# Form **990**

Return of Organization Exempt From Income Tax

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

2016

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

2016 Open to Public Aspection

A	For the 2	2016 calendar year, or tax year beginning and en	ding		2	
В	Check if applicable:	C Name of organization		D Employer identifie	atto) nun	er
Г	Address change	SAVANNAH RIVERKEEPER			17	
E	Name change	Doing business as		C36-3	30660	)
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Ro	om/suite	E Telephonemumber		
	Final return/	P.O. BOX 14908		912-	596-77	
_	termin- ated Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		288,510.
H	Ireturn	AUGUSTA, GA 30919-4900		H(a) Is this a group re		<del>.</del> .
	Applica- tion pending	F Name and address of principal officer: FRANK CARL SAME AS C ABOVE		for subordinates		Yes X No
	_		527	H(b) Are all subordinates in		
		npt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or less www.SAVANNAHRIVERKEEPER.ORG	521	If "No," attach a H(c) Group exemption		
		rganization: X Corporation Trust Association Other	I Voor	of formation: 2001 N		
		Summary	L rear	or iornation. 2001 N	1 State of leg	gar dofficite. G21
		riefly describe the organization's mission or most significant activities: THE SA	AVANN	AH RIVERKEE	PER'S	(SRK)
Activities & Governance	' N	MISSION IS TO PROTECT THE WATER QUALITY OF	F THE	SAVANNAH R	TVER.	THE
nar		theck this box if the organization discontinued its operations or disposed				
Ver		lumber of voting members of the governing body (Part VI, line 1a)				10
Ö		lumber of independent voting members of the governing body (Part VI, line 1b)				10
3S 8		otal number of individuals employed in calendar year 2016 (Part V, line 2a)				12
ij		otal number of volunteers (estimate if necessary)				624
łcti		otal unrelated business revenue from Part VIII, column (C), line 12				0.
_	bN	let unrelated business taxable income from Form 990-T, line 34				0.
				Prior Year		ent Year
Revenue	8 0	Contributions and grants (Part VIII, line 1h)		644,244.	-	165,282.
	9 P	Program service revenue (Part VIII, line 2g)		0.		0.
	10 Ir	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	2.5.000 11.1.	-5,706.		12,183.
_	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10.000.000.00	45,450.		-16,833.
-	_	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		683,988.		160,632.
	1100000	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.		0.
		Benefits paid to or for members (Part IX, column (A), line 4)		161,842.		194,422.
ses	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  14,909	a –	0.		0.
Ĕ	17 0	Otal fundraising expenses (Part IX, column (D), line 25)  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		114,576.		88,124.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		276,418.		282,546.
		Revenue less expenses. Subtract line 18 from line 12		407,570.		121,914.
70	3	revenue less expenses. Subtract line 10 nom line 12		eginning of Current Year		of Year
Net Assets or	20 T	Fotal assets (Part X, line 16)		977,041.		839,244.
ASS	21 7	Fotal liabilities (Part X, line 26)		17,829.		11,297.
Net	22 1	Net assets or fund balances. Subtract line 21 from line 20		959,212.		827,947.
P	art II	Signature Block				
Un	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	nents, and to the best of m	y knowledge	and belief, it is
tru	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch prepare	r has any knowledge.		
Si	gn	Signature of officer		Date		
He	ere	FRANK CARL, CHAIRMAN				
		Type or print name and title		Date I a . I	II PTII	N.
		Print/Type preparer's name  Preparer's signature		Date Check		
Pa		MICHELLE BENNETT		12/12/17 self-employ		968513
		Firm's name SEROTTA MADDOCKS EVANS & CO., CP.	Ab	Firm's EIN ▶	20-1	107697
US	e Only	Firm's address 701 GREENE STREET, SUITE 200 AUGUSTA, GA 30901		Phone no. 7 0	6-722	-5337
N.	ov the ID			Tribbe no. 7 0	X	
IVI	ay the in	AS discuss this return with the preparer shown above? (see instructions)		***************************************		990 (2016)

(Code:	) (Expenses \$	including grants of \$	) (Revenu	e \$
-				
Other pre	gram services (Describe in Sch	adula O )		
(Expenses \$	gram services (Describe in Sch	including grants of \$	) (Revenue \$	)
	ram service expenses	241,192.		Form <b>990</b> (2

Form 990 (2016) SAVANNAH RIV
Part IV Checklist of Required Schedules

			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	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
626	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			22
	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, 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, 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			77
	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			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		22
	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?			77
	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	사용병에 집에 보냈다면 하는데 보면 보면 되었다면 하는데 보면 보다 되었다면 보다	14a		Α.
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	552.50		77
	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			x
150.500	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Α
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
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		X

Form 990 (2016) SAVANNAH RIVERKEEP
Part IV | Checklist of Required Schedules (continued)

			Yes	No
	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	88990		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 Schedule L, Part I	25b	£3	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," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			-220
	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			
	instructions for applicable filing thresholds, conditions, and exceptions):			77
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000		x
	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? If "Yes," complete Schedule M	29		A
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete			
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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?	230		
00	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
_	Note. All Form 990 filers are required to complete Schedule O	38	X	_

# Form 990 (2016) SAVANNAH RIVERKEEPER Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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 12								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			200					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x					
254	to file Form 8282?	7c	_	Α.					
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-							
e		7e		-					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-					
h	- Survive # 100000 1000 1000 1000 1000 1000 1000	7h		<del>                                     </del>					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8							
0	sponsoring organization have excess business holdings at any time during the year?	0		_					
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a							
a	Did the second s	9b	-						
10	Section 501(c)(7) organizations. Enter:	90							
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b								
11	Section 501(c)(12) organizations. Enter:	\							
а									
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
175	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
-	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
C	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
		-	000	10010					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, 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			X
Sec	tion A. Governing Body and Management			
	T T AND		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		37	
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	X
6	Did the organization have members or stockholders?	ь		Δ.
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	70		х
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		x
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		- 21
8	32 W 30 W 3020	8a	Х	
b	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10020		
a		15a		X
b	Other officers or key employees of the organization	15b		_ A
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		x
	taxable entity during the year?	16a	-	A
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	166		
500	exempt status with respect to such arrangements?	16b		
172436	List the states with which a copy of this Form 990 is required to be filed ▶GA			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	availak	ole	
10	for public inspection. Indicate how you made these available. Check all that apply.	availat	,,0	
	Own website Another's website Support Control of the Control of th			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	cial	
10	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
country)	MARY JACOBSON - 706-826-8991			
	328 RIVERFRONT DRIVE, AUGUSTA, GA 30901			
		-	000	10010

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not o	Pos heck ss pe	more	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)		from the organization and related organizations
(1) FRANK CARL	3.50									
CHAIRMAN		X		X				0.	0.	0.
(2) ROBERT PAVEY	2.00								900	570
TREASURER		X		X				0.	0.	0.
(3) CHARLIE BELIN	2.50								5256	708
SECRETARY		X		X				0.	0.	0.
(4) WANDA SCOTT	2.00							80	100	128
BOARD MEMBER		X						0.	0.	0.
(5) CHUCK HARDIN	2.00									
BOARD MEMBER		X						0.	0.	0.
(6) BUBBA STRICKLAND	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) STEVE BAXLEY	1.00							-2.11		
BOARD MEMBER		X						0.	0.	0.
(8) MARTIN SHELTON	1.00							91	0.20	1/2
BOARD MEMBER		X						0.	0.	0
(9) SUZIE WILLIAMS	1.00									_
BOARD MEMBER		X						0.	0.	0
(10) TOM WIEDMEIER	1.00								2	
BOARD MEMBER		X			-	-		0.	0.	0
		-								
	1									
		1								
		-								

		H RIVERK	_		_			4 2		58-263	00	00	Page	9 0
rar	VII Section A. Officers, Directors, To	32120	ploy	ees		21022	ghe	st C	1/2000 N S	W-25-10-5	_		-,	
	(A) Name and title	(A) (B) (C) me and title Average Continuous Average (do not check more than					nne	(D) Reportable	(E) Reportable		(F Estin	ated		
		hours per week (list any	box	box, unless person is both an officer and a director/trustee)				n an	compensation from the	compensation from related organizations		amount of other compensation		n
		hours for related organizations below	Individual trustee or director	Institutional trustee	ar.	Key emplayee	Highest compensated employee	er	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from	n the ization elated	1
		line)	Indivi	Institu	Officer	Key er	Highe	Former			+			
											+			
			5											
						H								
				-		$\vdash$	$\vdash$				+			_
16	Sub-total		_	_					0.	(	).		9	0.
	Sub-total Total from continuation sheets to Par								0.		).			0 .
	Total (add lines 1b and 1c)							•	0.	(	).		1	0 .
2	Total number of individuals (including b compensation from the organization	ut not limited to t						ho r	eceived more than \$100	,000 of reportable				(
						6-7						Y	es N	Νo
3	Did the organization list any former offiline 1a? If "Yes," complete Schedule J t			e, k								3		X
4	For any individual listed on line 1a, is th	e sum of reportal	ole c		ens	atio	n an	d ot		the organization				X
5	and related organizations greater than 3 Did any person listed on line 1a receive	or accrue compe	ensa	tion	fron	n an	y un	relat	ted organization or indiv			4		
_	rendered to the organization? If "Yes,"	complete Schedu	ile J	for s	uch	per	son					5		X
1	tion B. Independent Contractors  Complete this table for your five highes	t compensated in	ndep	end	ent	con	tract	ors 1	that received more than	\$100,000 of comp	ensa	tion fro	m	
-	the organization. Report compensation (A)	for the calendar	year	enc	ling	with	orv	vithi	n the organization's tax (B)	year.	-	(C)		
	Name and busin	ess address	N	ON	Ε				Description of s	services	Co	mpens	ation	_
					_									_
2	Total number of independent contractors \$100,000 of compensation from the or		not	limit	ed t	o th	ose I	iste	d above) who received r	nore than				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (A) (**D**) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 14,733. b Membership dues 1b 17,508. c Fundraising events ..... 10 d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 133,041. g Noncash contributions included in lines 1a-1f: \$ 165,282. h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 4,909. 4,909. 4 Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ...... c Rental income or (loss) ..... d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 61,944. assets other than inventory b Less: cost or other basis 54,670. and sales expenses 7,274. c Gain or (loss) d Net gain or (loss) 7,274. 7,274. 8 a Gross income from fundraising events (not Other Revenue including \$ 17,508. of contributions reported on line 1c). See 52,637 Part IV, line 18 a b Less: direct expenses c Net income or (loss) from fundraising events -20,571.-20,571.9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold \_\_\_\_\_ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER INCOME 524298 3,738. 3,738. b d All other revenue 3,738. e Total. Add lines 11a-11d 160,632. 11,012. -15,662. 12 Total revenue. See instructions.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 51,640. 51,640. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 121,566. 100,059. 9,895. 11,612. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,788. 3,863. 880. 45. Other employee benefits 9 1,983. 1,466. 16,428. 12,979. 10 Payroll taxes Fees for services (non-employees): 11 a Management Legal 6,319. 6,319. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 7,835. 7,778. Advertising and promotion 12 1,729. 1,729. Office expenses 13 Information technology 14 Royalties 15 1.945. 1.945. 16 Occupancy 10,802. 10,802. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,118. 6,118. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 5,553. 5,553. Depreciation, depletion, and amortization 22 5,645. 787. 4,858. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 19,563. 19,563. a REPAIRS AND MAINTENANCE 8,524. 8,524. MISCELLANEOUS 6,404. 6,404. LSRA EXPENSE 4,140. 4,140. INFORMATION TECHNOLOGY 3,547. 2,982. 565. All other expenses 282,546. 241,192. 26,445. 14,909. 25 Total functional expenses, Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	152,398.	1	74,043
2	AND		2	
3		45,000.	3	
4			4	3,695
5				
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6				
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
7	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	***************************************		7	
8	Inventories for sale or use		8	
9			9	533
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 230, 659.			
	b Less: accumulated depreciation 10b 21,416.	191,341.	10c	209,243
11		588,302.	11	551,730
12			12	
13			13	
14			14	
15			15	
16		977,041.	16	839,244
17		17,829.	17	11,297
18			18	
19			19	
20	***************************************		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	, , , , , , , , , , , , , , , , , , , ,			
	key employees, highest compensated employees, and disqualified persons.			
22	Complete Part II of Schedule L		22	
23			23	
24			24	
25	· · · · · · · · · · · · · · · · · · ·			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	15.000	25	44 005
26		17,829.	26	11,297
.	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
3	complete lines 27 through 29, and lines 33 and 34.	050 010		000 040
27	***************************************	959,212.	27	827,947
28			28	
29			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30			30	
31			31	
27 28 29 29 30 31 32		050 010	32	000 040
33		959,212.	33	827,947
34	Total liabilities and net assets/fund balances	977,041.	34	839,244 Form <b>990</b> (2016

Pai	t XI Reconciliation of Net Assets		A 251 AVE 05 A		, , , , ,
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2			46.
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	95	9,2	12.
5	Net unrealized gains (losses) on investments	5	1	5,7	48.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		74.3	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2	5,0	99.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		0.0	7 0	4.77
_	column (B))	10	82	7,9	47.
Pa	t 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	O.			
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 reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			100000	
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 separate	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			Water
	Act and OMB Circular A-133?	**********	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### 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.

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

Open to Public Attach to Form 990 or Form 990-EZ. Inspection

Name of the organization

SAVANNAH RIVERKEEPER

Employer identification number

OMB No. 1545-0047

58-2630660 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? organization (described on lines 1-10 support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and					17,200	(,)
	membership fees received. (Do not						
	include any "unusual grants.")	141,433.	603,112.	163,433.	644,244.	165,282.	1,717,504.
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			- 1			
	the organization without charge						
4	Total. Add lines 1 through 3	141,433.	603,112.	163,433.	644,244.	165,282.	1,717,504.
	The portion of total contributions		,			200/2021	2,121,0021
-	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)						15,514.
6	Public support. Subtract line 5 from line 4.						1,701,990.
	ction B. Total Support						1,701,550.
_	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	141,433.	603,112.	163,433.	644,244.	165,282.	1,717,504.
	Gross income from interest.		,		011/111	200/2021	-,,
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					4,909.	4,909.
9	Net income from unrelated business					2/3031	2,505.
7	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.)	9,958.	15,199.	38,958.	34,033.	3,738.	101,886.
11	Total support. Add lines 7 through 10	3,330.	13,133.	30,330.	34,033.	3,730.	1,824,299.
12	resultant and the second of th	oto (oco inotwesti	>			12	1,024,299.
	First five years. If the Form 990 is for	THE RESERVE THE PROPERTY OF THE PARTY OF THE		d foundly or fifth to			
10	organization, check this box and stop						<b>L</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	*******************	***********************		
_	Public support percentage for 2016 (			olumn (f))		14	93.30 %
	Public support percentage from 2015					15	92.04 %
	33 1/3% support test - 2016. If the o						4.00 (\$4.00 to 10.00
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the o	organization did no	t check a hox on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more check th	ie hov
	and stop here. The organization qual						IS DOX
17:	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						<b>L</b>
18	Private foundation. If the organization						
10	rivate loundation. If the organization	in did flot check a	DUX OII III1e 13, 16	a, 100, 1/a, 01 1/1	, check this box a	ina see instructions	5 <b>P</b>

# Schedule A (Form 990 or 990-EZ) 2016 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

Sec	qualify under the tests listed be ction A. Public Support	low, please comp	plete Part II.)				
A	ndar year (or fiscal year beginning in)	(a) 2010	(h) 0010	(=) 0011	(4) 0045	(-) 0010	(0 T : :
	Gifts, grants, contributions, and	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	membership fees received. (Do not						
	include any "unusual grants.")						
2							
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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)				Name I		
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	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		V-1 V3				
	or loss from the sale of capital						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the executantian'	a first second this	d founds or lifts t		F01(-)(0)i	
17	\$\frac{1}{2}						ation,
Sec	check this box and stop herection C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2016 (li			nolumn (fl)		15	0/
	Public support percentage for 2016 (iii			:olumn (i))		1979	<u>%</u>
	ction D. Computation of Inves					16	%
						4-	0/
-	Investment income percentage for 20					17	%
18						18	%
198	33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box ar				12.00		
Ł	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<b>&gt;</b>

## 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, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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		
10a		
10b	90-FZ)	-00

Par	rt IV   Supporting Organizations <sub>(continued)</sub>			.900
	(Withhouse)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	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		
Sect	ction B. Type I Supporting Organizations			_
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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		_
	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	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	i i		
	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		
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	ıctions).		
а				
b				
С	3	(see instructions	:).	
2	Activities Test. Answer (a) and (b) below.	-	Yes	No
а	, and the second 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			
1	that these activities constituted substantially all of its activities.	2a		_
Ь	(4)			
	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	1.000		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	5 , , , , , , , , , , , , , , , , , , ,	155.0		
h	trustees of each of the supported organizations? Provide details in Part VI.	За		-
D	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 Part VI the role played by the organization in this regard.	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970 (explain in	Part VI.) See instructio
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions 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		
Sect	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		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	-		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	on D - Distributions		(SOMMISSO)	Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:		-133	
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
_ <u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
- 540	line 7: \$			
1457.1	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
-	Part VI. See instructions			
1	Excess distributions carryover to 2017. Add lines 3j			
-8	and 4c Breakdown of line 7:			
_ o a	DISANGOWII OF HITE TV			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	LA0000 110111 20 10			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 SAVANNAH RIVERKEEPER	58-2630660 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Paction D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C,
·		

# SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

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

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

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

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

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

	Continu E	01/01/4) /5) 02/6) 02/01/				
	ne of orga		zations: Complete Part III.		Emp	loyer identification number
811-711-1			AH RIVERKEEPER		Linp	58-2630660
Pa	rt I-A		rganization is exempt und	er section 501/c	or is a section 527 o	30-2030000
		complete il tile o	-gamzation to exempt and	ici scotion con	) or 13 a 300tion 527 0	ngamzation.
4	Provide	a description of the area	pization's direct and indirect a sitia	al annociae continue	:- D- + W	
		e o monta a medicina no come maliferial la menta a comencia	nization's direct and indirect politic			1 075
			ditures			4,875.
3	voluntee	r flours for political camp	paign activities			
Pa	rt I-B	Complete if the o	rganization is exempt und	ler section 501(c	)(3).	
		amount of any excise ta	ax incurred by the organization und	der section 4955	)(O).	
2	Enter the	amount of any excise ta	ax incurred by organization manage	ers under section 495	55 <b>&gt;</b> \$	
3	If the org	ganization incurred a sec	tion 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a co	orrection made?		to the state of th		Yes No
b	If "Yes."	describe in Part IV.				
Pa	irt I-C	Complete if the o	rganization is exempt und	ler section 501(c	), except section 501	(c)(3).
1	Enter the	amount directly expend	led by the filing organization for se	ction 527 exempt fun	ction activities >\$	
2	Enter the	amount of the filing org	anization's funds contributed to ot	her organizations for	section 527	
	exempt	function activities			<b>&gt;</b> \$	
3	Total exe	empt function expenditur	res. Add lines 1 and 2. Enter here a	and on Form 1120-PO	L,	
	line 17b		••••••		▶\$	
4	Did the f	iling organization file For	m 1120-POL for this year?		***************************************	Yes No
5	Enter the	e names, addresses and	employer identification number (El	N) of all section 527 p	political organizations to which	ch the filing organization
	made pa	yments. For each organi	zation listed, enter the amount pai	d from the filing organ	nization's funds. Also enter the	ne amount of political
			promptly and directly delivered to			ate segregated fund or a
_	political		If additional space is needed, prov	ride information in Par	rt IV.	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's funds. If none, enter -0	contributions received and promptly and directly
					Turius. Il fiorie, efiler -0	delivered to a separate
						political organization.
						If none, enter -0
-			N DESCRIPTION OF THE PARTY OF T			
-	-					
-	-					

Schedule C (Form 990 or 990-EZ) 2016 SAV				58-	2630660 Page 2
Part II-A Complete if the organiz section 501(h)).	ation is exe	mpt under section	on 501(c)(3) and file	d Form 5768 (	election under
A Check Full if the filing organization b	elongs to an aff	filiated group (and list i	n Part IV each affiliated (	group member's na	me, address, EIN,
expenses, and share of e		REPORT (1) 설명 전 10 10 10 10 10 10 10 10 10 10 10 10 10			
B Check Lifthe filing organization of	hecked box A a	and "limited control" pr	ovisions apply.		
Limits on (The term "expenditure	Lobbying Expe s" means amo		.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1	a and 1b)	, , ,			
마이들이 마루다는 바로 마시 아이들이 하면 하는데 되었습니다. 이 사람들이 보고 있는데 보고 있는데 보고 있다면 보다 되었다면 보고 있다면					
e Total exempt purpose expenditures (add					
f Lobbying nontaxable amount. Enter the					
If the amount on line 1e, column (a) or (b) i	ACCUPATION OF THE PARTY OF THE	bying nontaxable an			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000					
Over \$1,000,000 but not over \$1,500,00		\$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000.			
Over \$1,500,000 but not over \$17,000,0		\$225,000 plus 5% of the excess over \$1,500,000.			
Over \$17,000,000		\$1,000,000.			
0101 \$11,000,000	ψ1,000	,000.			
g Grassroots nontaxable amount (enter 25	5% of line 1f)				
h Subtract line 1g from line 1a. If zero or le					
i Subtract line 1f from line 1c. If zero or le					
j If there is an amount other than zero on					
reporting section 4911 tax for this year?		1.5			Yes No
(Some organizations that m	4-Year Av	eraging Period Under	r section 501(h) have to complete all o		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

# Schedule C (Form 990 or 990-EZ) 2016 SAVANNAH RIVERKEEPER 58-263066 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(a)	(	(t	o)
Yes	No	Amo	ount
	X		
	X		
	Х		
Х		4	4,875.
	70/17/10/11		
	X		
		4	1,875.
	X		
1			
n F01/a\/5	-\	-41	
)(D) (D) (C)	o), or se	ction	
		Voc	No
		162	NO
n 501(c)(f	i) or se	ction	
"No," OR	(b) Par	t III-A, lir	ne 3, is
estronocena di Casa Desento	1		
cal			
	2a		
	2b		
	3		
	4		
	. 5		
list); Part II-A	A, lines 1 a	and 2 (see	
* 7 H. P. S.			
		THE	
H CARO	LINA.		
H CARO		UES	
		UES	
		UES	
	x x on 501(c)(some prior year? on 501(c)(some prior year) on 501(c)(some pr	X	X

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SAVANNAH RIVERKEEPER

Employer identification number 58-2630660

	organization answered "Yes" on Form 990, Part IV, line 6		201-
1	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
2	Total number at end of year		
3	Aggregate value of contributions to (during year)		
4	Aggregate value of grants from (during year)		
5			
	Did the organization inform all donors and donor advisors in writi are the organization's property, subject to the organization's exc	ing that the assets held in donor advised fu	inds
6	Did the organization inform all grantees, donors, and donor advis	cost is writing that	Yes N
	for charitable purposes and not for the benefit of the donor or do	sors in writing that grant funds can be used	only
	impermissible private henefit?	offor advisor, or for any other purpose conf	erring
Pa	impermissible private benefit?  rt II Conservation Easements. Complete if the organi	ration answered "Vas" as Farm 200 B. L.	Yes N
1	Purpose(s) of conservation easements held by the organization (	Zation answered "Yes" on Form 990, Part I	V, line 7.
•	Preservation of land for public use (e.g., recreation or educ		
	Protection of natural habitat	사용하다 보통 경험을 가는 것이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	
	Preservation of open space	Preservation of a certified	historic structure
2			
-	Complete lines 2a through 2d if the organization held a qualified day of the tax year.	conservation contribution in the form of a	
2			Held at the End of the Tax Yea
h	Total accords restricted by accounting		2a
0	Total acreage restricted by conservation easements		2b
-	Number of conservation easements on a certified historic structu	ure included in (a)	2c
u	Number of conservation easements included in (c) acquired after	r 8/17/06, and not on a historic structure	
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the orga	anization during the tax
020	year ▶		
4	Number of states where property subject to conservation easem		
5	Does the organization have a written policy regarding the periodi	ic monitoring, inspection, handling of	(4-17-18)
	violations, and enforcement of the conservation easements it hol	lds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, han	ndling of violations, and enforcing conserva	tion easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation e	asements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	in Part XIII, describe how the organization reports conservation e	easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization'	s financial statements that describes the o	rganization's accounting for
_	conservation easements.		9
Pa	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or Other	Similar Assets.
Pa	t III Organizations Maintaining Collections of Air Complete if the organization answered "Yes" on Form 990	rt, Historical Treasures, or Other D, Part IV, line 8.	Similar Assets.
	Complete if the organization answered "Yes" on Form 990	D, Part IV, line 8.	
	Complete if the organization answered "Yes" on Form 990.  If the organization elected, as permitted under SFAS 116 (ASC 9).	0, Part IV, line 8. 58), not to report in its revenue statement a	and balance sheet works of art,
	Complete if the organization answered "Yes" on Form 990.  If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibitions.	0, Part IV, line 8.  58), not to report in its revenue statement a ion, education, or research in furtherance of	and balance sheet works of art,
1a	Complete if the organization answered "Yes" on Form 9900  If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibiting the text of the footnote to its financial statements that describes	D, Part IV, line 8.  58), not to report in its revenue statement a ion, education, or research in furtherance of these items.	and balance sheet works of art, f public service, provide, in Part XIII,
1a	Complete if the organization answered "Yes" on Form 9900.  If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibiting the text of the footnote to its financial statements that describes lift the organization elected, as permitted under SFAS 116 (ASC 9).	58), not to report in its revenue statement a ion, education, or research in furtherance of these items. 58), to report in its revenue statement and	and balance sheet works of art, f public service, provide, in Part XIII, balance sheet works of art, historica
1a	Complete if the organization answered "Yes" on Form 9900  If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibiting the text of the footnote to its financial statements that describes	58), not to report in its revenue statement a ion, education, or research in furtherance of these items. 58), to report in its revenue statement and	and balance sheet works of art, f public service, provide, in Part XIII, balance sheet works of art, historica
1a	Complete if the organization answered "Yes" on Form 9900.  If the organization elected, as permitted under SFAS 116 (ASC 9) historical treasures, or other similar assets held for public exhibiting the text of the footnote to its financial statements that describes lift the organization elected, as permitted under SFAS 116 (ASC 9) treasures, or other similar assets held for public exhibition, educated treasures, or other similar assets held for public exhibition, educated the second treasures.	59, Part IV, line 8.  58), not to report in its revenue statement a ion, education, or research in furtherance of these items.  58), to report in its revenue statement and ation, or research in furtherance of public ser	and balance sheet works of art, f public service, provide, in Part XIII, balance sheet works of art, historica ervice, provide the following amount
1a	Complete if the organization answered "Yes" on Form 9900.  If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibiting the text of the footnote to its financial statements that describes If the organization elected, as permitted under SFAS 116 (ASC 9 treasures, or other similar assets held for public exhibition, educate relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	D, Part IV, line 8.  58), not to report in its revenue statement a ion, education, or research in furtherance of these items.  58), to report in its revenue statement and ation, or research in furtherance of public services.	and balance sheet works of art,  f public service, provide, in Part XIII,  balance sheet works of art, historica  ervice, provide the following amount  **Description**
1a	Complete if the organization answered "Yes" on Form 990.  If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibition the text of the footnote to its financial statements that describes If the organization elected, as permitted under SFAS 116 (ASC 9 treasures, or other similar assets held for public exhibition, educate relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	D, Part IV, line 8.  58), not to report in its revenue statement a ion, education, or research in furtherance of these items.  58), to report in its revenue statement and ation, or research in furtherance of public services.	and balance sheet works of art,  f public service, provide, in Part XIII,  balance sheet works of art, historica  ervice, provide the following amount
1a b	Complete if the organization answered "Yes" on Form 990.  If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibition the text of the footnote to its financial statements that describes If the organization elected, as permitted under SFAS 116 (ASC 9 treasures, or other similar assets held for public exhibition, educate relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures.	20, Part IV, line 8.  58), not to report in its revenue statement at ion, education, or research in furtherance of these items.  58), to report in its revenue statement and ation, or research in furtherance of public servenue.	and balance sheet works of art,  f public service, provide, in Part XIII,  balance sheet works of art, historica  ervice, provide the following amount
1a b	Complete if the organization answered "Yes" on Form 990.  If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibition the text of the footnote to its financial statements that describes If the organization elected, as permitted under SFAS 116 (ASC 9 treasures, or other similar assets held for public exhibition, educated are surely or other similar assets held for public exhibition, educated are surely or other similar assets held for public exhibition, educated are surely or other similar assets held for public exhibition, educated are surely or other similar assets held for public exhibition, educated are surely or other similar assets held for public exhibition, educated are surely or other similar assets held for public exhibition, educated are surely or other similar assets held for public exhibition, educated are surely or other similar assets held for public exhibition, educated are surely or other similar assets held for public exhibition, educated are surely or other similar assets held for public exhibition, educated are surely or other similar assets held for public exhibition, educated are surely or other similar assets held for public exhibition, educated are surely or other similar assets held for public exhibition.	20, Part IV, line 8.  158), not to report in its revenue statement at ion, education, or research in furtherance of these items.  158), to report in its revenue statement and ation, or research in furtherance of public statement, or research in furtherance of public statement and ation, or research in furtherance of public statement, or other similar assets for financial gain ASC 958) relating to these items:	and balance sheet works of art,  f public service, provide, in Part XIII,  balance sheet works of art, historica  ervice, provide the following amount:  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
1a b	Complete if the organization answered "Yes" on Form 990.  If the organization elected, as permitted under SFAS 116 (ASC 9 historical treasures, or other similar assets held for public exhibition the text of the footnote to its financial statements that describes If the organization elected, as permitted under SFAS 116 (ASC 9 treasures, or other similar assets held for public exhibition, educate relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures.	20, Part IV, line 8.  158), not to report in its revenue statement at ion, education, or research in furtherance of these items.  158), to report in its revenue statement and ation, or research in furtherance of public statement, or research in furtherance of public statement and ation, or research in furtherance of public statement, or other similar assets for financial gain ASC 958) relating to these items:	and balance sheet works of art,  f public service, provide, in Part XIII,  balance sheet works of art, historica ervice, provide the following amounts  \$ \$ \$ \$ \$ provide  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Schedule D (Form 990) 2016

209,243,

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2016 SAVANNAH RI	VERKEEPER	5	8-2630660 Page
Part VII Investments - Other Securities.			Ma
Complete if the organization answered "Yes"		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 e	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			1-111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
(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 e	end-of-vear market value
(1)		(1)	ond or your market value
(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	
	Description	1.14. 000 1 0.111 000,1 dit A, mio 10.	(b) Book value
(1)	5/1-4-2-04-05-1-1-5-07-5-5		(a) been raide
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	0.151		
Part X Other Liabilities.	e 15.)		
	F 000 D-+ W II	44 - 446 0 - 5 - 555 5 - 571	
Complete if the organization answered "Yes"  1. (a) Description of liability			25.
		(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	e 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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REALIZED GAIN ADJUSTMENT

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XI LINES 2D AND 4B

FUNDRAISING EXPENSES PRESENTED IN REVENUE SECTION.

Schedule D (Form 990) 2016	SAVANNAH RIVERKEEPER	58-2630660 Page 5
Schedule D (Form 990) 2016 Part XIII   Supplemental Ir	nformation (continued)	

## SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# 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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

SAVANNA	H RIVERKEEPER						entification number
	Complete if the organization answ	ered "\	es" o	n Form 990 Part IV	line 1	58-2630	7 filoro ara nat
- required to complete this part	•					7. FUIII 990-E	Z filers are not
1 Indicate whether the organization raise a Mail solicitations					·.		0
b Internet and email solicitations				overnment grants			
c Phone solicitations				rnment grants			
d In-person solicitations	g L Specia	i tunari	aising	events			
2 a Did the organization have a written or	r oral agreement with any individua	l (inclu	dina o	officers directors to	ataaa	18 <u>12-1</u> 1	
key employees listed in Form 990, Pa	art VII) or entity in connection with r	orofess	ional	fundraising services	stees		
b If "Yes," list the 10 highest paid indiv	iduals or entities (fundraisers) purs	uant to	agree	ements under which	the fi	Yes	□ No
compensated at least \$5,000 by the	organization.			ornorito dilaci Willon	tile it	indialser is to t	Je .
(i) Name and address of individual		(iii)	Did aiser	(iv) Gross receipts	(v)	Amount paid or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	or cor	ustody trol of	from activity	1 3	fundraiser	to (or retained by) organization
		contributions?		Accession to a second	list	ed in col. (i)	Organization
		Yes	No				
		-					
- 1							
		-					
Total							
3 List all states in which the organization	is registered or licensed to solicit	oontrib	utions	ar bas bass satisfies	1.74.7-		
or licensing.	is registered of licerised to solicit	CONTINE	utions	s or has been notified	I IT IS	exempt from re	egistration
			-				
			_				
LHA For Paperwork Reduction Act Notice	e, see the Instructions for Form	990 or	990-E	z. s	ched	ule G (Form 9	90 or 990-EZ) 2016

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ROAST ON THE (add col. (a) through GATOR FEST RIVER - AUG 9 col. (c)) (event type) (event type) (total number) Revenue 17,481. 32,703. 1 Gross receipts 19,961. 70,145. 2 Less: Contributions 8,075. 3,250. 6,183. 17,508. 9,406. 29,453. Gross income (line 1 minus line 2) 13,778. 52,637. Cash prizes 4 Noncash prizes Direct Expenses Rent/facility costs Food and beverages 100. 7 3,924. 1,843. 5,867. 8 Entertainment 14,108. Other direct expenses 16,915. 34,557. 65,580. 10 Direct expense summary. Add lines 4 through 9 in column (d) 71,447. 11 Net income summary. Subtract line 10 from line 3, column (d) -18,810.Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes **Direct Expenses** Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

	edule G (Form 990 or 990 EZ) 2016 SAVANNAH RIVERKEEPER	8-263066	0 Page 3		
11	Does the organization conduct gaming activities with nonmembers?	Yes			
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		□ No		
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	s:			
	Name >				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No		
b	If "Yes," enter the amount of gaming revenue received by the organization  \$\bigs\\$ and the amount of the amount of gaming revenue received by the organization  \$\bigs\\$ and the amount of the amount of the amount of gaming revenue received by the organization  \$\bigs\\$ and the amount of the amou	nt			
	of gaming revenue retained by the third party ▶\$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of sonious provided				
	Description of services provided				
	<del></del>				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	Yes	☐ No		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
	organization's own exempt activities during the tax year ▶ \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9, 9b.	10b, 15b.		
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		name at the contract		
			-		

Schedule G (Form 990 or 990-EZ) SAVANNAH RIVERKEEPER  Part IV Supplemental Information (continued)	58-2630660 Page 4
Supplemental Information (continued)	

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SAVANNAH RIVERKEEPER

Employer identification number 58-2630660

0.00000
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
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
PRIOR PERIOD ADJUSTMENTS -24,486.
REALIZED GAIN ADJUSTMENT -613.
TOTAL TO FORM 990, PART XI, LINE 9 -25,099.