

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2015**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**A** For the 2015 calendar year, or tax year beginning

07/01, 2015, and ending

06/30, 2016

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

RIVERKEEPER, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

20 SECOR ROAD

City or town, state or province, country, and ZIP or foreign postal code

OSSINING, NY 10562

F Name and address of principal officer:

JOE BOREN

SAME AS C ABOVE

D Employer identification number

13-3204621

E Telephone number

(914) 478-4501

G Gross receipts \$

4,823,555.

H(a) Is this a group return for subordinates?Yes ☐ No ☒**H(b)** Are all subordinates included?Yes ☐ No ☐

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status:☒

501(c)(3)

☐

501(c)()

(insert no.)

4947(a)(1) or

527

J Website: ▶ WWW.RIVERKEEPER.ORG**K** Form of organization:☒

Corporation

☐

Trust

Association

Other ▶

L Year of formation: 1983**M** State of legal domicile: NY**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROTECT THE ECOLOGICAL INTEGRITY OF THE HUDSON RIVER, & ITS TRIBUTARIES, AND TO SAFEGUARD THE DRINKING WATER SUPPLY OF NEW YORK CITY AND THE LOWER HUDSON VALLEY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	24.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	36.
	6	Total number of volunteers (estimate if necessary)	6	2,282.
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	5,005,233.	4,513,699.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	90,094.	156,738.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	151.	148.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-13,871.	-38,355.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,081,607.	4,632,230.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	2,593,943.	2,893,072.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 435,267.	60,000.	65,000.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,496,506.	1,451,759.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,150,449.	4,409,831.
19		Revenue less expenses. Subtract line 18 from line 12	931,158.	222,399.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	2,885,292.	3,009,712.
	22	Net assets or fund balances. Subtract line 21 from line 20	420,532.	322,553.
			2,464,760.	2,687,159.

Part II Signature Block

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

Sign Here

Signature of officer

Date 5/4/17

Type or print name and title Paul Gallay, President

Paid

Print/Type preparer's name

John D. Daum

Preparer's signature

Date

MAY 01 2017

Check ☐ if self-employed

PTIN

P00292140

Preparer Use Only

Firm's name ▶ CONDON O'MEARA MCGINTY & DONNELLY P

Firm's EIN ▶ 13-3628255

Firm's address ▶ ONE BATTERY PARK PLAZA NEW YORK, NY 10004-1405

Phone no. 212-661-7777

May the IRS discuss this return with the preparer shown above? (see instructions)

☒

Yes

☐

No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

SEE SCHEDULE O.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 1,608,762. including grants of \$) (Revenue \$ 156,738.)
HUDSON RIVER PROGRAM: - SEE SCHEDULE O.**4b** (Code:) (Expenses \$ 1,207,537. including grants of \$) (Revenue \$)
BOAT/WATER QUALITY PROGRAM: - SEE SCHEDULE O.**4c** (Code:) (Expenses \$ 1,066,961. including grants of \$) (Revenue \$)
WATERSHED PROGRAM: - SEE SCHEDULE O.**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 3,883,260.

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 (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	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 X	
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 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	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
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
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2015)

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.	31	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	36	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		X
b If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</u>		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders.	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?		
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	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ **X****Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	24	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b Enter the number of voting members included in line 1a, above, who are independent	24	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/> 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? . .		<input checked="" type="checkbox"/> X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/> X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/> X
6 Did the organization have members or stockholders?		<input checked="" type="checkbox"/> X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/> X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/> X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/> X	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/> X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/> X

Section 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?		<input checked="" type="checkbox"/> X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/> X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/> X	
13 Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/> X	
14 Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/> 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?		
a The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/> X	
b Other officers or key employees of the organization	<input checked="" type="checkbox"/> X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/> X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CT, NJ, NY,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►

STELLA LIROSI/RIVERKEEPER/INC. 20 SECOR ROAD, OSSINING, NY 10562

914-478-4501

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOE BOREN CHAIR	3.00	X		X				0.	0.	0.
(2) ROBERT F. KENNEDY JR. VICE CHAIR	3.00	X		X				76,977.	0.	0.
(3) JON SPANIER TREASURER	3.00	X		X				0.	0.	0.
(4) PEGGY CULLEN SECRETARY	3.00	X		X				0.	0.	0.
(5) ANNE HEARST MCINERNEY DIRECTOR	3.00	X						0.	0.	0.
(6) JOHN MOORE DIRECTOR	3.00	X						0.	0.	0.
(7) JOHN ADAMS DIRECTOR	3.00	X						0.	0.	0.
(8) DALE KUTNICK DIRECTOR	3.00	X						0.	0.	0.
(9) CAMILO PATRIGNANI DIRECTOR	3.00	X						0.	0.	0.
(10) JUSTIN DERFNER DIRECTOR	3.00	X						0.	0.	0.
(11) ANN COLLEY DIRECTOR	3.00	X						0.	0.	0.
(12) HAMILTON FISH DIRECTOR	3.00	X						0.	0.	0.
(13) DAVID KOWITZ DIRECTOR	3.00	X						0.	0.	0.
(14) MICHAEL RICHTER DIRECTOR	3.00	X						0.	0.	0.

Form 990 (2015)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) DAVID REILLY DIRECTOR	3.00	X						0.	0.	0.
16) PAUL ZOFNASS DIRECTOR	3.00	X						0.	0.	0.
17) NICK SANGERMANO DIRECTOR	3.00	X						0.	0.	0.
18) KRISTIE PELLECCIA DIRECTOR	3.00	X						0.	0.	0.
19) LESLIE WILLIAMS DIRECTOR	3.00	X						0.	0.	0.
20) DR. HOWARD A. RUBIN DIRECTOR	3.00	X						0.	0.	0.
21) JON BEYMAN DIRECTOR	3.00	X						0.	0.	0.
22) CAROLYN MARKS BLACKWOOD DIRECTOR	3.00	X						0.	0.	0.
23) MACKIN PULSIFER DIRECTOR	3.00	X						0.	0.	0.
24) ERNEST TOLLERSON DIRECTOR	3.00	X						0.	0.	0.
25) DAVID ANSEL DIRECTOR	3.00	X						0.	0.	0.
1b Sub-total								76,977.	0.	0.
c Total from continuation sheets to Part VII, Section A								469,347.	0.	41,485.
d Total (add lines 1b and 1c)								546,324.	0.	41,485.

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

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

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

[illegible]

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,610,302.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	100,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	2,803,397.			
	g	Noncash contributions included in lines 1a-1f: \$		100,148.			
	h	Total. Add lines 1a-1f		4,513,699.			
Program Service Revenue	2a	LEGAL SETTLEMENTS: COST REIMBURSEMENT	Business Code	900099	156,738.	156,738.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		156,738.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		148.		
4		Income from investment of tax-exempt bond proceeds . .		0.			
5		Royalties		0.			
6a		Gross rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)		0.			
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		0.			
8a		Gross income from fundraising events (not including \$ 1,610,302. of contributions reported on line 1c). See Part IV, line 18	a	152,185.			
b		Less: direct expenses	b	191,325.			
c		Net income or (loss) from fundraising events		-39,140.			-39,140.
9a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities		0.			
10a		Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue			Business Code				
11a	OTHER REVENUE	90099	785.	785.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		785.				
12	Total revenue. See instructions.		4,632,230.	157,523.		-38,992.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	290,614.	259,653.	3,045.	27,916.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	2,157,059.	1,930,011.	19,123.	207,925.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	257,633.	227,009.	6,717.	23,907.
10 Payroll taxes	187,766.	165,444.	4,899.	17,423.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	232,473.	204,216.	2,969.	25,288.
c Accounting	20,630.	18,122.	263.	2,245.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	65,000.			65,000.
f Investment management fees	0.			
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 1	534,656.	526,767.	7,656.	233.
12 Advertising and promotion	0.			
13 Office expenses	138,919.	122,985.	3,039.	12,895.
14 Information technology.	79,683.	69,996.	1,018.	8,669.
15 Royalties.	0.			
16 Occupancy	118,588.	85,448.	23,588.	9,552.
17 Travel	45,613.	41,189.	731.	3,693.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	5,345.	4,607.	217.	521.
20 Interest	0.			
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	21,413.	13,470.	5,871.	2,072.
23 Insurance	47,610.	35,817.	6,625.	5,168.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT MAIL EXPENSE	36,389.	30,931.		5,458.
b EQUIP. RENTAL & MAINTENANCE	78,689.	75,549.	2,234.	906.
c PUBLIC RELATIONS & OUTREACH	36,656.	23,856.		12,800.
d MISCELLANEOUS	19,770.	16,545.	2,181.	1,044.
e All other expenses	35,325.	31,645.	1,128.	2,552.
25 Total functional expenses. Add lines 1 through 24e	4,409,831.	3,883,260.	91,304.	435,267.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	36,389.	18,195.		18,194.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,486.	1	2,471.
	2 Savings and temporary cash investments	720,524.	2	445,099.
	3 Pledges and grants receivable, net	2,055,998.	3	2,370,464.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	4,776.	9	82,915.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 497,803.		
	b Less: accumulated depreciation	10b 399,640.		
		90,908.	10c	98,163.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	10,600.	15	10,600.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,885,292.	16	3,009,712.	
Liabilities	17 Accounts payable and accrued expenses	420,532.	17	322,553.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	420,532.	26	322,553.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	449,462.	27	39,881.
	28 Temporarily restricted net assets	840,298.	28	1,497,278.
	29 Permanently restricted net assets	1,175,000.	29	1,150,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,464,760.	33	2,687,159.
	34 Total liabilities and net assets/fund balances	2,885,292.	34	3,009,712.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,632,230.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,409,831.
3	Revenue less expenses. Subtract line 2 from line 1	3	222,399.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,464,760.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,687,159.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

RIVERKEEPER, INC.

Employer identification number

13-3204621

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,083,161.	3,505,308.	3,949,130.	5,005,233.	4,513,699.	20,056,531.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	3,083,161.	3,505,308.	3,949,130.	5,005,233.	4,513,699.	20,056,531.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						1,189,812.
6 Public support. Subtract line 5 from line 4.						18,866,719.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	3,083,161.	3,505,308.	3,949,130.	5,005,233.	4,513,699.	20,056,531.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,870.	1,053.	229.	151.	148.	3,451.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	1,506.	3,166.	966.	1,021.	785.	7,444.
11 Total support. Add lines 7 through 10						20,067,426.
12 Gross receipts from related activities, etc. (see instructions)					12	1,088,989.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	94.02%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	90.21%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 11a or 11b 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.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section 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		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
MISCELLANEOUS	1,506.	3,166.	966.	1,021.	785.	7,444.
TOTALS	<u>1,506.</u>	<u>3,166.</u>	<u>966.</u>	<u>1,021.</u>	<u>785.</u>	<u>7,444.</u>

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2015▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.**Name of the organization**

RIVERKEEPER, INC.

Employer identification number

13-3204621

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(⁰³) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number
13-3204621

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

[illegible]

Name of organization **RIVERKEEPER, INC.**

Employer identification number

13-3204621

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

- **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.**

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

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

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

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

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

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

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

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ► \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
- 4a Was a correction made?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$
- 4 Did the filing organization file Form 1120-POL for this year?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		12,038.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		12,038.													
c Total lobbying expenditures (add lines 1a and 1b)		4,397,793.													
d Other exempt purpose expenditures		4,409,831.													
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		370,492.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		92,623.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	306,315.	315,444.	330,892.	370,492.	1,323,143.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,984,715.
c Total lobbying expenditures	4,798.	2,853.	1,439.	12,038.	21,128.
d Grassroots nontaxable amount	76,579.	78,861.	82,723.	92,623.	330,786.
e Grassroots ceiling amount (150% of line 2d, column (e))					496,179.
f Grassroots lobbying expenditures	595.	547.	32.		1,174.

Schedule C (Form 990 or 990-EZ) 2015

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

501(c)(6).		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

answered "Yes."			
1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Part IV **Supplemental information**
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2015

Part IV Supplemental Information *(continued)*

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

RIVERKEEPER, INC.

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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

13-3204621

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X ▶ \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X ▶ \$	

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

Schedule D (Form 990) 2015

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 2,015,298. | 625,000. | 150,000. | 50,000. | 140,000. |
| b Contributions | 1,356,726. | 1,652,800. | 575,000. | 150,000. | 50,000. |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 724,746. | 262,502. | 100,000. | 50,000. | 140,000. |
| f Administrative expenses | | | | | |
| g End of year balance | 2,647,278. | 2,015,298. | 625,000. | 150,000. | 50,000. |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ☐ %
- b Permanent endowment ☒ 43.4400 %
- c Temporarily restricted endowment ☒ 56.5600 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

- | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 7,500. | | 7,500. |
| b Buildings | | | | |
| c Leasehold improvements | | 66,565. | 31,448. | 35,117. |
| d Equipment | | 150,184. | 136,606. | 13,578. |
| e Other | | 273,554. | 231,586. | 41,968. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 98,163. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2015

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,234,937.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	602,707.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	602,707.	
3	Subtract line 2e from line 1	3	4,632,230.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,632,230.	

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

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

1	Total expenses and losses per audited financial statements		1	5,012,538.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	602,707.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	602,707.	
3	Subtract line 2e from line 1	3	4,409,831.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,409,831.	

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V - LINE 4

TEMPORARILY RESTRICTED NET ASSETS REPRESENT CONTRIBUTIONS AND PLEDGES THAT ARE RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE OR RELATE TO FUTURE PERIODS. RIVERKEEPER REPORTS CONTRIBUTIONS AS TEMPORARILY RESTRICTED SUPPORT IF THEY ARE RECEIVED WITH DONOR STIPULATIONS THAT LIMIT THE USE OF THE DONATED ASSETS. WHEN A DONOR STIPULATION EXPIRES, THAT IS, WHEN A STIPULATED TIME RESTRICTION ENDS OR THE PURPOSE FOR THE RESTRICTION IS ACCOMPLISHED, TEMPORARILY RESTRICTED NET ASSETS ARE RECLASSIFIED TO UNRESTRICTED NET ASSETS AND REPORTED IN THE STATEMENT OF ACTIVITIES AS NET ASSETS RELEASED FROM RESTRICTIONS.

PERMANENTLY RESTRICTED NET ASSETS CONSIST OF CONTRIBUTIONS THAT ARE RESTRICTED BY THE DONORS IN THAT THE PRINCIPAL MUST REMAIN IN PERPETUITY, BUT ANY INVESTMENT RETURN EARNED ON SUCH FUNDS MAY BE SPENT IN ACCORDANCE WITH THE DONOR TERMS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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

2015

**Open to Public
Inspection**

Name of the organization

RIVERKEEPER, INC.

Employer identification number

13-3204621

Part I

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | | | |
|---|--|---|---|
| a | <input checked="" type="checkbox"/> Mail solicitations | e | <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b | <input checked="" type="checkbox"/> Internet and email solicitations | f | <input checked="" type="checkbox"/> Solicitation of government grants |
| c | <input checked="" type="checkbox"/> Phone solicitations | g | <input checked="" type="checkbox"/> Special fundraising events |
| d | <input checked="" type="checkbox"/> In-person solicitations | | |

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,694,302.	65,000.	1,629,302.

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

NY,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FISHERMANS BALL (event type)	SWEEP 16 (event type)	4. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,694,302.	38,997.	29,188.	1,762,487.
	2 Less: Contributions	1,610,302.			1,610,302.
	3 Gross income (line 1 minus line 2)	84,000.	38,997.	29,188.	152,185.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	140,232.	27,961.	23,132.	191,325.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				191,325.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-39,140.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Schedule G (Form 990 or 990-EZ) 2015

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

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

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

RIVERKEEPER, INC.

13-3204621

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
CATHY MCNAMARA, INC. 1325 SIXTH AVE., FL. 27 NEW YORK NY 10019	FISHERMANS BALL/ANNIV.	X		1,694,302.	65,000.	1,629,302.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

► **Attach to Form 990.**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

RIVERKEEPER, INC.

Employer identification number

13-3204621

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PAUL GALLAY PRESIDENT AND DIRECTOR	(i)	180,551.	0.	0.	26,948.	207,499.	
	(ii)	0.	0.	0.			
2 MEDORA FALKENBERG VICE PRESIDENT FOR DEVELOPMENT	(i)	177,418.	0.	0.	624.	178,042.	
	(ii)	0.	0.	0.			
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Schedule J (Form 990) 2015

Part III Supplemental Information

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Name of the organization
RIVERKEEPER, INC.

Employer identification number
13-3204621

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1.	100,148.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) (2015)

JSA

5E1298 1.000

93813U M261

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

RIVERKEEPER, INC.

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PART III - LINE 1

RIVERKEEPER'S MISSION IS TO PROTECT THE ECOLOGICAL INTEGRITY OF THE HUDSON RIVER, AND ITS TRIBUTARIES, AND TO SAFEGUARD THE DRINKING WATER SUPPLY OF NEW YORK CITY AND THE LOWER HUDSON VALLEY. THROUGH BOAT PATROLS, STRATEGIC PARTNERSHIPS, THOUSANDS OF ACTIVIST MEMBERS AND A RESPECTED LEGAL STAFF, RIVERKEEPER IS RESTORING THE HUDSON RIVER AND KEEPING CONTAMINANTS OUT OF THE DRINKING WATER SUPPLY OF 9 MILLION NEW YORKERS. RIVERKEEPER HAS HELPED TO ESTABLISH GLOBALLY RECOGNIZED STANDARDS FOR WATERWAY AND WATERSHED PROTECTION, AND SERVE AS THE MODEL AND MENTOR FOR THE GROWING WATERKEEPER MOVEMENT THAT INCLUDES MORE THAN 260 KEEPER PROGRAMS ACROSS THE COUNTRY AND AROUND THE GLOBE. RIVERKEEPER, FOR MORE THAN 40 YEARS IS NEW YORK'S LEADING CLEAN WATER ADVOCATE.

PART III - LINE 4A

HUDSON RIVER PROGRAM:

INDIAN POINT CAMPAIGN:

RIVERKEEPER CONTINUED ITS LEGAL, POLICY, AND PUBLIC ADVOCACY CAMPAIGN TO PERMANENTLY SHUT DOWN THE INDIAN POINT NUCLEAR POWER PLANT BECAUSE OF ITS VULNERABILITY TO TERRORISM, NUMEROUS AND WORSENING SAFETY PROBLEMS, ON-SITE STORAGE OF RADIOACTIVE WASTE, PROXIMITY TO NEW YORK CITY AND OTHER POPULATION CENTERS, AND THE LACK OF A WORKABLE EVACUATION PLAN. ADDITIONALLY, RIVERKEEPER CONTINUED ITS LEGAL BATTLE AGAINST THE ONCE-THROUGH COOLING OPERATIONS AT INDIAN POINT WHICH LEADS TO THE DEATH OF OVER A BILLION HUDSON RIVER ORGANISMS ANNUALLY. RIVERKEEPER ALSO

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JOINED THE LEGAL BATTLE OVER INDIAN POINT'S COASTAL CONSISTENCY
CERTIFICATION, SUBMITTING A "FRIEND OF THE COURT" BRIEF.

IN ACCORDANCE WITH THE NUCLEAR REGULATORY COMMISSION'S ADMINISTRATIVE
PROCEEDING ON INDIAN POINT'S RELICENSING, THE STATE OF NEW YORK AND
RIVERKEEPER CONTINUE TO OPPOSE ENTERGY'S RENEWAL APPLICATION OF INDIAN
POINT AND FILED JOINTLY TWO CONTENTIONS RELATED TO THE SAFETY OF IP'S
AGING FACILITIES. THESE TWO CONTENTIONS ARE 1) NYS-26B/RK-TC-1B
CONCERNING ENTERGY'S MANAGEMENT OF METAL FATIGUE (SAFETY ISSUES) AT IP
AND 2) NYS-38/RK-TC-5 CONCERNING ENTERGY'S SAFETY COMMITMENTS AT IP'S
AGING NUCLEAR PLANT.

IN ADDITION TO THE NRC ADMINISTRATIVE PROCEEDINGS, RIVERKEEPER CONTINUED
ITS PARTICIPATION AS A PARTY IN THE TECHNICAL ADMINISTRATIVE EVIDENTIARY
HEARINGS BEFORE THE NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL
CONSERVATION (DEC). ONGOING SINCE 2011, THESE HEARINGS CONCERN (I)
INDIAN POINT'S REQUIRED CLEAN WATER ACT WATER QUALITY CERTIFICATION
(WHICH DEC DENIED IN 2012 AS BEING INCONSISTENT WITH STATE WATER QUALITY
STANDARDS), AND (II) INDIAN POINT'S DRAFT CLEAN WATER ACT STATE POLLUTANT
DISCHARGE ELIMINATION SYSTEM (SPDES) PERMIT, WHICH WAS ISSUED IN 2003 AND
WHICH REQUIRED INDIAN POINT TO SWITCH TO CLOSED-CYCLE COOLING OPERATIONS,
THEREBY SAVING BILLIONS OF AQUATIC ORGANISMS.

TO DATE, THE HEARINGS HAVE CONSIDERED THE FOLLOWING ISSUES: THE
AVAILABILITY, EFFICACY, AND RELATED ENVIRONMENTAL IMPACTS (IF ANY) FROM

Name of the organization
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CONSTRUCTION AND OPERATION OF CLOSED-CYCLE COOLING TOWERS OR AN IN-WATER SCREENING TECHNOLOGY TO AVOID OR MINIMIZE THE FACILITY-INDUCED MORTALITY TO OVER ONE BILLION AQUATIC ORGANISMS ANNUALLY; THE ENVIRONMENTAL AND WATER QUALITY IMPACTS FROM RADIOLOGICAL LEAKS FROM THE FACILITY; AND WATER QUALITY IMPACTS FROM CONTINUED OPERATION OF INDIAN POINT.

IN SEPTEMBER 2015, THE FINAL HEARINGS (WHICH INCLUDED TESTIMONY AND REPORTS FROM RIVERKEEPER'S EXPERT WITNESSES) ADDRESSED, INTER ALIA, PERMANENT AND INTERIM FISH SEASONAL FISH PROTECTION OUTAGES, AS WELL AS THE ELECTRIC SYSTEM RELIABILITY AND ELECTRICITY PRICE IMPLICATIONS OF IMMEDIATELY SHUTTING DOWN ONE OR BOTH OF INDIAN POINT'S NUCLEAR REACTOR UNITS TO PROTECT AQUATIC LIFE DURING THE IMPORTANT SPAWNING SEASONS. IN

POST-HEARING BRIEFINGS ON THE ISSUES OF CLOSED-CYCLE COOLING AND PERMANENT AND INTERIM FISH PROTECTION OUTAGES, INCLUDING RESPONDING TO OTHER PARTIES' LEGAL AND FACTUAL ASSERTIONS. A FINAL DECISION FROM THE DEC ADMINISTRATIVE LAW JUDGES WAS EXPECTED IN EARLY 2017, WITH FORMAL APPEALS BY MULTIPLE PARTIES ANTICIPATED WHICH WOULD POTENTIALLY RESULT IN YEARS OF ONGOING LITIGATION.

FINALLY, IN JANUARY 2016, RIVERKEEPER FILED AN AMICUS CURIAE BRIEF WITH THE NEW YORK STATE COURT OF APPEALS IN THE MATTER OF ENTERGY NUCLEAR OPERATIONS, INC., ET AL. V. NEW YORK STATE DEPT. OF STATE, WHICH CONCERNED ENTERGY'S CHALLENGES TO NEW YORK STATE'S DENIAL OF ITS COASTAL CONSISTENCY CERTIFICATION PURSUANT TO THE COASTAL ZONE MANAGEMENT ACT. A

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DECISION BY THE NEW YORK STATE SUPREME COURT WAS EXPECTED AFTER FISCAL YEAR '16. BOTH THE COASTAL CONSISTENCY AND WATER QUALITY CERTIFICATIONS ARE NECESSARY FOR INDIAN POINT'S FEDERAL RELICENSING BY THE NRC.

CRUDE OIL CAMPAIGN:

OVER THE PAST SEVERAL YEARS, THE HUDSON RIVER HAS QUICKLY TURNED INTO A VIRTUAL PIPELINE FOR OIL FROM OTHER STATES AND, MORE RECENTLY, POSSIBLY CANADA. THE GOAL OF THE "CRUDE OIL CAMPAIGN" IS TO STOP IRRESPONSIBLE CRUDE OIL TRANSPORT, PREVENT FURTHER EXPANSION OF THE "VIRTUAL PIPELINE" ON THE HUDSON, ENSURE THAT CURRENT OPERATIONS ARE AS SAFE AS POSSIBLE TO PREVENT AN EXPLOSION OR SPILL, AND TO IMPROVE EMERGENCY RESPONSE CAPACITY AND EFFECTIVENESS. RIVERKEEPER'S CRUDE OIL CAMPAIGN FOCUSES ON THE MANY DIFFERENT ASPECTS OF CRUDE OIL TRANSPORT THAT PUT THE HUDSON RIVER VALLEY AT RISK, INCLUDING: REGULATORY OVERSIGHT ON RAILCAR AND RAILROAD TRANSPORT SAFETY AND SPILL RESPONSE PLANNING; ADVOCATING FOR OIL INDUSTRY INSURANCE AND LIABILITY REFORM; AND LEGISLATIVE, ADMINISTRATIVE, AND LEGAL INVOLVEMENT IN PIPELINE AND OIL TERMINAL/TRANSLOADING ISSUES. AT RIVERKEEPER'S URGING, THE US COAST GUARD PLANNED UNPRECEDENTED ON-RIVER AND SIMULATION DRILLS TO FOSTER BETTER RESPONSES IN CASE OF AN OIL SPILL IN THE UPPER HUDSON ESTUARY.

RIVERKEEPER CONTINUED ITS ADVOCACY AGAINST THE PROPOSED PILGRIM PIPELINES PROJECT, WHICH WOULD CONSIST OF TWO PARALLEL PIPELINES RUNNING FROM ALBANY, NY TO LINDEN, NJ. ONE OF THE PROPOSED PIPELINES WOULD CARRY CRUDE OIL SOUTH, WHILE THE OTHER WOULD CARRY REFINED PETROLEUM PRODUCTS NORTH.

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RIVERKEEPER PARTICIPATED IN MULTIPLE PRESENTATIONS, SUCCESSFULLY ADVOCATED FOR LOCAL MUNICIPALITIES TO PASS RESOLUTIONS OPPOSING THE PROJECT, COLLABORATED WITH LOCAL ACTIVISTS IN AN SUCCESSFUL EFFORT TO INVOLVE THE DEPARTMENT OF ENVIRONMENTAL CONSERVATION (DEC) AS A LEAD AGENCY, AND IDENTIFIED POTENTIAL LEGISLATIVE STRATEGIES TO EMPOWER THE TOWNS THAT COULD BE IMPACTED BY THE PROJECT.

RIVERKEEPER ALSO CONTINUED ADVOCACY SURROUNDING THE GLOBAL ALBANY TERMINAL TRANSFER FACILITY LOCATED IN THE PORT OF ALBANY (SEE BELOW, LITIGATION SECTION).

FINALLY, RIVERKEEPER BEGAN A NEW PHASE OF THIS CAMPAIGN IN JUNE OF 2016, WHEN THE US COAST GUARD ISSUED AN ADVANCE NOTICE OF PROPOSED RULEMAKING TO ESTABLISH TEN NEW ANCHORAGE GROUNDS ON THE HUDSON RIVER. THE PROPOSAL COULD HAVE MANY SIGNIFICANT ENVIRONMENTAL IMPACTS, INCLUDING INCREASED BARGE AND VESSEL TRAFFIC; AIR, NOISE, AND LIGHT POLLUTION; VIEWSHED OBSTRUCTIONS; AND SCARRING AND SCOURING OF THE RIVER BOTTOM. RIVERKEEPER PROMPTLY REQUESTED THAT THE COAST GUARD EXTEND THE PUBLIC COMMENT PERIOD SO THAT IT WOULD GATHER INFORMATION ABOUT THE PROPOSAL, INFORM THE COMMUNITY, AND PREPARE EXTENSIVE COMMENTS.

NEWBURGH:

RIVERKEEPER HAS BEEN EXTENSIVELY INVOLVED IN THE DRINKING WATER CONTAMINATION CRISIS IN NEWBURGH, NY. IN MAY OF 2016, THE CITY OF NEWBURGH DECLARED A STATE OF EMERGENCY BECAUSE OF PFOS CONTAMINATION IN

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WASHINGTON LAKE, THE CITY'S PRIMARY SOURCE OF DRINKING WATER. RIVERKEEPER THEN URGED THE STEWART AIR NATIONAL GUARD BASE AND THE PORT AUTHORITY OF NY AND NJ TO CEASE AND DESIST ALL DISCHARGES OF PFOS. RIVERKEEPER ALSO CALLED UPON THE DEPARTMENTS OF HEALTH AND ENVIRONMENTAL CONSERVATION TO TAKE SPECIFIC STEPS TO IMMEDIATELY REMEDY THE PROBLEM AND BETTER PROTECT SOURCE WATERS IN THE FUTURE.

TOXIC SITES:

RIVERKEEPER IS A MEMBER OF THE COMMUNITY ADVISORY GROUPS (CAGS) FOR THE NUMEROUS FEDERAL SUPERFUND SITES IN AND AROUND THE HUDSON RIVER, INCLUDING THE HUDSON RIVER PCB SITE, THE GOWANUS CANAL SITE, AND THE NEWTOWN CREEK SITE. AS A PROMINENT AND VOCAL MEMBER OF THE CAGS, RIVERKEEPER SERVES THE PUBLIC THROUGH PROMOTING THE TRANSPARENT EXCHANGE OF INFORMATION AND CONCERNS BETWEEN THE AFFECTED COMMUNITY AND THE REGULATORS.

HUDSON RIVER PCBS SUPERFUND SITE: IN THE FALL OF 2015, GENERAL ELECTRIC (GE) FINISHED ITS IN-RIVER DREDGING OF PCB-CONTAMINATED SEDIMENT IN THE UPPER 40-MILES OF THE HUDSON RIVER, NORTH OF THE FEDERAL DAM AT TROY. RIVERKEEPER CONTINUES TO PRESS GE, EPA, AND STATE AGENCIES TO ENSURE THAT THE MAXIMUM POSSIBLE AMOUNT OF PCBS ARE REMOVED FROM THE RIVER SO THAT THE STATE'S FISH CONSUMPTION ADVISORY ON HUDSON RIVER FISH (DUE TO THE HIGH LEVELS OF PCBS) CAN BE LIFTED. RIVERKEEPER PROVIDED TECHNICAL COMMENTS ON EPA'S CERCLA-MANDATED FIVE-YEAR REVIEW OF THE EFFECTIVENESS OF GE'S CLEANUP TO DATE, AND BEGAN WORK REVIEWING THE FIRST STAGES OF THE

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NATURAL RESOURCE DAMAGES ASSESSMENT PROCESS AND GE'S REMEDIATION OF THE HUDSON RIVER FLOODPLAINS.

GOWANUS CANAL SUPERFUND SITE: SINCE THE CANAL'S LISTING AS A SUPERFUND SITE, RIVERKEEPER HAS BEEN WORKING TOWARD A QUICK, THOROUGH REMEDIATION AND RESTORATION OF THE CANAL AND IT'S SURROUNDING SEWERSHED. DURING THE PAST YEAR, WORK HAS FOCUSED ON THE IMPLEMENTATION OF THE RECORD OF DECISION, INCLUDING THE DEVELOPMENT AND SELECTION OF PLANS FOR STORAGE TANKS FOR COMBINED SEWER SYSTEMS, ONGOING UPLAND SITE REMEDIATION WORK, AND CONTINUED COLLABORATION WITH THE COMMUNITY ON BULKHEAD AND WATERFRONT EDGE DESIGN PLANNING. WITH SEWAGE, CONTAMINATION, OPEN SPACE, ILLEGAL POLLUTION, AND PUBLIC HEALTH RISKS ONGOING AT THIS SITE, RIVERKEEPER'S GOAL IS TO BRING ABOUT A CLEAN, ACCESSIBLE, AND SAFE FOR SWIMMING AND FISHING GOWANUS CANAL.

NEWTOWN CREEK SUPERFUND SITE: UNLIKE THE GOWANUS CANAL SUPERFUND SITE, THERE IS NO FINAL RECORD OF DECISION FOR THE CREEK. AS SUCH, RIVERKEEPER IS WORKING, THROUGH ITS MEMBERSHIP ON THE CAG STEERING COMMITTEE, TO ENSURE THE EPA RISK ASSESSMENTS AND FEASIBILITY STUDIES REPRESENT THE BEST ANALYSIS POSSIBLE AND ACCOUNT FOR COMMUNITY CONCERNS. RIVERKEEPER ALSO WORKED TO ENSURE THAT SEWAGE AND UPLAND SOURCES OF TOXIC POLLUTION TO THE CREEK ARE INCLUDED IN THE EPA PLANNING PROCESS.

FIGHT FOR WATER DEMOCRACY IN ROCKLAND COUNTY:

FOLLOWING THE FAILED BID TO BUILD A DESALINATION PLANT USING HUDSON RIVER

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WATER, THE STATE PUBLIC SERVICE COMMISSION (PSC) CONVENED A SERIES OF MEETINGS BETWEEN THE WATER SUPPLY COMPANY (SUEZ), THE ROCKLAND COMMUNITY, AND RIVERKEEPER AND OUR PARTNER SCENIC HUDSON, IN AN EFFORT TO PROMOTE A MORE COLLABORATIVE APPROACH TO WATER CONSERVATION AND MANAGEMENT.

RIVERKEEPER IS A PARTY IN THE PSC PROCEEDING RELATED TO FUTURE ROCKLAND WATER SUPPLY PLANNING. THROUGH THE SUBMISSION OF EXPERT REPORTS AND TESTIMONY AND PARTICIPATION IN POSSIBLE SETTLEMENT NEGOTIATIONS, RIVERKEEPER IS ADVOCATING FOR THE STRONGEST POSSIBLE CONSERVATION PLAN.

IN THE WAKE OF EPA OPPOSITION AND A RIVERKEEPER LAWSUIT, THE STATE WITHDREW ITS PLAN TO DIVERT \$500 MILLION IN CLEAN WATER ACT FUNDS TO HELP PAY FOR THE NEW TAPPAN ZEE BRIDGE.

NATURAL GAS PRODUCTION WASTE:

FRACKING WASTE: IN 2016, RIVERKEEPER PARTNERED WITH A COALITION OF SEVERAL ORGANIZATIONS TO DRAFT, ADVOCATE FOR, AND HELP PASS A LOCAL BAN ON THE IMPROPER REUSE AND DISPOSAL OF FRACKING WASTE IN NYC.

PART III - LINE 4B

PATROL BOAT PROGRAM:

RIVERKEEPER MAINTAINS A NEAR CONSTANT PRESENCE ON THE HUDSON RIVER AND A SIGNIFICANT NUMBER OF ITS MAJOR TRIBUTARIES. WE PATROL THE ENTIRE LENGTH OF THE ESTUARY EACH MONTH FROM NEW YORK HARBOR (INCLUDING THE EAST RIVER, HARLEM RIVER AND FLUSHING BAY) AND NORTH TO WATERFORD, ABOVE OF THE FEDERAL DAM AT TROY, AND BEYOND TO FORT EDWARD ON THE NON-TIDAL HUDSON. IN 2015 WE BEGAN PATROLLING THE HUDSON'S LARGEST TRIBUTARY, THE MOHAWK

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RIVER, AS FAR AS ROME.

THE PATROL BOAT "R. IAN FLETCHER", HAS BEEN MODIFIED TO ENABLE IT TO BEST SERVE ITS MISSION AS A POLLUTION WATCHDOG VESSEL, A PLATFORM FOR SCIENTIFIC RESEARCH AND AN AMBASSADOR FOR THE RIVER.

JOHN LIPSCOMB HAS BEEN CAPTAIN OF THE FLETCHER SINCE 2000. FROM APRIL TO DECEMBER EACH YEAR, HE TRAVELS BETWEEN 4,000 AND 5,000 NAUTICAL MILES ON THE HUDSON AND ITS TRIBUTARIES WHILE CONDUCTING REGULAR POLLUTION AND WATER SAMPLING PATROLS, PROVIDING SUPPORT FOR SCIENTIFIC STUDIES THAT ADVANCE UNDERSTANDING OF THE HUDSON ECOSYSTEM, SUPPORTING RIVERKEEPER'S WATER QUALITY MONITORING PROGRAM AND BRINGING STATE AND REGIONAL DECISION-MAKERS, ENVIRONMENTAL ENFORCEMENT AGENCIES, ACADEMICS, THE MEDIA, AND COMMUNITY STAKEHOLDERS OUT ON THE RIVER. ON THESE TRIPS, CAPTAIN LIPSCOMB SHARES WITH THOSE ABOARD HIS DEEP KNOWLEDGE OF THE RIVER ITS WILDLIFE, CRITICAL HABITAT ZONES, POLLUTION SOURCES AND WATER QUALITY MANAGEMENT ISSUES. THE BOAT PROGRAM IS CRITICAL TO RIVERKEEPER'S WORK AND UNIQUE IN THE ROLE IT SERVES ON THE HUDSON RIVER, AS A PLATFORM FOR PARTNERS, SCIENTISTS, POLICY MAKERS AND ENVIRONMENTAL ENFORCEMENT AGENCIES TO GAIN A NEW PERSPECTIVE FROM THE WATER.

ADDITIONALLY IN 2016, WE COMMISSIONED AND LAUNCHED A SECOND VESSEL, A 20' OUTBOARD, AND CONDUCTED THE FIRST SMALL-VESSEL PATROL AND SAMPLING IN THE DRAFT-RESTRICTED UPPER EAST RIVER, FROM HELL GATE TO THE THROGS NECK BRIDGE. THIS VESSEL NOT ONLY ALLOWS US TO RESPOND SWIFTLY TO EMERGING ISSUES AT A DISTANCE BUT ALSO ALLOWS US A FIRSTHAND LOOK AT CONDITIONS IN

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AREAS WHERE THE FLETCHER MAY BE NOT BE CAPABLE OF GOING.

PART III - LINE 4C

NEW YORK CITY DRINKING SUPPLY WATERSHED:

RIVERKEEPER'S WATERSHED PROGRAM PROTECTS THE CROTON, CATSKILL AND DELAWARE WATERSHEDS THAT SUPPLY NINE MILLION NEW YORKERS WITH 1.2 BILLION GALLONS OF UNFILTERED DRINKING WATER EACH DAY. WE ACHIEVE OUR GOALS OF WATERSHED PROTECTION THROUGH ENFORCING ENVIRONMENTAL LAWS, INVESTIGATING POLLUTION COMPLAINTS, AND REVIEWING PROPOSED DEVELOPMENT PROJECTS.

THROUGHOUT THE PAST FISCAL YEAR, THE PROGRAM HAS PRIMARILY FORGED THREE CAMPAIGNS:

- 1) TRACKING NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION'S COMPLIANCE WITH THE REQUIREMENTS OF ITS FILTRATION AVOIDANCE DETERMINATION UNDER THE SAFE DRINKING WATER ACT, AND ADVOCATING FOR COMMUNITIES WHO CONTINUE TO BE ADVERSELY IMPACTED BY THE CITY'S OPERATIONS;
- 2) MONITORING THE DEC'S MODIFICATION OF TWO GENERAL PERMITS THAT GOVERN THE HANDLING, STORAGE AND LAND APPLICATION OF WASTES PRODUCED ON LARGE ANIMAL FARMING OPERATIONS KNOWN AS CONCENTRATED ANIMAL FEEDING OPERATIONS;
- 3) ENCOURAGING SMART GROWTH IN THE NEW YORK CITY DRINKING WATER WATERSHED BY REVIEWING PROPOSED DEVELOPMENT PROJECTS AND ADVOCATING FOR STRINGENT ENVIRONMENTAL REVIEW AND WATER QUALITY CONTROLS; AND
- 4) PROTECTING NEW YORK CITY'S DRINKING WATER FROM THE POTENTIAL IMPACTS OF NATURAL GAS PIPELINE DEVELOPMENT.

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NEW YORK CITY WATERSHED PROTECTION PROGRAMS:

FLOOD BUYOUT AGREEMENT: IN JUNE 2016, WE SIGNED AN AGREEMENT REMOVING THE 20-YEAR OLD PROHIBITION ON PURCHASING WATERSHED LAND IN VILLAGE HAMLETS, SO THAT LANDS PRONE TO INUNDATION AND PRESENTING A WATER QUALITY HAZARD CAN BE PROTECTED.

FILTRATION AVOIDANCE DETERMINATION:

IN JULY 2016, RIVERKEEPER SUBMITTED PRELIMINARY COMMENTS TO HELP INFORM THE STATE DEPARTMENT OF HEALTH'S REVIEW OF NEW YORK CITY'S 2017 FILTRATION AVOIDANCE DETERMINATION A ("FAD") APPLICATION. THE FAD WOULD ALLOW NYC TO CONTINUE PROVIDING 9 MILLION CONSUMERS WITH UNFILTERED DRINKING WATER OVER THE COMING DECADE. RIVERKEEPER SUGGESTED STRENGTHENING SUCCESSFUL PROGRAMS, SUCH AS THE LAND ACQUISITION PROGRAM, AND DEMANDED THAT THE HEALTH DEPARTMENT IMPOSE REGULATORY DEADLINES TO ENSURE THE CITY COMPLETES REQUIREMENTS ACCORDING TO A REASONABLE SCHEDULE.

REDUCING POLLUTION FROM CONCENTRATED ANIMAL FEEDING OPERATIONS:

IN FEBRUARY 2016, RIVERKEEPER SUBMITTED COMMENTS ON NEW YORK STATE'S PROPOSED GENERAL PERMITS THAT WILL GOVERN WASTE HANDLING, STORAGE AND LAND APPLICATION ON LARGE ANIMAL FARMING OPERATIONS KNOWN AS CONCENTRATED ANIMAL FEEDING OPERATIONS. WE CALLED ON THE STATE TO ADOPT A CLEAR AND ACCESSIBLE PUBLIC PARTICIPATION PROCESS WHENEVER A CAFO APPLIES FOR PERMIT COVERAGE OR SIGNIFICANTLY MODIFIES ITS OPERATIONS; PLACE MORE

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STRINGENT CONTROLS ON MANURE SPREADING DURING THE WINTER AND ON AREAS WITH POROUS KARST GEOLOGY; AND IMPLEMENT BEST PRACTICES RECOMMENDED BY NEW YORK'S AGRICULTURAL EXPERTS TO PROTECT GROUNDWATER.

PROMOTING SUSTAINABLE DEVELOPMENT:

SOMERS CROSSING RESIDENTIAL AND COMMERCIAL DEVELOPMENT: RIVERKEEPER'S WORK TO PROTECT NEW YORK CITY'S DRINKING WATER RESERVOIRS IS TIED TO BOTH WATERSHED MANAGEMENT AND CAREFUL APPROACHES TO ANY NEW DEVELOPMENT. IN THE TOWN OF SOMERS, WE SUCCESSFULLY PROTECTED A CRITICAL WETLAND BUFFER THAT WOULD HAVE OTHERWISE BEEN UNDERMINED BY A RESIDENTIAL AND COMMERCIAL DEVELOPMENT PROJECT BY ADVOCATING FOR A PROJECT DESIGN THAT WOULD AVOID BUFFER DISTURBANCE. THOUGH THE PLANS HAVE NOT BEEN FINALIZED, PRELIMINARY PLANS HAVE REDUCED BUFFER IMPACT.

FOX RUN RESIDENTIAL DEVELOPMENT PROJECT:

IN MARCH 2015, THE TOWN OF PATTERSON PLANNING BOARD ISSUED A NEGATIVE DECLARATION OF ENVIRONMENTAL IMPACT FOR A RESIDENTIAL DEVELOPMENT PROJECT. RIVERKEEPER SUBMITTED A LETTER TO THE PLANNING BOARD IN JUNE 2015 OPPOSING THE NEG DEC AND ASKING THEM TO ISSUE A POSITIVE DECLARATION AND COMPLETE AN ENVIRONMENTAL IMPACT STATEMENT. WE SUBMITTED THEIR EXPERT REPORT ALONG WITH A LETTER REITERATING OUR REQUEST FOR AN ENVIRONMENTAL IMPACT STATEMENT IN MARCH 2016.

KING STREET PARKING GARAGE:

IN MARCH 2016, THE TOWN OF NORTH CASTLE PLANNING BOARD ISSUED A DRAFT

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Employer identification number
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SUPPLEMENTAL EIS FOR A PROPOSED PARKING GARAGE PROJECT ADJACENT TO THE KENSICO RESERVOIR, WHICH EVALUATED A SCALED DOWN VERSION OF A PROJECT THAT WE COMMENTED ON SEVERAL YEARS AGO. WE COMMENTED ON THE DRAFT SUPPLEMENTAL ENVIRONMENTAL IMPACT STATEMENT IN APRIL 2016.

BAKER RESIDENTIAL DEVELOPMENT PROJECT:

THIS RESIDENTIAL PROJECT IS BEFORE THE TOWN OF MT. PLEASANT PLANNING BOARD. WE TESTIFIED DURING THE SCOPING SESSION IN FEBRUARY 2015. THE PLANNING BOARD ISSUED THE DRAFT ENVIRONMENTAL IMPACT STATEMENT IN 2016 AND RIVERKEEPER SUBMITTED COMMENTS URGING THE TOWN TO REQUIRE THE PROJECT SPONSOR TO SELECT AN ALTERNATIVE THAT AVOIDS DISTURBANCE OF THE SENSITIVE NYC WATERSHED PORTION OF THE PROJECT SITE.

NATURAL GAS PIPELINES:

CONSTITUTION PIPELINE: RIVERKEEPER IS ENGAGED IN TWO SEPARATE LAWSUITS REGARDING CONSTITUTION PIPELINE, A 124-MILE LONG PIPELINE PROJECT THAT WOULD CROSS WATERWAYS 251 TIMES AND STRIP THE AREA OF THOUSANDS OF ACRES OF TREES. RIVERKEEPER INTERVENED IN THE FEDERAL ENERGY REGULATORY COMMISSION (FERC) PROCEEDING, AND FULLY PARTICIPATED IN THE ENVIRONMENTAL REVIEW PROCESS. AFTER BOTH OUR REQUEST FOR REHEARING AND STAY WERE DENIED, WE FILED A CHALLENGE TO THE REHEARING DENIAL AND FERC'S APPROVAL OF THE PIPELINE IN THE SECOND CIRCUIT COURT OF APPEALS. BRIEFING WAS FINALIZED ON SEPTEMBER 23, 2016.

ON MAY 16, 2016, CONSTITUTION FILED AN APPEAL IN THE SECOND CIRCUIT

Name of the organization
RIVERKEEPER, INC.

Employer identification number
13-3204621

CHALLENGING NYSDEC'S DENIAL OF THE APPLICANT'S CLEAN WATER ACT SECTION 401 WATER QUALITY CERTIFICATE. ON BEHALF OF RIVERKEEPER AND CO-INTERVENORS, EARTHJUSTICE INTERVENED. THE SOLE ISSUE IN CONSTITUTION'S SECOND CIRCUIT APPEAL IS WHETHER NYSDEC LAWFULLY DENIED CONSTITUTION'S APPLICATION FOR WATER QUALITY CERTIFICATION UNDER SECTION 401 OF THE CLEAN WATER ACT. OUR INTERVENTION IN THIS SUIT WILL SERVE TO REINFORCE WATER QUALITY CONCERNS AND THE LEGITIMACY OF NYSDEC'S DETERMINATION.

ALGONQUIN INCREMENTAL MARKET EXPANSION PROJECT (AIM):
FERC APPROVED THE AIM PROJECT IN 2015, AFTER COMPLETING THE NEPA ENVIRONMENTAL REVIEW PROCESS. RIVERKEEPER INTERVENED ON OUR OWN IN THE FERC PROCEEDING, AND FILED NUMEROUS COMMENTS DURING THE NEPA PROCESS AND CHALLENGED THE REHEARING DENIAL AND FERC APPROVAL IN THE D.C. CIRCUIT COURT OF APPEALS.

ATLANTIC BRIDGE:
THIS PROJECT WAS STILL UNDERGOING NEPA ENVIRONMENTAL REVIEW BEFORE FERC AS OF MAY 2016. RIVERKEEPER INTERVENED IN THE FERC PROCEEDING ON OUR OWN AND FILED COMMENTS ON THE SCOPE AND APPLICATION.

ACCESS NORTHEAST:
THIS PIPELINE PROJECT WAS IN PRE-FILING AS OF MAY 11, 2016, AND RIVERKEEPER CONTINUED TO MONITOR IT CLOSELY.

PART VI, SECTION A. - QUESTION 2
AMANDA HEARST IS THE DAUGHTER OF ANNE HEARST MCINERNEY.

Name of the organization

RIVERKEEPER, INC.

Employer identification number

13-3204621

PART VI, SECTION A. - QUESTION 7A

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

PART VI, SECTION B. - QUESTION 11B

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

PART VI, SECTION B. - QUESTION 12C

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

Name of the organization

RIVERKEEPER, INC.

Employer identification number

13-3204621

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

PART VI, SECTION B. - QUESTIONS 15A & 15B

TO DETERMINE COMPENSATION OF TOP MANAGEMENT, INCLUDING THE EXECUTIVE DIRECTOR, AS WELL AS OTHER KEY EMPLOYEES, THE ORGANIZATION USES SALARY PARITY AND SALARY BANDS OF OTHER COMPARABLE ORGANIZATIONS. THEN THE EXECUTIVE COMMITTEE MEETS AND MAKES THE DECISION.

PART VI, SECTION C. - QUESTION 19

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

ATTACHMENT 1FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
CONSULTING FEES	316,135.	310,391.	5,511.	233.
OUTSIDE SERVICE	158,560.	157,004.	1,556.	
TEMPORARY LABOR DIRECT	58,969.	58,390.	579.	
RECRUITMENT FEES	992.	982.	10.	
TOTALS	<u>534,656.</u>	<u>526,767.</u>	<u>7,656.</u>	<u>233.</u>

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	RIVERKEEPER, INC.	13-3204621
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	20 SECOR ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	OSSINING, NY 10562	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☒ STELLA LIROSI/RIVERKEEPER/INC
20 SECOR ROAD, OSSINING, NY 10562
Telephone No. ☒ 914 478-4501 Fax No. ☒ 914 478-4527
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 05/15, 20 17.
- For calendar year ☐, or other tax year beginning 07/01, 20 15, and ending 06/30, 20 16.
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- State in detail why you need the extension ALL THE INFORMATION NECESSARY TO COMPLETE THE RETURN IS NOT AND WILL NOT BE AVAILABLE BY THE DUE DATE. THEREFORE WE RESPECTIVELY REQUEST ADDITIONAL TIME TO COMPLETE THE RETURN.

- | | | | | |
|----|--|----|----|----|
| 8a | If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | 0. |
| b | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0. |
| c | Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | 0. |

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐

Title ☐

Date ☐

Form 8868 (Rev. 1-2014)

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

Enter filer's identifying number, see instructions

**Type or
print**File by the
due date for
filing your
return. See
Instructions.

Name of exempt organization or other filer, see instructions.

Employer identification number (EIN) or

RIVERKEEPER, INC.

13-3204621

Number, street, and room or suite no. If a P.O. box, see instructions.

Social security number (SSN)

20 SECOR ROAD

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

OSSINING, NY 10562

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STELLA LIROSI/RIVERKEEPER/INC.

- The books are in the care of ► 20 SECOR ROAD, OSSINING, NY 10562

Telephone No. ► 914 478-4501

FAX No. ► 914 478-4527

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 17, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 or
- ☒ tax year beginning 07/01, 20 15, and ending 06/30, 20 16.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2014)