Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or
private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

OMB No 1545-0047

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public inspection

_`	I THOUGHT		TIT 1 2000	200 20	des TIINT 2	0 20	0.1		
AI	or the 20	OD calendar year, OR tax year period beginning	JUL 1, 2000	and en	iding JUN 3		01		
В	Check if upplicable.	Please C Name of organization				D EMPIOY	er identiti	sation numbe	3r
_	⊤Change o	use IRS label of D. TANDA REEDED TAIC				12	3204	621	
늗	address _Change o	print or KIVEKKEEPEK, INC.		_					
늗	iname initial	See Number and Street (of P.O. Dox ii iliali is ii	of delivered to street address)		Room/suite			er -4149	
╞	return Final	Specific 25 WING & WING							
늗	–,uetum	tions City or town, state or country, and ZIP				F Greck 4		if application (penaing
L_	Amended return		 _	٦,	UI I		607 -		
	(use also state repo		4 /	_ I '	H and I are not applica				X No
G (organizati		◀ (insert no) 527		i(a) is this a group retu		_	res	LAJ NU
_	Cartina	OR 4947(a)(1) i 501(c)(3) organizations and 4947(a)(1) nonex	ampt aboutable trusts		H(b) If "Yes," enter num H(c) Are all affiliates inc		N/A	ZeY [□ No
- π	nust atta	sch a completed Schedule A (Form 990 or 900)-EZ)	_]'	(If "No " attach a lis		14, 11		
JA	ccounting	==:		╗,	H(d) is this a separate r	eturn filed	hv an		
n	<u>nethod</u>	Cash R Accida Other (specify)		⊣'	Organization cover			2 Vet	TX No
K C	heck here	▶ ☐ If the organization's gross receipts are non	mally not more than \$25,000	The	I Enter 4-digit group			_	
-		n need not file a return with the IRS, but if the organiza			L Check this box if the				
		it should file a return without financial data. Some stat		ago	attach Schedule B	-			\neg
_		Revenue, Expenses, and Changes in		Bala				<u>,, , , , , , , , , , , , , , , , , , ,</u>	
	T	Contributions, gifts, grants, and similar amounts recen					· · ·		
		Direct public support		1a	364,0	40.	1		
		Indirect public support		1b					
		Government contributions (grants)		10	112,0	12.			
	1	Total (add lines 1a through 1c)							
		(cash \$ 476,052 noncash \$ _	١			1	a	476,	052.
		Program service revenue including government fees a	nd contracts (from Part VII. lin	ie 93)					000.
		Membership dues and assessments	(1011)			3			
	1	Interest on savings and temporary cash investments				4		32,	350.
		Dividends and interest from securities				E		<u> </u>	
		Gross rents	,	6a)	[
		Less rental expenses		6b					
		Net rental income or (loss) (subtract line 6b from line	6a)			- 6	c		
Ę	l .	Other investment income (describe	•) 7	,		
√∠ Revenue		Gross amount from sale of assets other	(A) Securities		(B) Other				
34	1	than inventory		8a					
5	ь	Less cost or other basis and sales expenses		85			-		
		Gain or (loss) (attach schedule)		38			.		
3	d f	Net gain or (loss) (combine line 8c, columns (A) and (B))			_8_	d _		
	g :	Special events and activities (attach schedule)							
$\overline{}$	a (Gross revenue (not including \$	0 . of contributions						
DEL MED	(reported on line 1a)		9a	2,267,7 259,7	46.			
5	ь	Less direct expenses other than fundraising expenses		9b	259,7	1			
震	C I	Net income or (loss) from special events (subtract line	9b from line 9a) S	EE	STATEMENT	1 9	<u>c </u>	<u>2,008,</u>	002.
ست	10 a (Gross sales of inventory, less returns and allowances		10a					
	ь	Less cost of goods sold		10b					
		Gross profit or (loss) from sales of inventory (attach s	chedule) (subtract line 10b fro	m line	10a)	11			204
		Other revenue (from Part VII, line 103)				1			304.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	<u>Oc. and 11)</u>			1		$2,\overline{731}$	
(m	138	Pormuselvices (trom ne 44, column (B))				1:		1,327,	
Expenses	14	Management and general from line 44, column (C))				1.			$\frac{019}{0.24}$
Ř.	L 75 1	Fundraising (from line 4) column (D))				1:		293,	934.
ų.	BIG FI	Programments to affiliates (affacts schedule)				1		1 622	
4	l 1 7 - 1	Total expenses (add lines 6 and 44, column (A))				1		1,677,	
1		og (\$5 or deficit) for the year (subtract line 17 from li	ne 12)			11		1,054,	
Set		Net assets or fund balances at beginning of year (from				19	1	1,345,	
-₹		Other changes in net assets or fund balances (attach e				_2		2,400,	152
	21 1	Net assets or fund balances at end of year (combine lii	162 TO, 19, 200 ZU)			2	1 -	<u>~,</u> 400,	126 ·

(Grants and allocations \$

(Grants and allocations \$

e Other program services (attach schedule)

Total of Program Service Expenses (should equal line 44, column (B), Program services)

Part IV Balance Sheets

te Whe	ere required, attached schedules and amounts uld be for end-of-year amounts only	within the description column	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing		19,819.	45	88,619
46	Savings and temporary cash investments]	488,290.	46	1,631,000
47 a	Accounts receivable	478			
) b		47b		47£	
		600 416			
48 a		48a 608,416.	591,963.	400	608,416
10 b		48b	331,303.	48c 49	011,000
49 50	Grants receivable Receivables from officers, directors, trustees,	<u>}</u>		43	
30	and key employees			50	
51 a		51a		 	
51 a		51b		51c	
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges		5,103.	53	6,690
54	Investments - secunties	Cost FMV		54	
55 a	Investments - land, buildings, and				
	equipment basis	55a		[1,]	
		1			
b	Less accumulated depreciation	55b		55€	
56	Investments - other	1 1	167,965.	56	
57 a	5-1	57a 249,531.	100 0=0		100 005
b	· .	57b 120,644.	123,272.	57c	128,887
58	Other assets (describe			58	
-	Total assets (add lines 45 through 50) (much asset	11: 74	1,396,412.	59	2 463 612
60	Total assets (add lines 45 through 58) (must equa	ii (ine 74)	50,730.	59 60	2,463,612 63,460
61	Accounts payable and accrued expenses Grants payable	<u> </u>	30,730.	61	03/400
T	Deferred revenue	<u> </u>		62	
62 63 64 a	Loans from officers, directors, trustees, and key er	nniovaes		63	
64 8	Tax-exempt bond liabilities			64a	
	b Mortgages and other notes payable	Ī		64b	
65	Other liabilities (describe)		65	
	Table National Control of the Control of Con		50,730.		63,460
66	Total Habilities (add lines 60 through 65) mizations that follow SFAS 117, check here	X and complete lines 67 through	30,730.	66	03/400
Oiga	69 and lines 73 and 74	and complete tiles or through		li	
67	Unrestricted		475,716.	67	1,624,334
68	Temporarily restricted		869,966.	68	1,624,334 775,818
69	Permanently restricted			69	
Orga	nizations that do not follow SFAS 117, check here	and complete lines		,	-
	70 through 74	·		·	
67 68 69 Orga 70 71 72 73	Capital stock, trust principal, or current funds			70	
71	Paid-in or capital surplus, or land, building, and eq	uipment fund		71	
72	Retained earnings, endowment, accumulated incor	ne, or other funds		72	
73	Total net assets or fund balances (add lines 67 th	rough 69 OR lines 70 through 72		·	
	column (A) must equal line 19 and column (B) must	-	1,345,682.	73	2,400,152 2,463,612
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	1,396,412.	74	<u>2,463,612</u>

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

. Form 990 (2000) RIVERKEEPER, INC.	13-3204621 Page 4
Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
a Total revenue, gains, and other support per audited financial statements b Amounts included on line a but not on line 12, Form 990 (1) Net unrealized gains on investments \$	a Total expenses and losses per audited financial statements b Amounts included on line a but not on line 17, Form 990 (1) Donated services and use of facilities \$ (2) Prior year adjustments reported on line 20, Form 990 (3) Losses reported on line 20, Form 990 (4) Other (specify) Add amounts on lines (1) through (4) c Line a minus line b d Amounts included on line 17, Form 990 but not on line a (1) Investment expenses not included on line 6b, Form 990 (2) Other (specify) Add amounts on lines (1) and (2)
e Total revenue per line 12, Form 990 (line t plus line d)	B Total expenses per line 17, Form 990 (line c plus line d)
Part V List of Officers, Directors, Trustees, and Key E	(B) Title and average hours (C) Compensation (D) Contributions to (E) Expense
(A) Name and address ALEXANDER MATTHIESSEN 848 ROUTE 9D	per week devoted to position (If not paid, enter plans & deferred compensation other allowances) EXECUTIVE DIRECTOR
GARRISON, NY 10524	FULL-TIME 88,846. 1,875. 0.
377 ROUT 9D	CHIEF FINANCIAL OFFICER FULL-TIME 80,513. 1,9970.
ALL OTHERS SEE ATTACHED SCHEDULE	0. 0. 0.

	990 (2000) RIVERKEEPER, INC. 13-320-	N/A	Yes	J
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		1
	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		1
77.	If "Yes," attach a conformed copy of the changes			1
70 -	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	1	
	· · · · · · · · · · · · · · · · · · ·	78b	\vdash	1
	III 1001 Had t side 2 activities of the time year	-		1
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79	 	7
	If "Yes," attach a statement		}	
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,		}	1
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	ļ	4
b	If "Yes," enter the name of the organization			
	and check whether it is exempt OR nonexempt			
81 a	Enter the amount of political expenditures, direct or indirect as described in the			
	instructions for line 81 81a 0	•		
b	Did the organization file Form 1120-POL for this year?	81b		
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			
U	fair rental value?	82a	1	
h	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			1
	1 1 27/3			
		83a	Ŷ	
	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	1
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	 ^-	ł
84 a	· · · · · · · · · · · · · · · · · · ·	84a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			ļ
	tax deductible? N/A	84b		_
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	<u> </u>	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			1
	owed for the prior year			1
C	Dues, assessments, and similar amounts from members 85c N/A			1
d	Section 162(e) lobbying and political expenditures 85d N/A	1		1
	37/3	1		
		┪		
ī		┨		
9	, , , , , , , , , , , , , , , , , , ,	85g	 	4
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues	1	1	ĺ
	allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		Į
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A	_		
b	Gross receipts, included on line 12, for public use of club facilities N/A			
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	7		İ
_	against amounts due or received from them) 87b N/A			ı
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	7	1	
ω	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?			I
		88		I
	If "Yes," complete Part IX	-00	<u> </u>	ł
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ► 0 - , section 4912 ► 0 - , section 4955 ► 0 -	ŀ		1
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	1	Ì	1
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	1		İ
	If "Yes," attach a statement explaining each transaction	895		J
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
đ	Enter Amount of tax on line 89c, above, reimbursed by the organization		-	
	List the states with which a copy of this return is filed NEW YORK STATE		_	_
	Number of employees employed in the pay period that includes March 12, 2000			
-				_
91	The books are in care of ►THE "CORPORATION" Telephone no ► 845-42	04-4	149	,
J 1	teschinging in a TITE COST CITE I TOTAL	<u> T</u>	/	-
	Located at ▶ 25 WING & WING, GARRISON, NY ZIP code ▶	1052	4	
	COCARROLAR P 20 HING & HING, GARATBOIN, INI 21P COOR		7	-
00	0-14 4047/1/41 4 1 4 1 4 4 7 7 7 900 1 4 7 900 1		⊾ . Γ	-
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here			_
36	and enter the amount of tax-exempt interest received or accrued during the tax year	N/	76	

Part VII Allarysis of Income	location grad	Unrelat	ed business income	Exctud	led by section 512 513 or 514	(5)
Enter gross amounts unless otherwise		(A)	(B)	(C)	(D)	(E) Related or exempt
indicated		Business	Amount	Exclu- sion	Amount	tunction income
93 Program service revenue		code		code		
LITIGATION SETTLEM	ENT.		 -			210,000.
b		_		+ -		<u> </u>
c		_				
d						
6						
f Medicare/Medicard payments	_					
g Fees and contracts from government agen	cies			_		<u> </u>
94 Membership dues and assessments	L.					<u> </u>
95 Interest on savings and temporary						
cash investments	L		<u> </u>	14	32,350.	
96 Dividends and interest from securities	L					
97 Net rental income or (loss) from real estate						
a debt-financed property						
b not debt-financed property	Γ					
98 Net rental income or (loss) from personal p	property					
99 Other investment income						
100 Gain or (loss) from sales of assets			<u> </u>			
other than inventory						
101 Net income or (loss) from special events				18	2,008,002.	
102 Gross profit or (loss) from sales of invento					•	
103 Other revenue	"					
a OTHER	}			- } - }	; 	5,304
			-	- ·	***	
<u> </u>	1					-
d			-			
6			0		2,040,352.	215,304
104 Subtotal (add columns (B), (D), and (E))	E.			•1	2,040,332.	2,255,656
105 Total (add line 104, columns (B), (D), and		-4 1: 4	0.0			2,233,030
Note Line 105 plus line 1d, Part I, should e	tios to the	t on line 1.	chment of Ever	net Dur		
Line No Explain how each activity for which				led import	antly to the accomplishment	of the organization's
exempt purposes (other than by pr				(M) 3/	TYTHON DUDDO	OD DV
93A MONIES USED TO F						SE BI
93A PROVIDING REPRES						т.с.
103A PROMOTES THE ORG						
103A OF THE ORGANIZAT						<u>. </u>
Part IX Information Regardin	g raxable s (B)	ubsidiar	(C)	aea Er	(D)	(E)
(A) Name, address, and EIN of corporation,	Percentage of		Nature of activities		Total income	End-of-year
partnership, or disregarded entity or	wnership interest				_	assets
	%	+	·			
N/A	<u>%</u>	+				
	%					
	%					
Part X Information Regardin						
(a) Did the organization, during the year, rece	erve any funds, dii	rectly or indi	rectly, to pay premiums o	on a perso	nal benefit contract?	Yes X No
(b) Did the organization, during the year, pay	premiums, direct	ly or indirec	tly, on a personal benefit	contract?		Yes X No
			companying schedules a	nd stateme	nts and to the best of my knowled	ge and belief, it is true

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2000

Name of the organization RIV	Employer identification number 13 3204621				
Part I Compensation	on of the Five Highest Paid Emploist each one If there are none, enter 'None')	yees Other Than Off	icers, Directo	rs, and Trus	tees
(a) Name and add	ress of each employee paid than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED SO	HEDULE				
		_			
Total number of other employees	paid	0		J	J
	n of the Five Highest Paid Indepe	ndent Contractors f	or Profession	al Services	
<u> </u>	ist each one (whether individuals or firms). If there dress of each independent contractor paid more th		(b) Type of	service	(c) Compensation
SEE ATTACHED SO	HEDULE				
Total number of others receiving e \$50,000 for professional services		0		<u>-</u> <u>l</u>	

LHA

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2000

Sche	dule A (F	orm 990 or 990-EZ) 2000 RIVERKEEPER, INC	20462	<u> </u>	age 2
Pa	ırt III	Statements About Activities		Yes	No
1	During th	e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public			
	оріпіоп о	n a legislative matter or referendum?	1	ļ	X
	lf Yes, e	nter the total expenses paid or incurred in connection with the lobbying activities 🕒 💲	_	٠.	
	-	ions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other		٠	,
	•	ions checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of		17	
	•	ing activities			
	•	e year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors,		, .	
		creators, key employees, or members of their families, or with any taxable organization with which any such person is		<i>^</i>	
		as an officer, director, trustee, majority owner, or principal beneficiary	2a		х
a	Gale, exci	nange, or leasing of property?			
Đ	Lending (of money or other extension of credit?	2b		X
c	Furnishin	g of goods, services, or facilities?	2c		Χ.
				J.	
đ	Payment	of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<u> </u>	
e	Transfer (of any part of its income or assets?	2e		X_
	If the ans	wer to any question is "Yes," attach a detailed statement explaining the transactions			
3	Does the	organization make grants for scholarships, fellowships, student loans, etc ?	3		X
4 a	Do you ha	ave a section 403(b) annuity plan for your employees?	4a	<u></u>	X
b .	Attach a s furtheran	statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in se of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		,	
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)			
		on is not a private foundation because it is. (Please check only ONE applicable box.)			
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)			
6		A school Section 170(b)(1)(A)(ii) (Also complete Part V page 5)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
8	Щ	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9		A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(IV)		-
11a	\Box	(Also complete the Support Schedule in Part IV-A)			
,,,		An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	$\overline{\mathbf{x}}$	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired			
		by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations de-	scribed in		
		(1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3)			
		Provide the following information about the supported organizations (See page 5 of the instructions)			
		(a) Name(s) of supported organization(s)		ods mo	
					
				_	
			 		
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			
		Schedule & (Fo	rm 000 nr	00N_F7	า วกกัก

Pa	Note You may use the	Complete only if you ch ne worksheet in the ins	ecked a box on line 10 tructions for converting	, 11, or 12) Use cash of from the accrual to th	method of acc e cash <u>method</u>	ountin of acco	g ounting
<u>begir</u>	ndar year (or fiscal year ining in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996		(e) Total
15	Gifts grants and contributions received (Do not include unusual grants See tine 28)	1,132,669.	375,844.	429,458.	610,9	73.	2,548,944.
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	790,155.	990,875.	613,785.	410,1	36.	2,804,951.
		750,155.			110/1		2/001/3310
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalities, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	11,592.	8,838.	7,927.	3,8	100.	32,157.
19	Net income from unrelated business			_			
	activities not included in line 18						
20	Tax revenues levied for the organization a benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	1,934,416.	1,375,557.	1,051,170.	1,024,9		5,386,052.
24	Line 23 minus line 17	1,144,261.	384,682.	437,385.	614,7		2,581,101.
25	Enter 1% of line 23	19,344.	13,756.	10,512.	10,2		
26	Organizations described on lines 10	0 or 11 a Enter 2% of a	amount in column (e), line	a 24	>	26a	N/A
b	Attach a list (which is not open to pu	blic inspection) showing	the name of and amount o	contributed by each perso	on (other than a		
	governmental unit or publicly suppo- in line 26a. Enter the sum of all these	= -	total gifts for 1996 throug	h 1999 exceeded the amo	ount shown	26b	N/A
					_		27 / 7
	Total support for section 509(a)(1) to		• •		•	26c	N/A
d	Add Amounts from column (e) for li	· · · · · · · · · · · · · · · · · · ·					N7 / B
		22	26	D	— :	26d	N/A N/A
8	Public support (line 26c minus line 2	· ·				26e	
	Public support percentage (Ilne 268					26f	N/A %
27	Organizations described on line 12						
	to public inspection) to show the nar	пе от, апо total аттоопіз і • (1998)	o . ((1996)	0.
L	(1999) U For any amount included in line 17 th	, ,		•			
u	that was more than the larger of (1) individuals) After computing the diff excess amounts) for each year	the amount on line 25 for	the year or (2) \$ 5,000 (I	nclude in the list organiza	itions described i	n lines 5	through 11, as well as
	(1999) O	- (1998)	0. (1997)	0.	(1996)	0.
C	Add Amounts from column (e) for li	nes 15 04,951. 20	2,548,944.	16 21		27c	5,353,895.
	Add Line 27a total		ine 27b total			27d	0.
u 0	Public support (line 27c total minus l		me Tin foldi		'''	278	5,353,895.
1	Total support for section 509(a)(2) to	<u>-</u>	23. column (e)	► ₂₇₁ 5,	386,052.	┍┈┷╅	-,,
	Public support percentage (line				•	270	99.4030%
h	Investment income percentage		=		or))	27h	.5970%
28 L	Inusual Grants For an organization	described in line 10, 11,	or 12, that received any u	nusual grants during 199	6 through 1999.	attach a	list (which is not open to
р	ublic inspection) for each year showing nese grants in line 15. (See page 5 of t	ng the name of the contrib	utor, the date and amoun	t of the grant, and a brief	description of the	nature	of the grant. Do not include

 $\begin{array}{c}
 \overline{023121} \\
 122700 \\
 13220211 793097 27651
\end{array}$

10

Schedule A (Form 990 or 990-EZ) 2000

NONE

Pa	Private School Questionnaire (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	Α	
		-	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing			
	instrument, or in a resolution of its governing body?	29		 - -
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	20	1	
24	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	_	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31	Ì	l
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
32	Does the organization maintain the following	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		<u> </u>
þ	Records documenting that scholarships and other financial assistance are awarded on a racially	ł		l
	nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32¢		
d		32d	ļ	·
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to	—		
а		33a		l
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
1	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		l
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering recial pandiscrimination 2 if "No." attach an explanation	l ae l	1	

Schedule A (Farm 990 or 990-EZ) 2000

13220211 793097 27651

2000.08000 RIVERKEEPER, INC.

1

Schedule A (Form 990 or 990-EZ) 2000

(a) Line no	(b) Amount involved	(c Name of noncharitable	exempt organization	(d) Description of transfers, transactions, and sharing arrar	ngements
		-			
				· · · · · · · · · · · · · · · · · · ·	
	-				
2		anathr attilizated with an expended t		Parameters described in section E01(s) of the	
Co	de (other than section 501(c)(3 Yes,* complete the following sc	3)) or in section 527?	<u> </u>	panizations described in section 501(c) of the Yes	X No
Co	de (other than section 501(c)(3	3)) or in section 527? hedule N/1			X N
Co	de (other than section 501(c)(3 Yes,* complete the following so	3)) or in section 527? hedule N/1	A (b)	▶ ☐ Yes	X No
Co	de (other than section 501(c)(3 Yes,* complete the following so	3)) or in section 527? hedule N/1	A (b)	▶ ☐ Yes	X No
Co	de (other than section 501(c)(3 Yes,* complete the following so	3)) or in section 527? hedule N/1	A (b)	▶ ☐ Yes	X
Co	de (other than section 501(c)(3 Yes,* complete the following so	3)) or in section 527? hedule N/1	A (b)	▶ ☐ Yes	XN
Co	de (other than section 501(c)(3 Yes,* complete the following so	3)) or in section 527? hedule N/1	A (b)	▶ ☐ Yes	XN
Co	de (other than section 501(c)(3 Yes,* complete the following so	3)) or in section 527? hedule N/1	A (b)	▶ ☐ Yes	XN
Co	de (other than section 501(c)(3 Yes,* complete the following so	3)) or in section 527? hedule N/1	A (b)	▶ ☐ Yes	X
Co	de (other than section 501(c)(3 Yes,* complete the following so	3)) or in section 527? hedule N/1	A (b)	▶ ☐ Yes	X No
Co	de (other than section 501(c)(3 Yes,* complete the following so	3)) or in section 527? hedule N/1	A (b)	▶ ☐ Yes	XN

1

\$26,400	;	\$8,500
\$10,000		\$5,000
\$10,000	3	\$10,000
\$10,000		\$20,000
\$50,000		\$10,000
\$10,000		\$20,000
\$10,000		\$5,000
\$25,000		\$25,000
\$5,000		\$6,000

\$7,600	\$25,000
\$10,000	\$5,000
\$10,000	\$5,000
\$10,000	\$10,000
\$5,000	\$10,000
\$20,000	\$12,000
\$5,000	\$25,000
\$10,000	\$10,000
 \$15,000	\$25,000

\$10,000	\$15,000
\$15,000	\$10,000
\$10,000	\$10,000
\$7,500	\$15,000
\$10,000	\$25,000 1
\$30,000	\$10,000
\$5,000	\$11,200
\$5,000	\$10,000
\$10,000	\$10,000

\$90,000	\$5,000
\$5,000	\$8,000
\$10,000	\$10,000
\$5,000	\$25,000
\$10,000	\$50,000
\$10,000	\$25,000
\$10,000	\$10,000
\$5,000	\$10,000
\$10,000	\$10,000

\$10,000	\$10,000
\$50,000	\$5,000
\$5,000	\$10,000
\$10,000	\$25,000
\$20,000	\$5,000
\$6,500	\$23,500
\$10,000	\$25,000
\$6,126	\$10,000
\$23,500	\$30,000

\$25,000	\$25,000
\$15,000	\$5,000
\$25,000	\$5,000
\$25,000	\$235,002
\$25,000	\$10,000
\$10,000	\$10,000
\$25,000	\$10,000
\$100,000	\$10,000
\$5,000	\$10,000

\$5,000

\$10,000

\$10,000

\$10,000

\$10,000

\$25,000

FORM 990 PAGE 2

066

Asset		Description	Date Acquired	Method	Lrte		Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179 Salvage	Basis For Depreciation	Accumulated Deprectation	Current Sec 179	Amount Of Depreciation	±
	SEE ATTA	SEE ATTACHED SCHEDULE	VARIESSL	ЛS	000.	19	249,531.			249,531.	120,644.		3	0
* * *,	*	TOTAL 990 PAGE 2 DEPR			,		249,531.		0	249,531.	120,644,	ő		6,
					<u>.</u>								٤	•
·		,			٠,	····	-	3				,	, , , , , , , , , , , , , , , , , , , ,	
,		¢				******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	:			;	· · · · · · · · · · · · · · · · · · ·		:
	. ,													
\$50 Tu		3 ° .		·			\$ \$ \$ \$ \$			\$. T	8	<i>*</i>	****	
			***					; ;	,,			,		1, 2, 5
, 3							:	,			**			, ,
												· 		,
) ; ;	***					:		8	,			, \., }	
8 8, 0,			` .		, ,			,	, Ž			٠		50
028102 04 27 01						/-(Q)	(D) - Asset disposed							

FORM 990	SPECIAL EV	ENTS AND ACT	IVITIES	STATEMENT 1		
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT.	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
VARIOUS FUND RAISING EVENTS	2,267,746		2,267,746.	259,744.	2,008,002.	
TO FM 990, PART I, LINE 9	2,267,746		2,267,746.	259,744.	2,008,002.	
FORM 990 DEPRECIATION	N OF ASSET	S NOT HELD F	OR INVESTME	NT ST	ATEMENT 2	
DESCRIPTION		COST OR OTHER BASIS	ACCUMULA DEPRECIA		OOK VALUE	
SEE ATTACHED SCHEDULE	_	249,531	. 120	,644.	128,887.	
TOTAL TO FORM 990, PART I	v, LN 57	249,531	. 120	,644.	128,887.	

RIVERKEEPER, INC
 STATEMENT OF FUNCTIONAL EXPENSES
 YEAR ENDED JUNE 30, 2001
 ID# 13-3204621

	2001 Total	Program Services	Administrative and General	Fund Raising
Officers salaries and related payroll taxes	169,359	135,487	8,468	25,404
- ·	•	•		
Salaries and related payroll taxes	598,250	509,368	28,564	60,318
Health insurance and employee benefits	58,542	48,768	3,759	6,015
Accounting	35,278	25,942	4,258	5,078
Conferences and meetings	4,695	4,469	14	212
Depreciation	20,601	16,481	1,030	3,090
Dues and subscriptions	9,258	6,090	71	3,097
Equipmental rental and maintenance	51,927	46,120	2,077	3,730
Food and gratuities	12,859	7,197	434	5,228
Insurance	12,525	11,193	666	666
Legal	212,417	212,167	125	125
Miscellaneous	3,219	2,806	28	385
Occupancy	12,480	12,457	23	0
Postage and shippping	20,583	9,093	398	11,092
Printing & publications	67,555	47,237	213	20,105
Professional fees and consulting	195,218	83,776		111,442
Program outreach	39,115	39,047	68	,
Supplies	79,410	46,156	2,168	31,086
Telephone and connectivity	32,889	27,833	2,338	2,718
Travel	35,649	30,803	1,010	3,836
Utilities	5,409	4,795	307	307
Total	1,677,238	1,327,285	56,019	293,934

Riverkeeper,	Inc
Depreciation	Schedule

Run date Run time 11-Feb-2002 06 34 AM

Description	Year placed in service	Cost	Method	'06/30/00 Accum Depr	06/30/01 Depr Exp	06/30/01 Accum Depr
Boat Improvements						
Julius Peterson, Inc	06/30/1999	72,502 00	SL 15 years	7,250 00	4,833 47	12,083 47
Julius Peterson, Inc	Fiscal 2000	30,467 00	SL 15 years	1,016 00	2,031 13	3,047 13
See detail	Fiscal 2001	8,856 84	SL 15 years	0	590 46	590 46
Total		111,825 84		8,266 00	7,455 06	15,721 06
Boat (sold fiscal 06/30/00)		0 00	SL 15 years	0 00	0 00	0 00
Boat Equipment	Prior 06/30/98	10,236 00	SL 7 years	10,236 00	0 00	10,236 00
Equipment						
Fully depreciated	Prior 06/30/98	35,735 00	SL 5 years	35,735 00	0 00	35,735 00
Fully depreciated	Prior 06/30/98		SL 5 years	25,913 00	0 00	25,913 00
See detail	Prior 06/30/98		SL 5 years	898 00	202 00	1,100 00
See detail	Prior 06/30/98		SL 5 years	272 00	68 00	340 00
See detail	Prior 06/30/98		SL 5 years	150 00	40 00	190 00
See detail	Prior 06/30/98		SL 5 years	3,495 00	1,048 60	4,543 60
See detail	Prior 06/30/98	-	SL 5 years	518 00	159 40	677 40
See detail	Prior 06/30/98		SL 5 years	1,715 00	527 60	2,242 60
See detail	Prior 06/30/98		SL 5 years	2,210 00	757 60	2,967 60
See detail	Prior 06/30/98	•	SL 5 years	798 00	281 60	1,079 60
See detail	Prior 06/30/98		SL 5 years	114 00	40 20	154 20
See detail	Prior 06/30/98		SL 5 years	184 00	67 00	251 00
See detail	Pnor 06/30/98		SL 5 years	2,898 00	1,121 80	4,019 80
See detail	Prior 06/30/98	209 00	SL 5 years	77 00	41 80	118 80
See detail	Prior 06/30/98	550 00	SL 5 years	196 00	110 00	306 00
See detail	Prior 06/30/98	188 00	SL 5 years	67 00	37 60	104 60
See detail	Prior 06/30/98	298 00	SL 5 years	96 00	59 60	155 60
See detail	Prior 06/30/98	1,577 00	SL 5 years	632 00	315 40	947 40
Various see detail	Fiscal 06/30/99	15,877 00	SL 5 years	4,763 00	3,175 40	7,938 40
Various see detail	Fiscal 06/30/00		SL 5 years	810 00	1,620 71	2,430 71
Various see detail	Fiscal 06/30/01		SL 5 years	0 00	3,472 05	3,472 05
		127,469 80		81,541 00	13,146 36	94,687 36
Total Depreciation	-	249,531 64		100,043 00	20,601 42	120,644 42

Vendors paid in excess of \$50,000

Natural Resources Defense Council 40 West 20 th Street New York, NY 10011	\$55,327 65
Events Associates 162 West 56 th Street New York, NY 10019	\$54,069 74
CEA Engineers, P C 70 Hilltop Road Ramsey, New Jersey 07446	\$54,577 59
Staff paid in excess of \$50,000	
Alex Matthiessen Executive Director	\$88,846 16
Brain Lindquist Director of Operations	\$80,512 74
David Gordon Senior Attorney	\$57,210 78
Reed Super Senior Attorney	\$55,769 25
Marc Yaggı Senior Attorney	\$52923 16
John Lipscomb Boat Captain	\$52,499 63

RIVERKEEPER BOARD OF DIRECTORS -2001

John P. Abplanalp

Riverkeeper, Inc 25 Wing & Wing Garrison, NY 10524

Elizabeth Barbanes

Riverkeeper, Inc 25 Wing & Wing Garrison, NY 10524

Brenda L. Boozer

Riverkeeper, Inc. 25 Wing & Wing Garrison, NY 10524

Lorraine Bracco

Riverkeeper, Inc 25 Wing & Wing Garrison, NY 10524

Ann Colley

Executive Committee

Riverkeeper, Inc. 25 Wing & Wing Garrison, NY 10524

Peggy Cullen

Secretary

Riverkeeper, Inc 25 Wing & Wing Garrison, NY 10524

Ronald A. DeSilva

Riverkeeper, Inc 25 Wing & Wing Garrison, NY 10524

Hamilton Fish

Riverkeeper, Inc 25 Wing & Wing Garrison, NY 10524 Robert Gabrielson

Riverkeeper, Inc. 25 Wing & Wing Garrison, NY 10524

Arthur Glowka

Riverkeeper, Inc. 25 Wing & Wing Garrison, NY 10524

Anne Hearst

Riverkeeper, Inc 25 Wing & Wing Garrison, NY 10524

George Hornig

Treasurer

Riverkeeper, Inc 25 Wing & Wing Garrison, NY 10524

Robert F. Kennedy, Jr.

Vice President

Riverkeeper, Inc 25 Wing & Wing Garrison, NY 10524

Henry Lewis Kingsley

Riverkeeper, Inc. 25 Wing & Wing Garrison, NY 10524

Karen Kelly Klopp
Executive Committee

Riverkeeper, Inc. 25 Wing & Wing Garrison, NY 10524

Richard R. Knabel

President

Riverkeeper, Inc 25 Wing & Wing Garrison, NY 10524 Form **8868** (December 2000)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury loternal Revenue Service

File a separate application for each return

OMB No 1545 1709

10101 12111		
•	are filing for an Automatic 3-Month Extension, complete only Part I and check this box are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this	► X
Note Do	not complete Part II unless you have already been granted an automatic 3-month extension on a pi	reviously filed Form 8868
Part I	Automatic 3-Month Extension of Time - Only submit original (no copies needed)	
All other	rm 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file incor Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 10	ne tax
Type or	Name of Exempt Organization	Employer identification number
P 1	RIVERKEEPER, INC	13-3204621
File by the que date for filing your return. See	Number, street, and room or suite no If a P O box, see instructions 25 WING & WING	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GARRISON, NY 10524	
Check ty	pe of return to be filed (file a separate application for each return)	
X For For For	m 990	227 989
	rganization does not have an office or place of business in the United States, check this box is for a Group Return enter the organization's four digit Group Exemption Number (GEN) If the lift is for part of the group, check this box and attach a list with the names and EINs of all	s is for the whole group, check this members the extension will cover
to f ► [quest an automatic 3-month (6 month, for 990-T corporation) extension of time until FEBRUARY lie the exempt organization return for the organization named above. The extension is for the organization calendar year or rand ending JUN 30, 2001	
2 If th	is tax year is for less than 12 months, check reason Initial return Initial return	Change in accounting period
	us application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any prefundable credits. See instructions	\$
	is application is for Form 990 PF or 990-T, enter any refundable credits and estimated payments made. Include any prior year overpayment allowed as a credit.	\$
	ance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with pon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	FTD \$ N/A
	Signature and Verification	
	ilties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the prescribed and complete and that I am authorized to prepare this form	best of my knowledge and belief,
	THE SEA	
Signature LHA Fo	or Paperwork Reduction Act Notice, see instruction	Date ► //~/5~~ Form 8868 (12-2000)