IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning $\ APR\ 1$, 2020, and ending $\ MAR\ 31$, 20 $\ 21$

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax Taxpayer identification number COOSA RIVERKEEPER, INC. 27-3430200 Name and title of officer or person subject to tax JUSTINN E. OVERTON EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) | Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here \blacktriangleright X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b _____ 285,137. 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) _____ 2b **b** Total tax (Form 1120-POL, line 22) ______ 3b 3a Form 1120-POL check here 4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b b Balance due (Form 8868, line 3c) 5b 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) _____6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 💹 I am an officer of the above organization or 🔲 I am a person subject to tax with respect to (name of organization) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | lauthorize HAGLER & BROCATO, LLC to enter my PIN Enter five numbers but ERO firm name do not enter all zeros as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. \perp As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 63281854321 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date > 10/13/21ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

023051 11-03-20

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

filing of th	iis form, visit www.irs.gov/e-file-providers/e-file-for-char	ities-and-r	non-profits.						
Automa	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).						
All corpor	rations required to file an income tax return other than Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and tr	usts			
Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpaye	dentific	ation number (TIN)			
print	COOSA RIVERKEEPER, INC.				27-3	3430200			
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, s 102-B CROFT STREET								
msu ucuons.	City, town or post office, state, and ZIP code. For a for BIRMINGHAM, AL 35242	oreign add	aress, see instructions.						
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1			
Applicati	on	Return	Application			Return			
Is For		Code	Is For			Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990	-BL	02	Form 1041-A			08			
Form 990 or Form 990-EZ Form 990-BL Form 4720 (individual) Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)			,	Form 4720 (other than individual)					
		04	Form 5227	Form 6069					
				11					
Teleph If the	JUSTINN E.OVER! books are in the care of ► 102-B CROFT STI none No. ► 205 981 6565 organization does not have an office or place of business is for a Group Return, enter the organization's four digit I if it is for part of the group, check this box ►	S in the Ur	Fax No. ▶	f this is fo	r the who	ole group, check this			
the ▶[▶[quest an automatic 6-month extension of time untilorganization named above. The extension is for the org calendar year or X tax year beginning APR 1, 2020 The tax year entered in line 1 is for less than 12 months, or Change in accounting period	anization's	s return for: ad ending MAR 31, 2021	the exem		nization return for			
any	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions.		,	3a	\$	0.			
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 imated tax payments made. Include any prior year overp			3b	\$	0.			
	ance due. Subtract line 3b from line 3a. Include your pa			30	۳				
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3с	\$	0.			
	If you are going to make an electronic funds withdrawal								
I HA E	or Privacy Act and Panerwork Reduction Act Notice	see instr	uctions		For	m 8868 (Rev. 1-2020)			

Form **8868** (Rev. 1-2020)

EXTENDED TO FEBRUARY 15, 2022

Form **991**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u> </u>	FOI LIN	e 2020 calendar year, or tax year beginning APK 1, 2020 and	ending 11	AR 31, 2021	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	e Doing business as		27-34302	00
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	,
	Final return.	102-B CROFT STREET		205-981-	6565
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	315,998.
	Amen			H(a) Is this a group re	
F	Applic			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	····· — —
_	Tau au		or 527	1	
		empt status: Sol(c)(3) Sol(c) () (insert no.) 4947(a)(1) cte: WWW • COOSARIVER • ORG	JI 32 <i>1</i>	·	list. See instructions
			1	H(c) Group exemption	
			L Year	of formation: ZUIU N	State of legal domicile: AL
Р	art I	Summary		DOMORE AND	DECEODE
ė	1	Briefly describe the organization's mission or most significant activities: PROTI	ECT, P	ROMOTE, AND	RESTORE
aŭ		THE COOSA RIVER			
ern	2	Check this box if the organization discontinued its operations or dispos	sed of more	1 1	
Š	3			3	14
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	2
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	200
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	196.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		9,085.	265,303.
ž	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		32.	196.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		991.	19,638.
				10,108.	285,137.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		26,913.	86,478.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		20,913.	00,470.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 21, 34		0.	0.
×	b			10 000	06 200
	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,909.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		37,822.	172,787.
	19	Revenue less expenses. Subtract line 18 from line 12		-27,714.	112,350.
SOF	3		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		51,812.	291,933.
t As	21	Total liabilities (Part X, line 26)		6,377.	134,148.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		45,435.	157,785.
P	art II	Signature Block			
Und	der pena	lities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	/ knowledge and belief, it is
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He		■ JUSTINN E. OVERTON, EXECUTIVE DIRECTOR	R		
		Type or print name and title			_
_		Print/Type preparer's name Preparer's signature][Date Check	PTIN
Pai	d	CHARLES C. HAGLER	1	0/13/21 if self-employe	P00299436
	parer	Firm's name HAGLER & BROCATO, LLC			20-3155611
	Only	Firm's address P.O. BOX 660466		THIII 3 LIN	
500	- Oy	BIRMINGHAM, AL 35266		Phone no 20	5.988.5297
N46	v tha !!			Ti fiorie fio. 20	
ivia	y u le II	RS discuss this return with the preparer shown above? See instructions			🔼 Yes 📖 No

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROTECT, PROMOTE, AND RESTORE THE COOSA RIVER
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ? 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 X 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 \$ 43,493. including grants of \$) (Revenue \$ 30,765.) RIVERKEEPER PROGRAM: MONITOR COMPLIANCE STATUS OF PERMITTED POLLUTERS IN THE COOSA VALLEY. PATROLLED THE RIVER THROUGHOUT THE YEAR. RESPONDED TO CITIZEN COMPLAINTS OF POLLUTION.
4b	(Code:) (Expenses \$ 78,906. including grants of \$) (Revenue \$ 55,814.) SWIM GUIDE: MONITOR POPULAR RECREATION SITES FOR E.COLI AND OTHER WATER QUALITY ISSUES. RESULTS PRESENTED TO PUBLIC VIA SOCIAL MEDIA AND FREE TEXT MESSAGE/EMAIL ALET SYSTEM.
4c	(Code:) (Expenses \$ 4,760. including grants of \$) (Revenue \$3,367.) OUTREACH PROGRAM: DISTRIBUTION OF BROCHURES, INFORMATIONAL CARDS, RADIO ADS, AND PROMOTIONAL MATERIALS REGARDING THE COOSA RIVER.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 3,534 • including grants of \$) (Revenue \$ 2,500 •)
4e	Total program service expenses ► 130,693. Form 990 (2020)

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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	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	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		22
′	the any irrepresent historic land areas or historic structures? If "Voc " complete Schoolule D. Port II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	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	Ů		
Ŭ	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	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			 ₩
40-	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	40-		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		22
b	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		114		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٦,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$\Gamma \nabla$

Form 990 (2020) COOSA RIVERKEEPER, Part IV Checklist of Required Schedules (continued)

			Vaa	N ₂
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		X
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
Z-Tu	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			₩.
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		1
Ŭ	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
•	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ.	
· ui	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

032004 12-23-20

020) COOSA RIVERKEEPER, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
bа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			77
14a	0 71 7	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.		Х
	excess parachute payment(s) during the year?	15		Δ.
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	10		
	ii 100, complete i omi 4120, conecule o.	Form	990	(2020

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		1 1	-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?		г	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		····· [
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		····· [
	persons other than the governing body?	·		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		·····			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?		- 1	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		·····	-		
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F					
	and the state of t				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such of		·····	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay before ming the for	''''	i iu		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		·····- -	120		
C	in Schedule O how this was done			12c		
12	Did the organization have a written whistleblower policy?			13		Х
13	Did the organization have a written document retention and destruction policy?			14		X
14 15				14		21
15	Did the process for determining compensation of the following persons include a review and approx					
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15-		Х
	The organization's CEO, Executive Director, or top management official			15a		X
D	Other officers or key employees of the organization			15b		-22
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mont with -				
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			46-		Х
,	taxable entity during the year?			16a		Λ
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation to evaluation for the control of	• •				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of			401		
800	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL		1/->/0\		\''	- 1-1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-1 (Section 50	1(C)(3)S	only	avail	apie
	for public inspection. Indicate how you made these available. Check all that apply.	Oak 1 1 0				
		n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest police	cy, and	finar	icial	
	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 by	ooks and records				
	JUSTINN E.OVERTON - 205 981 6565					
	102-B CROFT STREET, BIRMINGHAM, AL 35242-1823					

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

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

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

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

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

See instructions for the order in which to list the persons above.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not o	Pos heck	itior) than	ono	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	⊢—	cer ar	nd a d	irecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		99/	mpen		(W-2/1033-WIGO)		and related
	below	dualt	Institutional trustee	_	Key employee	Highest compensated employee	ie ie			organizations
	line)	Indivi	Institu	Office r	Key e	Highe	Former			
(1) JUSTINN OVERTON	40.00									
EXECUTIVE DIRECTOR		X			abla			67,000.	0.	0.
(2) KATHLEEN KIRKPATRICK	1.00									
PRESIDENT		X						0.	0.	0.
(3) KRISTIN TROWBRIDGE	1.00									
VICE PRESIDENT		Х						0.	0.	0.
(4) HAYS LATIMER	1.00									
TREASURER		Х						0.	0.	0.
(5) ABRAHAM ODREZIN	1.00									
SECRETARY		X						0.	0.	0.
(6) CECIL BOSTANY	1.00									
PAST PRESIDENT		X						0.	0.	0.
(7) JOSH TIDWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(8) DOUG MORRISON	1.00									
DIRECTOR		Х						0.	0.	0.
(9) RICHIE GUDZAN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) GREG BROCKWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(11) LAWRENCE MYATT	1.00									
DIRECTOR		Х						0.	0.	0.
(12) CHUCK GRAHAM	1.00									
DIRECTOR		Х						0.	0.	0.
(13) BEAU BEARD	1.00							_	_	
DIRECTOR	1	Х						0.	0.	0.
(14) DAVID SMITH	1.00							_	_	_
DIRECTOR		Х				<u> </u>		0.	0.	0.
(15) STEPHANIE MILLARD	1.00	 								_
DIRECTOR		Х	<u> </u>	_	_	<u> </u>		0.	0.	0.
		4								
		\vdash	\vdash	_	_	_				
		1								
	1		_	_		_	_	•		

Form 990 (2020)

(A)	(B)			(C	•			(D)	(E)			(F)	
Name and title	Average hours per		not c	Posi heck r ss per	more	than		Reportable compensation	Reportable compensation	1		timate ount c	
	week	offic		d a di				from	from related			other	
	(list any hours for	director						the	organizations			oensat	
	related	e or d	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	U)		om the anizatio	
	organizations	truste	nal trus		yee	omper		(** = . ********************************			_	l relate	
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ns
		ü	ü	0t	Ke	E E	요						
				4	4								
								,					
								67.000		^			_
1b Subtotal			\			····		67,000.		0.			0.
c Total from continuation sheets to Pa								67,000.		0.			0.
d Total (add lines 1b and 1c)								<u> </u>	L 000 of reportable	-			<u> </u>
compensation from the organization						-,			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1	0
B Did the organization list any former off	icar director trust	00 1	(0)/ (omol	01/0	0.01	hia	shoet componented omr	olovoo on			Yes	No
3 Did the organization list any former off line 1a? If "Yes," complete Schedule J			-	-	-		_	•	•		3		Х
For any individual listed on line 1a, is the								ner compensation from					
and related organizations greater than	•							-	•		4		Х
Did any person listed on line 1a receive	e or accrue compe	nsat	ion f	rom	any	unr unr							
rendered to the organization? If "Yes," Section B. Independent Contractors	complete Schedul	e J f	or st	uch p	oers	son .					5		Х
Complete this table for your five highes	st compensated in	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100.000 of com	oens	ation f	rom	
the organization. Report compensation													
(A)								(B)			(C		
Name and busin	ness address	NC	INC	<u> </u>			\dashv	Description of s	services		omper	nsation	
							\dashv						
2 Total number of independent contracto		ot li	mite	d to		se lis	sted	l above) who received m	nore than				
\$100,000 of compensation from the or	ganization >										Corm (200	

Pa	rt V	1111			a in this Dort VIII			
			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SΩ	_	_	Foderstad compaigns 10					000110110 0 12 0 1 1
ant			Federated campaigns 1a Membership dues 1b	114,008.				
P, E				114,000.				
ifts, r A			Fundraising events 1c Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
her		٠		151,295.				
QF		~	Noncash contributions included in lines 1a-1f	131,233.				
Son		_			265,303.			
<u> </u>		<u>'''</u>	Total. Add lines 1a-1f	Business Code	203,303			
o o	2	_	+	Dusiness Code				
vic.	2							
Ser		b						
wer.		C						
gra Re		d						
Program Service Revenue		e	All other program service revenue					
			Total. Add lines 2a-2f					
_	3	9	Investment income (including dividends, interes					
	3		other similar amounts)	*	196.		196.	
	4		Income from investment of tax-exempt bond pr					
	5		Royalties					
	Ū		(i) Real	(ii) Personal				
	6	а	Gross rents 6a	()				
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
	-		assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses 7b					
Revenue		С	Gain or (loss) 7c					
Re			Net gain or (loss)					
Jer			Gross income from fundraising events (not	•				
o th			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	41,858.				
		b	Less: direct expenses 8b	24,980.				
		С	Net income or (loss) from fundraising events .		16,878.			16,878.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses9b					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	8,641.				
		b	Less: cost of goods sold10b	5,881.				
		С	Net income or (loss) from sales of inventory		2,760.			2,760.
S				Business Code				
Miscellaneous Revenue	11	а						
llan		b						
Sce Rev		С						
Ĕ			All other revenue					
		е	Total. Add lines 11a-11d		205 127	•	100	10 630
	12		Total revenue. See instructions		285,137.	0.	196.	19,638.

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 respon-				
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	67 000	F0 0F0	2 250	12 400
	trustees, and key employees	67,000.	50,250.	3,350.	13,400
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	12 222	12 222		
7	Other salaries and wages	13,333.	13,333.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,145.	4,864.	256.	1,025
10	Payroll taxes	0,143.	4,004.	430.	1,045
11	Fees for services (nonemployees):				
a	Management	4			
b		6,334.		6,334.	
C	5 ·····	0,334.		0,554.	
d	, , , , , , , , , , , , , , , , , , ,				
e	, , , , , , , , , , , , , , , , , , ,				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	16,824.	8,451.	4,905.	3,468
13	Office expenses	1,844.	0,1011	1,844.	3,200
14	Information technology	1,706.	778.	721.	207
15	Royalties				
16	Occupancy	9,740.	7,305.	487.	1,948
17	Travel	230.	230.		
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	484.	484.		
20	Interest	332.	- :-	332.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,785.	6,133.	326.	326
23	Insurance	3,934.	3,339.	595.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CAMPITMO EXPENSE	18,968.	18,968.		
b	EQUIPMENT EXPENSE	12,926.	12,926.		
c	UTILITIES	4,843.	3,632.	242.	969
d	DUES	1,226.	-	1,226.	
	All other expenses	133.		133.	
	Total functional expenses. Add lines 1 through 24e	172,787.	130,693.	20,751.	21,343
	retar tanearenar experience rannoa rannoagi. E to				
25	Joint costs. Complete this line only if the organization		I	I	
25					
25 26	Joint costs. Complete this line only if the organization				

Part X | Balance Sheet

Pa	LA	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	20,073.	1	266,979		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ				6	
şţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۹	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		F2 001			
		basis. Complete Part VI of Schedule D	10a	53,291.	24 520		0.4.05.4
	b	1		28,337.	31,739.	10c	24,954
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			F1 010	15	201 022
	16	Total assets. Add lines 1 through 15 (must ed			51,812.	16	291,933
	17	Accounts payable and accrued expenses			6,377.	17	1,821
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ties	22	Loans and other payables to any current or fo					
Ē		trustee, key employee, creator or founder, sub				00	
Liabilities		controlled entity or family member of any of th				22	
	23	Secured mortgages and notes payable to unre				23 24	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, p		F		24	
	25	parties, and other liabilities not included on lin					
		of Schedule D	CS 11-24). Complete Fart X	0.	25	132,327
	26	Total liabilities. Add lines 17 through 25			6,377.	26	134,148
	20	Organizations that follow FASB ASC 958, cl			37377		
Ses		and complete lines 27, 28, 32, and 33.		· , —			
au	27	Net assets without donor restrictions			33,835.	27	103,191
Ba	28	Net assets with donor restrictions			11,600.	28	54,594
<u>n</u>		Organizations that do not follow FASB ASC					
Ţ		and complete lines 29 through 33.	•	·			
SO	29	Capital stock or trust principal, or current fund	s			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated		F		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	45,435.	32	157,785
	33	Total liabilities and net assets/fund balances			51,812.	33	291,933

Pa	rt XI Reconciliation of Net Assets				
	Check 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		5,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,7	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	5,4	<u>35.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	15	7,7	85.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other MODIFIE	D CASH			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	, <u> </u>		Form	990 ((2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization TNC COOGN BIVERKEEDER

Employer identification number 27-3430200

D -			W KIARKKER					7-3430200
Ра	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions.	
Γhe	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)		
1	Ш	A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	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 orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit describ	ped in
_		section 170(b)(1)(A)(iv). (C		,		, ,		
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)	
	X	An organization that norma	-					I public described in
•			-	ililai part of its support i	ioiii a gov	CITIITICITA	unit or norm the general	public described in
		section 170(b)(1)(A)(vi). (C		(4)(A)(vi) (Commisto Davi	L 11 \			
8	Н	A community trust describe						
9		An agricultural research org	-			-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the collec	ge or
		university:						
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	et to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	of supporting organization	n and con	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga						y giving
		the supported organization						
		organization. You must o		1	, ,			0
b		Type II. A supporting org			tion with it	s support	ed organization(s), by ha	avina
		control or management o	•					-
		organization(s). You mus			uo po.o.		ormanaga ana aar	575.154
_		Type III functionally inte			in connec	tion with	and functionally integrat	ed with
·		its supported organization						ca with,
d		Type III non-functionally		•				ization(s)
u		that is not functionally int					• • • •	
		•	•	•	•		•	liveriess
_		requirement (see instruct	•	-				
е		Check this box if the orga					a Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ing organi	zation.		
T		r the number of supported of						
g		ride the following information Name of supported	ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) 2.114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
		9		above (see instructions))	Yes	No		1
F-4-								

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	136,906.	151,795.	166,781.	211,599.	273,945.	941,026.
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	126 006	151 505	166 701	011 500	072 045	0.41 0.06
4	Total. Add lines 1 through 3	136,906.	151,795.	166,781.	211,599.	273,945.	941,026.
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,						11 166
_	column (f)						11,166. 929,860.
<u>6</u>	Public support. Subtract line 5 from line 4.						929,000.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(4) 2010	(a) 2020	(f) Total
	Amounts from line 4	(a) 2016 136, 906.	(b) 2017 151, 795.	166,781.	(d) 2019 211,599.	(e) 2020 273, 945.	(f) Total 941,026.
	Gross income from interest,	130/3001	13177331	10077010	211/3330	27373131	311,0201
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	87.	132.	160.	76.	196.	651.
9	Net income from unrelated business				, , ,		
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	1					
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						941,677.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	_
	organization, check this box and stor	here					<u></u>
	ction C. Computation of Publ						
14	Public support percentage for 2020 (14	98.75 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	96.65 %
16a	33 1/3% support test - 2020. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the fact				•	VI how the organiz	ation
	meets the facts-and-circumstances to	-		*	-		
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the		•				. —
40	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 17a, or 17b	o, cneck this box a	ına see instruction	s ▶∟∟

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	siow, piedde com	piete i dit ii.)				
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6							
	Total. Add lines 1 through 5					+	
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🖊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>			
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						<u></u> ▶∟⊥
	ction C. Computation of Publi					<u> </u>	
	Public support percentage for 2020 (li						%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					11	
17	Investment income percentage for 20						%
18	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2020. If the						17 is not
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						▶ ☐ and
	line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation. If the organization						•

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ja		
3b		
3с		
- 50		
4a		
4b		
4c		
5а		
5b		
5c		
6		
7		
8		
8		
9a		
9b		
9с		
10a	1	
10b	,	
	990-F7	2020

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
4	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	NO
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			
	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	1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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 line 2, above, 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ne)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	a instructio	ne)	
2	Activities Test. Answer lines 2a and 2b below.	, ii isti uotio	Yes	No
			163	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, 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 lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization evergise 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.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	n Nov. 20, 1970 (explain in F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	omple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ed)	
Sect	ion D - Distributions			•	Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				

Schedule A (Form 990 or 990-EZ) 2020

b Excess from 2017c Excess from 2018d Excess from 2019e Excess from 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	(Coo inditablishes)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

2020

Employer identification number

2020

OMB No. 1545-0047

COOSA RIVERKEEPER, INC. 27-3430200 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COOSA RIVERKEEPER, INC.

Employer identification number 27-3430200

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	vriting that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	donly
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose conf	erring
Par			V, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
C	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization during the tax
	year -		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		
6	Stan and volunteer flours devoted to florintoning, inspecting,	mandling of violations, and emorcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
•	\$ \$	ing of violations, and emorning conservation	casements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	(B)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.	9	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on 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 treater	asures, or other similar assets for financial gair	n, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Par	t III Organizations Maintaining C	Collections of A	rt, Historical	Treasures, c	or Other	Similar Ass	ets(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of t	he following tha	t make sig	nificant use of i	ts	
	collection items (check all that apply):							
а	Public exhibition	d	I ☐ Loan or €	exchange progra	ım			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they furth	er the organization	on's exemp	ot purpose in P	art XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, historical t	reasures, or othe	er similar a	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's	s collection?			Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organiza	ation answered "	'Yes" on F	orm 990, Part I	/, line 9, or	_
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribu	tions or other as	sets not in	cluded		_
	on Form 990, Part X?						Yes	O No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
	Ending balance					1f		
	Did the organization include an amount on F			A		<i>i</i> ?	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	xplanation has be	een provided on	Part XIII			
Par								
		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three years bac	k (e) Four ye	ears back
1a	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the cur	rent vear end baland	e (line 1a. colum	n (a)) held as:				
а	Board designated or quasi-endowment		%	· //				
	Permanent endowment	%						
		 '						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
За	Are there endowment funds not in the posse	•	ation that are hel	d and administe	red for the	organization		
	by:	3				3	Y	es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						··· ··· 	
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere		D. Part IV. line 11	a. See Form 990	. Part X. lir	ne 10.		
-	Description of property	(a) Cost or o	· · · · · · · · · · · · · · · · · · ·	ost or other		umulated	(d) Book v	alue
	2 coonpains of property	basis (investr	' '	sis (other)		eciation	(4, 200	
	Land	<u> </u>	•	` '	·			
	Buildings							
	Leasehold improvements					+		
	Equipment		291.		2	28,337.	24	,954.
	Other							, - •
	. Add lines 1a through 1e. (Column (d) must e		X column (R) lir	ne 10c.)			24	,954.
IJIA	i / ida iii loo Ta ti ii ougit Te. (Oolultiit Ju) Must e	gaari onii ooo, i art	л, оснани (<i>D)</i> , ш					,

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 COOSA RIVER	KEEPER, INC.	27-	-3430200 Page 3
Part VII Investments - Other Securities.			.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		· · · · · · · · · · · · · · · · · · ·	
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	114. 336 1 3111 336, 1 417 7, 1116 13.	(b) Book value
(1)			(-7
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>	
Complete if the organization answered "Yes" of	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) SBA ECONOMIC INJURY DISAST			84,700
(3) SBA PAYCHECK PROTECTION PR	ROGRAM		47,627
(4)			
(5)			
(6)			
(7)			

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

Schedule D (Form 990) 2020

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

132,327.

Pai	rt XI Reconciliation of Revenue per Audited Financia			
	Complete if the organization answered "Yes" on Form 990, Part		1 1	
1	Total revenue, gains, and other support per audited financial statement	ts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	5 , ,			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	, , , , , , , , , , , , , , , , , , , ,			
e	•		H - H	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	·	4.	
c				
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lirrt XII Reconciliation of Expenses per Audited Financia			
ıu	Complete if the organization answered "Yes" on Form 990, Part	•	ises per rictum.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		······	
a	Donated services and use of facilities	2a		
b				
c				
d				
e			2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а		4a		
b				
	Other (Describe in Part XIII.)	4b		
С	,		4c	
с 5	Add lines 4a and 4b			
5	Add lines 4a and 4b			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I,</i> rt XIII Supplemental Information.	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; F	5	XI,

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

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Open to Public Inspection

Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr	uction	ıs and	the latest informat	ion.		Inspection
Name of the organization		IVERKEEPER, INC.					Employer id 27 – 343	entification number 0 2 0 0
	sing Activities complete this par	Complete if the organization answe	red "Y	es" o	n Form 990, Part IV, I	line 1	7. Form 990-l	Z filers are not
Indicate whether the a Mail solicitate Mail solicitate Internet and c Phone solicitate In-person solicitate	ne organization rais tions email solicitations tations blicitations	sed funds through any of the following e Solicitar	tion of tion of fundra	non-g gover aising	overnment grants nment grants events		, or	
) highest paid indiv	art VII) or entity in connection with position with position or entities (fundraisers) pursurganization.					Yeundraiser is to	
(i) Name and addres		(ii) Activity	or cor	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
			Y					
		on is registered or licensed to solicit		. D	or has been notified	1 it ic	overnet from	ragiatration
or licensing.	ich the organizatio	on is registered or licensed to solicit		Dutions	s or rias been notined	. IL IS	exempt from	registration
					-			-

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

Schedule G (Form 990 or 990-EZ) 2020

		of fundraising event contributions and gr	ross income on Form 990	EZ, lines 1 and 6b. List	events with gross recei	
Revenue			(a) Event #1 KELLYPALOOZA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
				, ,,	,	
	1	Gross receipts	41,858.			41,858.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	41,858.			41,858.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Jirect E	7	Food and beverages				
	8	Entertainment	4,620. 19,007.			4,620. 19,007.
	9	Other direct expenses				19,007.
	10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				23,627. 18,231.
Pa		III Gaming. Complete if the organization		n 990, Part IV, line 19, or		
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes % No	Yes % No	
	7					
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
_	г					
	ls t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a 'No," explain:	-	states?		Yes No
40						
		ere any of the organization's gaming licenses r 'Yes," explain:	evokea, suspenaea, or t	emiliated during the tax	. year <i>:</i>	Yes No
	_					
0320	82 1	1-25-20			Schedule G (Fo	orm 990 or 990-EZ) 2020

Sch	nedule G (Form 990 or 990-EZ) 2020 COOSA RIVERKEEPER, INC. 27-	<u>3430200</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No 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:		
	The organization's facility	13a	%
	o An outside facility		%
	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
ı	of "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 ▶		
	/ dutiese p		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	danning manager compensation • • •		
	Description of services provided		
	Booking tion of delivious provided P		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Mandatory distributions:		
ć	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└── No
ı	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

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Part IV Su	n 990 or 990-EZ) pplemental Inforr	nation (contir	nued)			
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Inspection

Name of the organization

COOSA RIVERKEEPER, INC.

Employer identification number 27-3430200