	_		EXTENDED TO NOVEMBER 15 Short Form	, 2017			OMB No. 1545-1150
Forn	9	90-ЕZ	Return of Organization Exempt Fi	rom Incom	e Tax		2016
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (Code (except private	e founda	tions	
			Do not enter social security numbers on this form as	s it may be made pu	blic.		Open to Public
		of the Treasury enue Service	Information about Form 990-EZ and its instructions is	at www.irs.gov/form	1990.		Inspection
A	or the	e 2016 calendai	year, or tax year beginning	and ending			
Ba	heck if	le: C Na	me of organization		D Employ	yer id	entification number
	Addr	ess change					
	Name		OSA RIVERKEEPER, INC.	1			30200
		roturn	ber and street (or P.O. box, if mail is not delivered to street address)	Room/suite			
	_l termi □	nated L() 2 – B CROFT STREET or town, state or province, country, and ZIP or foreign postal code				81-6565
		D	IRMINGHAM, AL 35242		F Group Numbe		ption
G		ation pending D	Cash Accrual Other (specify) ► MODIFIED CA	SH			if the organization is
			COOSARIVER.ORG				to attach Schedule B
		-		947(a)(1) or 527		•	990-EZ, or 990-PF).
ΚF	orm o	f organization:	X Corporation Trust Association Other				. ,
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more				
		n (B) below) are	\$500,000 or more, file Form 990 instead of Form 990-EZ		🕨	\$	177,805.
Pa	art I		e, Expenses, and Changes in Net Assets or Fund Bal				
	1	Check if the	organization used Schedule O to respond to any question in this Part I			1	<u> </u>
	1		gifts, grants, and similar amounts received			2	110,977•
	3		ues and assessments			3	25,929.
	4	Investment inc	ome SEE S	CHEDULE O		4	87.
	5a		from sale of assets other than inventory5a	5,0			
			ther basis and sales expenses5b	3,2	00.		
	c	Gain or (loss) f	rom sale of assets other than inventory (Subtract line 5b from line 5a)		8	ōc	1,800.
	6	-	ndraising events				
ne	a		from gaming (attach Schedule G if greater than	1			
Revenue	١.		from fundraising events (not including \$ 5,050. of co	ntuikuutiene	_		
Re			from fundraising events (not including \$ 5,050. of co ng events reported on line 1) (attach Schedule G if the sum of such	Intributions			
			and contributions exceeds \$15,000)	34,8	30.		
	c		penses from gaming and fundraising events 6c	8,8	08.		
	d	Net income or	(loss) from gaming and fundraising events (add lines 6a and 6b and subtract li	ne 6c)	e	6d	26,022.
	7a	Gross sales of	inventory, less returns and allowances 7a		82.		
	b		oods sold SEE SCHEDULE O 7b	1,2			
	c		(loss) from sales of inventory (Subtract line 7b from line 7a)				-290.
	8		(describe in Schedule O)			8	164,525.
	9 10		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9 10	104,525.
	11		o or for members			11	
ŝ	12	Salaries, other	compensation, and employee benefits			12	88,146.
nse	13		es and other payments to independent contractors			13	975.
Expenses	14	Occupancy, rer	nt, utilities, and maintenance		[1	14	12,741.
ш	15	Printing, public	ations, postage, and shipping		1	15	2,698.
	16		s (describe in Schedule O) SEE S			16	52,597.
	17		s. Add lines 10 through 16			17	157,157.
ets	18		cit) for the year (Subtract line 17 from line 9)			18	7,368.
Asse	19		und balances at beginning of year (from line 27, column (A)) th end-of-year figure reported on prior year's return)			19	43,032.
Net Assets	20		in net assets or fund balances (explain in Schedule O)			20	<u> </u>
z	21		und balances at end of year. Combine lines 18 through 20			21	50,400.
LHA	For		luction Act Notice, see the separate instructions.				Form 990-EZ (2016)

Form 990-EZ (2016) COOSA RIVERKEEPER, INC.			27-343	302	00	Page 2
Part II Balance Sheets (see the instructions for Part II)						
Check if the organization used Schedule O to resp	oond to any question	n in this Part II				X
	(A) Beginning of year		(B) Er	nd of yea	
22 Cash, savings, and investments		31,326	• 22		45,	186.
23 Land and buildings			23		-	
24 Other assets (describe in Schedule 0) SEE SCHEDULE O		12,320				940.
25 Total assets		43,646				126.
26 Total liabilities (describe in Schedule 0)		614				726.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		43,032	• 27		50,	400.
Part III Statement of Program Service Accomplishmer	`	,			penses	
Check if the organization used Schedule O to resp		n in this Part III			for sectio and 501(
What is the organization's primary exempt purpose? SEE SCHEDULE O			orga	anizatio	ns; optic	
Describe the organization's program service accomplishments for each of its three largest program		es. In a clear and concise	othe	ers.)		
manner, describe the services provided, the number of persons benefited, and other relevant inform	ation for each program title.					
28 SEE SCHEDULE O						
					. –	
(Grants \$ 14,982.) If this amount includes foreign g	rants, check here	►	28a		47,	315.
29 SEE SCHEDULE O						
					0.0	
(Grants \$ 27,400.) If this amount includes foreign g	rants, check here	►	29a		86,	532.
30 OUTREACH PROGRAM: DISTRIBUTION OF						
INFORMATIONAL CARDS, RADIO ADS AND	PROMOTIONAL I	MATERIALS				
REGARDING THE COOSA RIVER						0 5
(Grants \$ 30 •) If this amount includes foreign g			<u> </u>			95.
31 Other program services (describe in Schedule O)						
(Grants \$) If this amount includes foreign g	rants, check here	►	31a		4 2 2	0.4.0
32 Total program service expenses (add lines 28a through 31a)			► 32			942.
Part IV List of Officers, Directors, Trustees, and Key E						
			see the instruc	ctions fo	or Part IV)	
Check if the organization used Schedule O to resp	ond to any question			·····		
Check if the organization used Schedule O to resp	ond to any question (b) Average hours	n in this Part IV (c) _{Reportable}	(d) Health be contribution	enefits, ns to	(e)Est	timated
	(b) Average hours per week devoted to	n in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred	(e) Est amount	of other
Check if the organization used Schedule O to resp (a) Name and title	ond to any question (b) Average hours	n in this Part IV (C) Reportable compensation (Forms	(d) Health be contribution employee be	enefits, ns to enefit eferred	(e)Est	of other
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U-LZ (2010)

15140530 136715 COOSARIVER 2016.03020 COOSA RIVERKEEPER, INC. COOSARI1

Pa	Art V Other Information (Note the Schedule A and personal benefit contract statement requirements					
	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part		X		
			Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	33		x		
24	activity in Schedule 0 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended					
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)					
35 a						
00 u	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?					
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b	N/	X A		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax					
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"					
	complete applicable parts of Schedule N	36		Х		
	Enter amount of political expenditures, direct or indirect, as described in the instructions					
b	Did the organization file Form 1120-POL for this year?	37b		X		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made					
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_				
39	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on line 9 39a N/A Gross receipts, included on line 9, for public use of club facilities 39b N/A	-				
		-				
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •					
h	Section 4911 Section 4912 Secti					
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any					
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on					
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed					
	by the organization $ ightarrow 0$.					
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter					
	transaction? If "Yes," complete Form 8886-T	40e		X		
	List the states with which a copy of this return is filed NONE					
42 a	The organization's books are in care of ► JUSTINN E.OVERTON Telephone no. ► 205 98	1 6	565	000		
	Located at ► 102-B CROFT STREET, BIRMINGHAM, AL ZIP+4 ► 3	524	2-1	823		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	Na		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		res	X		
	account)? If "Yes," enter the name of the foreign country:	42b		- 11		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х		
5	If "Yes," enter the name of the foreign country:					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨			
	and enter the amount of tax-exempt interest received or accrued during the tax year 📃 🗛	N/A				
			Yes	No		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of					
	Form 990-EZ	44a		X		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			77		
	of Form 990-EZ	44b		X		
	Did the organization receive any payments for indoor tanning services during the year?	44c		X		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	444				
15 ~	in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		X		
	Did the organization raceive any payment from or engage in any transaction with a controlled entity within the meaning of section	404				

bla the organization receive any payment norm of orgage in any transaction with a controlled only main the meaning	9 01 0000001
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	

Form **990-EZ** (2016)

45b

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3 2016.03020 COOSA RIVERKEEPER, INC.

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27-3430200	Page 3

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Form 990-EZ	. (20
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orm 990-EZ (2010)	COOSA										00		'age
													Yes	No
	-					ies on behalf of or			-					
												46		Х
			organizatio	-	-					-				
		. , . ,	•		•	7-49b and 52, an	•							_
	Check if t	he organizat	tion used Sche	dule O to i	respond to an	y question in thi	s Part VI		<u></u>		<u></u>			
Did the o								0.16.10.4		.	. .		Yes	No X
						ction in effect duri						47		
						complete Schedul						48		X X
						rganization?						49a 49b		
						a (athar than affia							nivad	~~~
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	(a	i) Name anu i	nie of each emplo	Jyee		per week de		compensa	oortable tion (Forms	` cont	ributions to oyee benefit		unt of	
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SCHEDULE A

(Form 99	90 or	990-EZ)
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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.

2010	
Open to Public Inspection	

OMB No. 1545-0047

2100

Department of the Treasury Internal Revenue Service

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Internal Revenue Service	▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WW	Inspection	
Name of the organizati	ion	Employer	identification number
	COOSA RIVERKEEPER, INC.		7-3430200
Part I Reason	for Public Charity Status (All organizations must complete this part.) See	e instructions.	
The organization is not a	a private foundation because it is: (For lines 1 through 12, check only one box.)		
1 🔄 A church, co	nvention of churches, or association of churches described in section 170(b)(1)	(A)(i).	
2 A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)		
3 A hospital or	r a cooperative hospital service organization described in section 170(b)(1)(A)(iii)).	
4 A medical res	search organization operated in conjunction with a hospital described in section	170(b)(1)(A)(iii). Enter	the hospital's name,
city, and stat	te:		

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).
- X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.
	 See section 509(a)(2). (Complete Part III.)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11

12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in
	_	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

3	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting
	 organization. You must complete Part IV, Sections A and B.

___ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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.

с	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,
	 its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

)	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III
	functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 5

2016.03020 COOSA RIVERKEEPER, INC.

Schedule A (Form 990 or 990-EZ) 2016 COOSA RIVERKEEPER, INC.

27-3430200 Page 2

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

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	48,137.	57,418.	118,994.	76,855.	136,906.	438,310.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	48,137.	57,418.	118,994.	76,855.	136,906.	438,310.
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)						58,925.
	Public support. Subtract line 5 from line 4.						379,385.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	48,137.	57,418.	118,994.	76,855.	136,906.	438,310.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1 🗖	25	10	F 2	0.7	010
	and income from similar sources \dots	17.	37.	19.	53.	87.	213.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						420 502
11	Total support. Add lines 7 through 10						438,523.
12	,	•	,			12	
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
				(f)			86.51 %
	Public support percentage for 2016 (I		•			14 15	
	Public support percentage from 2015 33 1/3% support test - 2016. If the c						
108		-					
h	stop here. The organization qualifies 33 1/3% support test - 2015. If the o						
N.	and stop here. The organization qual	-					
17-	10% -facts-and-circumstances tes						
178	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		•	•	, e		
				a, 100, 17a, 01 17k		edule A (Form 990	

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6 2016.03020 COOSA RIVERKEEPER, INC.

SCHEDULE G	Supplama	ntal Information Regarding	Euro	draia	ing or Coming	A ati	vition	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on						2016
Department of the Treasury	O	rganization entered more than \$1 ► Attach to Form 990						Open to Public
Internal Revenue Service Name of the organization	Information a	bout Schedule G (Form 990 or 990-EZ)				jov/fe		Inspection lentification number
	COOSA R	IVERKEEPER, INC.					27-343	
	ng Activities. complete this part	Complete if the organization answe t.	ered "Y	es" o	n Form 990, Part IV, I	line 1	7. Form 990-E	EZ filers are not
 a Mail solicitation b Internet and e c Phone solicitation d In-person solicitation 2 a Did the organization key employees lister 	ons email solicitations ations citations n have a written c d in Form 990, P highest paid indiv	f ☐ Solicitat g ☐ Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o sional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Ye	
(i) Name and address or entity (fundr		(ii) Activity	fundi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
								-
Total	h the organizatio	n is registered or licensed to solicit	contrik		s or has been notified	d it is	exempt from	registration
or licensing.	in the organizatio				s of flas been notified		exemptition	
		ion one the Instructions for Former	000	000	=7 ^	Cok -		000 or 000 EZ 0040
	auction Act NOT	ice, see the Instructions for Form	390 Ol	990-l	L <u>z</u> . 3	sche	uule G (FORM	990 or 990-EZ) 2016

632081 09-12-16

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

(a) Event #1 (b) Event #2 FISHING (c) Other events NONE (d) Total events (add col. (a) through col. (b) 1 Gross receipts 16, 661. 5, 737. 22, 398 2 Less: Contributions 5, 050. 0. 5, 050 3 Gross income (line 1 minus line 2) 11, 611. 5, 737. 17, 348 4 Cash prizes 3, 195. 3, 195 3, 195 5 Noncash prizes 2, 253. 2, 253 8 Entertainment 1, 159. 1, 537. 2, 696 9 Other direct expenses 1, 159. 1, 537. 2, 696 10 Direct expense summary. Add lines 4 through 9 in column (d) 8, 144 11 Net new summary. Add lines 4 through 90. Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Puil tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (c) 1 Gross revenue (a) Bingo (b) Puil tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (c) 2 Cash prizes
DINNEX EVENT col. (c) (event type) (event type) (total number) col. (c) 1 Gross receipts 16,661. 5,737. 22,396 2 Less: Contributions 5,050. 0. 5,050 3 Gross income (line 1 minus line 2) 11,611. 5,737. 17,346 4 Cash prizes 3,195. 3,195. 3,195 5 Noncash prizes
I Gross receipts 16,661. 5,737. 22,398 2 Less: Contributions 5,050. 0. 5,050 3 Gross income (line 1 minus line 2) 11,611. 5,737. 17,346 4 Cash prizes 3,195. 3,195. 3,195 5 Noncash prizes 2,253. 2,253. 2,253 6 Rent/facility costs 1,159. 1,537. 2,696 10 Direct expenses 1,159. 1,537. 2,696 10 Direct expenses 1,159. 1,537. 2,696 10 Direct expenses 1,159. 1,537. 2,696 11 Net income summary. Add lines 4 through 9 in column (d) 8,144 9,204 att 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 (ad col. (a) through col. (c) 1 Gross revenue 1 1 Gas prizes 1 1 1 2 Cash prizes 1 1 1 1 1 1 1 1 3 Noncash prizes 1 1 1 1 <t< td=""></t<>
2 Less: Contributions 5,050. 0. 5,050 3 Gross income (line 1 minus line 2) 11,611. 5,737. 17,348 4 Cash prizes 3,195. 3,195 5 Noncash prizes
3 Gress income (line 1 minus line 2) 11,611. 5,737. 17,348 4 Cash prizes 3,195. 3,195 5 Noncash prizes
4 Cash prizes 3,195. 3,195. 5 Noncash prizes
5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 2 2 8 Entertainment 9 Other direct expenses 1 , 159 1 , 159 1 , 159 1 , 159 1 , 159 1 , 159 2 , 2, 253 3 Noncash prizes 1 , 159 1 , 159 1 , 159 1 , 159 1 , 159 2 , 2, 253 3 Noncash prizes 4 Rent/facility costs 4 Rent/facility costs 5 Other direct expenses 1 Yes Yes % Yes %
6 Rent/facility costs 2,253. 2,253 7 Food and beverages 2,253. 2,253 8 Entertainment 9 Other direct expenses 1,159. 1,537. 2,696 10 Direct expenses summary. Add lines 4 through 9 in column (d) 1,537. 2,696 11 Net income summary. Subtract line 10 from line 3, column (d) 8,144 11 Net income summary. Subtract line 10 from line 3, column (d) 9,204 att 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 (ad col. (a) through col. (c) 1 Gross revenue 4 Annocash prizes 4 4 3 Noncash prizes 4 4 4 4 4 Rent/facility costs 4 4 4 4 4 5 Other direct expenses 4 4 4 4 4 6 Yes % Yes % Yes %
8 Entertainment 1,159. 1,537. 2,696 10 Direct expenses 1,159. 1,537. 2,696 10 Direct expense summary. Add lines 4 through 9 in column (d) * 8,144 11 Net income summary. Subtract line 10 from line 3, column (d) * 9,204 art III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than * 9,204 \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (ad col. (a) through col. (c) 1 Gross revenue * * * * * 2 Cash prizes * * * * * 3 Noncash prizes * * * * * * 4 Rent/facility costs * * * * * * * * 5 Other direct expenses * * * * * * * * * * * * * * * *
8 Entertainment 1,159. 1,537. 2,696 10 Direct expenses 1,159. 1,537. 2,696 10 Direct expense summary. Add lines 4 through 9 in column (d) * 8,144 11 Net income summary. Subtract line 10 from line 3, column (d) * 9,204 art III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than * 9,204 \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (ad col. (a) through col. (c) 1 Gross revenue * * * * * 2 Cash prizes * * * * * 3 Noncash prizes * * * * * * 4 Rent/facility costs * * * * * * * * 5 Other direct expenses * * * * * * * * * * * * * * * *
9 Other direct expenses 1,159. 1,537. 2,696 10 Direct expense summary. Add lines 4 through 9 in column (d) 8,144 11 Net income summary. Subtract line 10 from line 3, column (d) 9,204 art III Garning. 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 garning 1 Gross revenue (a) Bingo
9 Other direct expenses 1,159. 1,537. 2,696 10 Direct expense summary. Add lines 4 through 9 in column (d) 8,144 11 Net income summary. Subtract line 10 from line 3, column (d) 9,204 art III Garning. 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 garning 1 Gross revenue (a) Bingo
11 Net income summary. Subtract line 10 from line 3, column (d) 9, 204 art 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 (ad col. (a) through col. (c) 1 Gross revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (ad col. (a) through col. (c) 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 4 5 Other direct expenses Yes % Yes % Yes %
art 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 (ad col. (a) through col. (c) 1 Gross revenue 2 Cash prizes 2 Cash prizes 2 3 Noncash prizes 4 Rent/facility costs 4 Yes 9 Yes % Yes %
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (ad col. (a) through col. (c) 1 Gross revenue
(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (ad col. (a) through col. (c) 1 Gross revenue
(a) Bingo bingo/progressive bingo (c) Other gaming col. (a) through col. (c) 1 Gross revenue
1 Gross revenue 2 2 Cash prizes 2 3 Noncash prizes 2 4 Rent/facility costs 2 5 Other direct expenses 2 Yes% Yes%
1 Gross revenue 2 2 Cash prizes 2 3 Noncash prizes 2 4 Rent/facility costs 2 5 Other direct expenses 2 Yes% Yes%
3 Noncash prizes
3 Noncash prizes
5 Other direct expenses Yes% Yes%
5 Other direct expenses Yes% Yes%
Yes% Yes%
6 Volunteer labor
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)
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?
b If "No," explain:
a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes I N
a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes Yes I Yes I I' Yes," explain:
b If "Yes," explain:
b If "Yes," explain:

19

Sche	edule G (Form 990 or 990-EZ) 2016 COOSA RIVERKEEPER, INC. 27-3	3430	200	Page
	Does the organization conduct gaming activities with nonmembers?		Yes	
	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	
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		
	An outside facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
••				
	Name			
	Name			
	Address 🕨			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Vas	
154		—	100	N
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party \$			
	If "Yes," enter name and address of the third party:			
	Name ►			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	📖	Yes	∟ N
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9	9b, 10)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			
3208	3 09-12-16 Schedule G (Forr 20	n 990	or 990	-EZ) 20
10	530 136715 COOSARIVER 2016.03020 COOSA RIVERKEEPER, INC.		000	דםגי
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	Schedule G	i (Form 990 or 990-EZ)	COOSA	RIVERKEEPER,	INC.		
Part IV Supplemental Information (continued)							

		7		

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 o Complete to provide information for responses to specific quest	tions on	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW		Open to Public Inspection
Name of the organization	COOSA RIVERKEEPER, INC.	Employer	identification number
FORM 990-EZ,	PART I, LINE 4, OTHER INVESTMENT INCOME	I	130200
DESCRIPTION C	F PROPERTY:		AMOUNT:
INTEREST			87
FORM 990-EZ,	PART I, LINE 7, GROSS PROFIT FROM SALES	OF INVENTO	RY:
INCOME:			
1. GROSS RECE	IPTS		982
2. RETURNS AN	D ALLOWANCES		0
3. LINE 1 LES	S LINE 2		982
4. COST OF GC	ODS SOLD (LINE 13)		1,272
5. GROSS PROF	TT (LINE 3 LESS LINE 4)		-290
COST OF GOODS	SOLD:		
6. INVENTORY	AT BEGINNING OF YEAR		(
7. MERCHANDIS	E PURCHASED		1,272
8. COST OF LA	BOR		C
9. MATERIALS	AND SUPPLIES		(
10. OTHER COS	TS		C
11. ADD LINES	6 THROUGH 10		1,272
12. INVENTORY	AT END OF YEAR		C
13. COST OF G	OODS SOLD (LINE 11 LESS LINE 12)		1,272
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION C	F OTHER EXPENSES:		AMOUNT:
SAMPLING EXPE	NSE		18,742
EQUIPMENT EXF	ENSE		8,501
OFFICE EXPENS	ES		6,937
LHA For Paperwork Re	duction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Forn	ו 990 or 990-EZ) (20
L40530 136715	COOSARIVER 2016.03020 COOSA RIVERKEE	PER, INC.	COOSARI

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

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.

OMB No. 1545-0047

Open to Public

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Attach to Form 990 or 990-EZ. Information about Sch

nformation about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.Irs.gov/form990.			Inspection
		Employer	identification number
COOSA RIVERKEEPER,	INC.	27-3	430200

FUEL	5,465.
ADVERTISING AND MARKETING	2,077.
INSURANCE	2,926.
DEPRECIATON EXPENSE	2,180.
COMPUTER AND INTERNET	1,980.
CONFERENCES	1,239.
TRAVEL AND MEALS	1,411.
DUES	765.
TAXES AND LICENSES	374.
TOTAL TO FORM 990-EZ, LINE 16	52,597.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	12,320.	6,940.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROTECT, RESTORE, AND

PROMOTE THE COOSA RIVER

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

MONITOR COMPLIANCE STATUS OF **RIVERKEEPER PROGRAM:**

PERMITTED POLLUTERS IN THE COOSA VALLEY. PATROLLED THE

RIVER THROUGHOUT THE YEAR. RESPONDED TO CITIZEN COMPLAINTS

OF POLLUTION.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

MONITOR POPULAR RECREATION SITES FOR E.COLI SWIM GUIDE:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) 632211 08-25-16 23

15140530 136715 COOSARIVER 2016.03020 COOSA RIVERKEEPER, INC. SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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



Employer identification number 27 - 3430200

AND OTHER WATER QUALITY ISSUES. RESULTS PRESENTED TO

COOSA RIVERKEEPER, INC.

PUBLIC VIA SOCIAL MEDIA AND FREE TEXT MESSAGE/EMAIL ALERT

SYSTEM

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 9	90-EZ. Schedule O (Form 990 or 990-EZ) (2016)
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