </u>		
3 List all states in white or licensing.	ch the organizatio	on is registered or licensed to solicit	contrib	outions	s or has been notifie	d it is e	exempt from	n registration
3 List all states in whi	ch the organizatic	on is registered or licensed to solicit	contrik	- Dution:	s or has been notified	d it is e	exempt fron	n registration

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

Schedule G (Form 990 or 990-EZ) 2017

## Schedule G (Form 990 or 990-EZ) 2017 SAVANNAH RIVERKEEPER

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 GATOR FEST (event type)	(b) Event #2 ROAST ON THE RIVER – AUG (event type)	(c) Other events 1 (total number)	ts greater than \$5,000. (d) Total events (add col. (a) through col. (c))
Revenue		<b>2</b>				20.056
Be	1	Gross receipts	5,750.	18,944.	5,362.	30,056.
	2	Less: Contributions	250.	2,563.	1,000.	3,813.
	3	Gross income (line 1 minus line 2)	5,500.	16,381.	4,362.	26,243
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	25.	3,341.	445.	3,811.
	8	Entertainment				
	9	Other direct expenses	4,133.	9,133.	5,930.	19,196
		Direct expense summary. Add lines 4 throug			•	23,007 3,236
		\$15,000 on Form 990-EZ, line 6a.	1		reported more than	
evenue		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
нечепие	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant		
_			(a) Bingo	(b) Pull tabs/instant		
	2	Gross revenue	(a) Bingo	(b) Pull tabs/instant		
	2 3	Gross revenue	(a) Bingo	(b) Pull tabs/instant		
_	2 3 4	Gross revenue Cash prizes Noncash prizes		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Direct Expenses Revenue	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add col. (a) through col. (c)
	2 3 4 5 6	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
_	2 3 4 5 6 7	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	↓ Yes% No h 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming 	

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	hedule G (Form 990 or 990-EZ) 2017 SAVANNAH RIVERKEEPER 58 -	-2630	0660	Page 3
	Does the organization conduct gaming activities with nonmembers?	🗆	Yes	No
	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	a The organization's facility	. 13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
<b>1</b> 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
-	of gaming revenue retained by the third party ►\$			
c	s 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			
	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 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 <b>&gt;</b> \$			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	I. lines 9	. 9b. 1	0b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, ,	, ,

l'artiti cappienne			

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

SAVANNAH RIVERKEEPER

Employer identification number 58 - 2630660

OMB No 1545-0047

**Open to Public** 

Inspection

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

INTEGRITY OF ITS WATERSHED AND TO PROMOTE AN ENLIGHTENED STEWARDSHIP OF

THIS UNIQUE HERITAGE.

FORM 990, PART VI, SECTION A, LINE 2:

THE EXECUTIVE DIRECTOR IS THE FINANCE DIRECTOR'S DAUGHTER.

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

THE 990 IS EMAILED TO ALL THE BOARD MEMBERS - THEN IS DISCUSSED AT THE NEXT

MONTHLY BOARD MEETING.

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

AVAILABLE UPON REQUEST

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identif	ying number
Type or print	Name of exempt organization or other filer, see instru	Employe	mployer identification number (EIN)			
	SAVANNAH RIVERKEEPER	58-2630660				
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s P.O. BOX 14908	Social se	ocial security number (SSN)			
instructions	City, town or post office, state, and ZIP code. For a f AUGUSTA, GA 30919-4908					
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)			0 1
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	D-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	)-PF	04	Form 5227			10
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	D-T (trust other than above) MARY JACOBSON	06	Form 8870			12
<ul><li>Telep</li><li>If the</li></ul>	ooks are in the care of $\blacktriangleright$ 328 RIVERFRONT hone No. $\blacktriangleright$ 706-826-8991 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit $\Box$ . If it is for part of the group, check this box $\blacktriangleright$	s in the Ur Group Exe	Fax No. ▶	this is fo	r the whole	
for	equest an automatic 6-month extension of time until the organization named above. The extension is for the X calendar year 2017 or tax year beginning	organizatio	on's return for:	the exem	npt organiz	ation return
<b>2</b> If t	he tax year entered in line 1 is for less than 12 months, o	check reas	on: 🔄 Initial return	Final retur	'n	
	Change in accounting period					
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	enter the tentative tax, less any			
	nrefundable credits. See instructions.			3a	\$	0.
<b>b</b> lft	his application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	y refundable credits and			
es <sup>.</sup>	timated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pausing EFTPS (Electronic Federal Tax Payment System).	-		3c	\$	0.
	If you are going to make an electronic funds withdrawa				nd Form 88	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

OMB No. 1545-1709