

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2002 calendar year, or tax year beginning 07/01, 2002, and ending 06/30/2003

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization RIVERKEEPER, INC.		D Employer identification number 13-3204621
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number (845) 424-4149
		25 WING & WING		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____
		City or town, state or country, and ZIP + 4 GARRISON, NY 10524		

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates _____

H(c) Are all affiliates included? (If "No," attach a list See instructions) ☐ Yes ☒ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN _____

M Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).G Web site: **WWW.RIVERKEEPER.ORG**J Organization type (check only one) ☒ 501(c) (03) (Insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **2,924,986.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received: STMT 1		
	a Direct public support	1a	2,773,976.
	b Indirect public support	1b	
	c Government contributions (grants)	1c	
	d Total (add lines 1a through 1c) (cash \$ 2,681,476. noncash \$ 92,500.)	1d	2,773,976.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments STMT. 2	4	11,159.
	5 Dividends and interest from securities	5	
	6a Gross rents	6a	
	b Less: rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7 Other investment income (describe _____)	7		
Expenses	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
	b Less: cost or other basis and sales expenses	8a	
	c Gain or (loss) (attach schedule)	8b	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	
	8d		
	9 Special events and activities (attach schedule)		
	a Gross revenue (not including \$ 658,580. of contributions reported on line 1a) STMT. 3. STMT. 4	9a	139,851.
	b Less: direct expenses other than fundraising expenses	9b	105,868.
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	33,983.
	10a Gross sales of inventory, less returns and allowances	10a	
	b Less: cost of goods sold	10b	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,819,118.	
Net Assets	13 Program services (from line 44, column (B))	13	2,729,986.
	14 Management and general (from line 44, column (C))	14	79,942.
	15 Fundraising (from line 44, column (D))	15	626,684.
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses (add lines 16 and 44, column (A))	17	3,436,612.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-617,494.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,084,589.	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,467,095.	

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25	241,667.	192,367.	11,842.
26 Other salaries and wages	26	908,184.	723,233.	44,451.
27 Pension plan contributions	27	16,751.	13,229.	1,450.
28 Other employee benefits	28	125,204.	110,609.	2,405.
29 Payroll taxes	29	86,606.	71,135.	4,239.
30 Professional fundraising fees	30	126,896.		126,896.
31 Accounting fees	31	23,406.	17,364.	843.
32 Legal fees	32			
33 Supplies	33	106,047.	45,287.	3,678.
34 Telephone	34	65,222.	57,320.	2,290.
35 Postage and shipping	35	114,065.	16,672.	747.
36 Occupancy	36	75,828.	17,315.	324.
37 Equipment rental and maintenance	37	26,159.	21,865.	887.
38 Printing and publications	38	117,730.	68,953.	1,159.
39 Travel	39	51,638.	35,308.	1,430.
40 Conferences, conventions, and meetings	40	3,343.	3,343.	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	25,144.	20,115.	1,257.
43 Other expenses not covered above (itemize) STMT 5	43a	1,322,722.	1,315,871.	2,940.
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	3,436,612.	2,729,986.	79,942.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See page 24 of the instructions.)What is the organization's primary exempt purpose? **ENVIRONMENTAL PROTECTION**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a STMT 6	
(Grants and allocations \$ _____)	
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services).	2,729,986.

Part IV Balance Sheets (See page 24 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	5,962.	45	-34,468.
	46 Savings and temporary cash investments	1,584,818.	46	836,917.
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a	476,280.	
	b Less: allowance for doubtful accounts	48b	356,875.	48c 476,280.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	12,572.	53	16,871.
	54 Investments - securities (attach schedule) STMT 7. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54	60,945.
	55a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a	227,724.		
b Less: accumulated depreciation (attach schedule)	57b	106,998.	57c 120,726.	
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	2,087,405.	59	1,477,271.	
Liabilities	60 Accounts payable and accrued expenses	2,816.	60	10,176.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)	2,816.	66	10,176.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,244,620.	67	979,066.
	68 Temporarily restricted	839,969.	68	488,029.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	2,084,589.	73	1,467,095.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	2,087,405.	74	1,477,271.

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.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 26 of the instructions.)

[illegible]

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Part VI Other Information (See page 27 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78 b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80 a	X
b If "Yes," enter the name of the organization: _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct or indirect political expenditures. See line 81 instructions	81 a	
b Did the organization file Form 1120-POL for this year?	81 b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	X
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	
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 owed for the prior year.		
c Dues, assessments, and similar amounts from members	85 c	
d Section 162(e) lobbying and political expenditures	85 d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86 a	
b Gross receipts, included on line 12, for public use of club facilities	86 b	
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87 a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89 b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a List the states with which a copy of this return is filed <input checked="" type="checkbox"/> NEW YORK		
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90 b	20
91 The books are in care of <input checked="" type="checkbox"/> THE ORGANIZATION Telephone no. <input checked="" type="checkbox"/> 845-424-4149 Located at <input checked="" type="checkbox"/> 25 WING & WING GARRISON NY ZIP +4 <input checked="" type="checkbox"/> 10524		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	11,159.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					33,983.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				11,159.	33,983.
105 Total (add line 104, columns (B), (D), and (E))					45,142.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
101	FUNDRAISING REVENUE TO FURTHER AWARENESS AND CONSERVATION OF THE HUDSON RIVER.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			


Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign  Date 2/27/04

Executive Director

Date 2/27/2004 Check if self- ☐ Preparer's SSN or PTIN (See Gen. Inst. W)

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 - (See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2002

Name of the organization

RIVERKEEPER, INC.

Employer identification number

13-3204621**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more 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
<u>JOHN LIPSCOMB</u> C/O RIVERKEEPER	BOAT CAPTAIN 40 HRS/WK	75,000.	NONE	NONE
<u>REED SUPER</u> C/O RIVERKEEPER	SENIOR ATTORNEY 40 HRS/WK	71,000.	2,025.	NONE
<u>DAVID GORDON</u> C/O RIVERKEEPER	SENIOR ATTORNEY 40 HRS/WK	67,667.	2,100.	NONE
<u>MARC YAGGI</u> C/O RIVERKEEPER	SENIOR ATTORNEY 40 HRS/WK	65,625.	1,369.	NONE
<u>JANET MACGILLVRAY</u> C/O RIVERKEEPER, INC.	SENIOR ATTORNEY 40 HRS/WK	61,000.	NONE	NONE
Total number of other employees paid over \$50,000	▶ NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>AVENGING ANGEL</u> 10 WEST 18TH ST., 9TH FL, NY, NY 10011	ADVERTISING	198,243.
<u>THINKTANK 3</u> 51 WEST 16TH ST., NEW YORK, NY 10011	ADVERTISING	318,395.
<u>HANFT BYRNE RABOY PARTNERS</u> 205 HUDSON ST., NEW YORK, NY 10013	ADVERTISING	237,963.
<u>MAL WARWICK & ASSOCIATES</u> 2550 9TH ST., #103, BERKELY, CA 94710	CONSULTING - PFR	75,951.
<u>NATURAL RESOURCES DEFENSE COUNCIL (NRDC)</u> 40 WEST 20TH ST., NEW YORK, NY 10011	CONSULTING	63,316.
Total number of others receiving over \$50,000 for professional services	▶ 5	

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

Schedule A (Form 990 or 990-EZ) 2002

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I or Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property? **2a** X

b Lending of money or other extension of credit? **2b** X

c Furnishing of goods, services, or facilities? **2c** X

STMT 11

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **2d** X

e Transfer of any part of its income or assets? **2e** X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) **3** X

- 4 Do you have a section 403(b) annuity plan for your employees? **4** X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)

The organization 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.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ 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). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ 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 ☐ 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 described 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)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,840,705	459,599	592,946	323,604	3,216,854
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	303,342	2,273,050	1,004,991	628,514	4,209,897
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	29,723	32,350	11,592	8,838	82,503
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's 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	STMT 12 1,433				1,433
23 Total of lines 15 through 22	2,175,203	2,764,999	1,609,529	960,956	7,510,687
24 Line 23 minus line 17	1,871,861	491,949	604,538	332,442	3,300,790
25 Enter 1% of line 23	21,752	27,650	16,095	9,610	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 66,016
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 620,904
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,300,790
d Add: Amounts from column (e) for lines: 18 82,503 19					
22 1,433 26b 620,904					26d 704,840
e Public support (line 26c minus line 26d total)					26e 2,595,950
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 78.6463 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2001) _____ (2000) _____ (1999) <u>NOT APPLICABLE</u> (1998) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____ c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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, 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? 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:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	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.)			

34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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 racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check ☐ **a** if the organization belongs to an affiliated group.
 Check ☐ **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000 20% of the amount on line 40	} 41		
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 \$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
Grassroots nontaxable					
48 amount					
Grassroots ceiling amount					
49 (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		<input checked="" type="checkbox"/>	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		<input checked="" type="checkbox"/>	
c Media advertisements		<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public		<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements		<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes		<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body		<input checked="" type="checkbox"/>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		<input checked="" type="checkbox"/>	
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

14

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization RIVERKEEPER, INC.	Employer identification number 13-3204621
	Number, street, and room or suite no. If a P.O. box, see instructions 25 WING & WING	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GARRISON, NY 10524	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

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

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

- 4 I request an additional 3-month extension of time until May 17, 2004.
- 5 For calendar year _____, or other tax year beginning 7/1, 2002 and ending 6/30, 2003.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension THE INFORMATION NECESSARY TO COMPLETE THE RETURN IS NOT AND WILL NOT BE AVAILABLE BY THE DUE DATE. THEREFORE, WE RESPECTFULLY REQUEST ADDITIONAL TIME TO PROPERLY COMPLETE THE RETURN.
- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

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

ACCOUNTANTS AUTHORIZED TO

FEB 10 2004

Signature ▶

Title ▶ **PREPARE RETURNS**

Date ▶

Notice to Applicant — To Be Completed by the IRS

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other _____

Director

By _____

Date

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name CONDON O'MEARA MCGINTY & DONNELLY LLP
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 3 NEW YORK PLAZA
	City or town, province or state, and country (including postal or ZIP code) NEW YORK, N.Y. 10004-2442

Form **8868**

(December 2000)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **Part I**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete **Part I** only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns.

Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization RIVERKEEPER, INC.	Employer identification number 13-3204621
	Number, street, and room or suite no. If a P.O. box, see instructions. 25 WING & WING	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GARRISON, NY 10524	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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

- 1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until Feb 14, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 ____ or
- ☒ tax year beginning 7/1, 2002, and ending 6/30, 2003.

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

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

Signature and Verification

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

ACCOUNTANTS AUTHORIZED TO

NOV 14 2003

Signature ►

Title ► **PREPARE RETURNS**

Date ►

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)

FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

=====

DESCRIPTION

AMOUNT

INTEREST INCOME

11,159.

TOTAL

11,159.

=====

FORM 990, PART I - EXCLUDED CONTRIBUTIONS
=====DESCRIPTION
-----AMOUNT

ANNUAL DINNER DANCE

658,580.

TOTAL

658,580.
=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
ANNUAL DINNER DANCE	139,851.	105,868.	33,983.
TOTALS	139,851.	105,868.	33,983.
	=====	=====	=====

FORM 990, PART II - OTHER EXPENSES
=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
INSURANCE	7,735.	7,165.	190.	380.
DUES AND SUBSCRIPTIONS	12,651.	9,449.	1,400.	1,802.
PROGRAM OUTREACH	900,146.	900,096.	50.	
TAXES AND REGISTRATION	1,872.	1,305.	539.	28.
UTILITIES	8,360.	6,291.	374.	1,695.
OTHER PROFESSIONAL FEES	391,595.	391,208.	387.	
MISCELLANEOUS	363.	357.		6.
TOTALS	1,322,722.	1,315,871.	2,940.	3,911.
	=====	=====	=====	=====

DEPRECIATION TAX SCHEDULE

ASSETS				ACCUMULATED DEPRECIATION			
KIND OF PROPERTY	BEGINNING BALANCE	ADDITIONS RETIREMENTS(R) SALE(S)	ENDING BALANCE	ALLOWED (OR ALLOWABLE) IN PRIOR YEARS	DEPRECIATION CLAIMED THIS YEAR	DEDUCTIONS RETIREMENTS(R) SALES(S)	ENDING BALANCE
OFFICE EQUIPMENT	86,971	18,692	105,663	48,442	17,689		0
							66,131
BOAT EQUIPMENT & IMPROVEMENTS	122,061		122,061	33,412	7,455		40,867
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FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
=====

DESCRIPTION

EXPENSES

HUDSON RIVER STEWARDSHIP; NYC RESERVOIR PROTECTION;
PREVENTION OF FISH KILLS BY POWER PLANTS; HUDSON RIVER
ACCESS IMPROVEMENT; CULTIVATION OF SIMILIAR RIVERKEEPER
PROGRAMS THROUGHOUT THE COUNTRY.

2,729,986.

TOTAL

2,729,986.
=====

RIYERKEEPER, INC.

13-3204621

FORM 990, PART IV - INVESTMENTS - SECURITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
SEE SCHEDULE ATTACHED	60,945.

TOTALS	60,945.
	=====

Riverkeeper, Inc.
6/30/2003
EIN: 13-3204621

Schedule of Investments

	<u>6/30/2003</u>		
	Number of shares owned	Price (fair market value)	Value
Calvert Social Investment Bond Fund (Class A)	1,896.35	\$ 16.341	\$ 30,988
FT-Franklin US GOVT Sec. (Class A)	4,335.30	\$ 6.910	\$ 29,957
Total	<u>6,231.65</u>		<u>\$ 60,945</u>

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
SPECIAL EVENT EXPENSES	105,868.

TOTAL	105,868.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN
=====

DESCRIPTION -----	AMOUNT -----
SPECIAL EVENT EXPENSES	105,868.

TOTAL	105,868.
	=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME		COMPENSATION	CONTRIBUTIONS		EXPENSE ACCT.
	DEVOTED TO POSITION	DEVELOPED TO POSITION		TO EMPLOYEE	BENEFIT PLANS	AND OTHER ALLOWANCES
JOHN HANNAN C/O RIVERKEEPER, INC. 25 WING & WING GARRISON, NY 10524	CFO 40 HRS/WK		106,667.	3,200.		NONE
SEE ATTACHED SCHEDULE	1-3 HRS/WK		NONE	NONE		NONE
ALEX MATTHIESSEN C/O RIVERKEEPER, INC. 25 WING & WING GARRISON, NY 10524	EXECUTIVE DIRECTOR 40 HRS/WK		135,000.	4,050.		NONE
GRAND TOTALS			241,667.	7,250.		NONE

Riverkeeper Board of Directors 2003

Name	Position	Time Devoted	Address	Expense Allowance	Compensation	Contribution to Employee Benefit Plan
Richard R. Knabel 2004	President	As Needed	c/o Organization	None	None	None
Robert F. Kennedy, Jr. 2004	President	As Needed	c/o Organization	None	None	None
George Hornig 2003	Treasurer	As Needed	c/o Organization	None	None	None
Peggy Cullen 2003	Secretary	As Needed	c/o Organization	None	None	None
John P. Abplanalp 2004	Executive Committee	As Needed	c/o Organization	None	None	None
Ann Colley 2003	Executive Committee	As Needed	c/o Organization	None	None	None
Brenda L. Boozer 2005		As Needed	c/o Organization	None	None	None
Lorraine Bracco 2004		As Needed	c/o Organization	None	None	None
Ronald A. DeSilva 2003		As Needed	c/o Organization	None	None	None
Hamilton Fish 2003		As Needed	c/o Organization	None	None	None
Robert Gabrielson 2003		As Needed	c/o Organization	None	None	None
Arthur Glowka 2004		As Needed	c/o Organization	None	None	None
Anne Hearst 2005		As Needed	c/o Organization	None	None	None
Henry Lewis Kingsley 2005		As Needed	c/o Organization	None	None	None
Karen Kelly Klopp 2005		As Needed	c/o Organization	None	None	None
Dr. Howard A. Rubin 2006		As Needed	c/o Organization	None	None	None
Seymour Schwartz 2006		As Needed	c/o Organization	None	None	None
Key Employees						
Alex Matthiessen	Executive Director	In Access of 40 Hrs.	c/o Organization	None	135,000 05	4,050 00
John Hannan	Chief Financial Officer	In Access of 40 Hrs	c/o Organization	None	106,666 72	3,200 00

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE FORM 990 PART V

SCHEDULE A, PART IV-A - OTHER INCOME
=====

DESCRIPTION -----	2001 ----	2000 ----	1999 ----	1998 ----	TOTAL -----
OTHER REVENUE	1,433.				1,433.
	-----	-----	-----	-----	-----
TOTALS	1,433.				1,433.
	=====	=====	=====	=====	=====