Department of the Treasury Internal Revenue Service

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**Short Form** 

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

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year. ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2003

OMB No 1545-1150

Open to Public Inspection

Α	For the	2003 calendar ye	ar,	or tax year beginning , 2003, and e	ending	_			, 20	
В	3 Check if applicable Please C Name of organization D Emp								ntification number	
П	Address change use IRS label or Canoochee Riverkeeper, Inc.						•			
一							58 2636669			
Ħ	Initial retu	2 I print	Of	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	te E Telephone number				
Ħ	Final retu	34.		PO Box 263		( 478	3)2	289	-6523	
H	Amended	Speci		City or town, state or country, and ZIP + 4	•	F Group	Eve		ntion	
Ħ		on pending tions.		Swainsboro,GA 30401		Numb				
=			_							
	• Secti			itions and 4947(a)(1) nonexempt charitable trusts must attach		-		3	☐ Cash ☑ Accrual	
		a c	:ОП	pleted Schedule A (Form 990 or 990-EZ).	Othe	r (specify)	<u> </u>			
				-h-ulul	H Chec	:k ▶ 🔲	ıf th	ie c	organization	
1	Websit	te:   www.can	00	cheriverkeeper.org		t required				
J	Organiz	zation type (check	on	ly one)— ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527	Sche	dule B (Fo	orm 9	990	, 990-EZ, or 990-PF)	
		_		n's gross receipts are normally not more than \$25,000 The organi		not file o			unth the IDC had date	
,										
_				990 Package in the mail, it should file a return without financial da						
				e 9 to determine gross receipts, if \$100,000 or more, file Form 990 inste			_		70,800	
Ľ	art I	Revenue, Exp	pei	ises, and Changes in Net Assets or Fund Balances	(See pac	<u>je 37 of</u>	<u>the</u>	<u>ın</u>	structions.)	
	1	Contributions, q	ıfts	grants, and similar amounts received			1		70,755	
	2	_		evenue including government fees and contracts			2		-0-	
	3	-		and assessments			3	$\top$	-0-	
	1 .						4	+	45	
	4	idveznuêtir ilibb	JITI				<i>,,,,,,</i>	<del>/</del>		
	5a	Gross amount	fror	n sale of assets other than inventory		-0-		<b>%</b>		
	b	Less cost or o	the	r <sub>c</sub> başısı and sales expenses <u>5b</u>		-0-				
٠.	C			sale of assets other than inventory (line 5a less line 5b) (at	tach schec	lule)	5c	:	-0-	
Revenue	6			activities (attach schedule) If any amount is from gaming, che						
퉏	а			t'including \$ of contributions						
ě	"					-0-				
Œ	l .	reported on line		I I		-0-				
	b			ses other than fundraising expenses <u>6b</u>		-0-				
	c Net income or (lo		(los	s) from special events and activities (line 6a less line 6b) .			6c		<u>-0-</u>	
	7a	Gross sales of	ınv	entory, less returns and allowances		-0-	<i>V////</i>			
	b	Less: cost of g	000	ds sold		-0-				
	C			ss) from sales of inventory (line 7a less line 7b)			7c	:	-0-	
	8	Other revenue					8	$\top$	-0-	
	9			d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)			9		70,800	
	10					· · · · · ·	10	_	-0-	
				amounts paid (attach schedule)	•		11	-	-0-	
(0	11			for members			-	_		
Š	12			mpensation, and employee benefits			12	-	23,924	
Expenses	13	Professional fee	es a	and other payments to independent contractors			13	1	-0-	
Ř	14	Occupancy, rer	nt, (	utilities, and maintenance			14		3,982	
ΙÚ	15	Printing, publica	atıc	ns, postage, and shipping			15		5,183	
	16	Other expenses	s (c	escribe Program Service Expenses		. )	16	Т	9,488	
	17			dd lines 10 through 16)			17	$\neg$	42,577	
<u></u>	18			for the year (line 9 less line 17)			18	_	28,223	
Net Assets	1									
155	19			d balances at beginning of year (from line 27, column (A))				- 1	43,756	
4	1	end-of-year figi	ıre	reported on prior year's return)			19		· · · · · · · · · · · · · · · · · · ·	
Š	20			net assets or fund balances (attach explanation)			_20	-	-0-	
_	21			balances at end of year (combine lines 18 through 20) .			21		71,979	
Р	art II	Balance Shee	ets	—If Total assets on line 25, column (B) are \$250,000 or more	re, file Forr	n 990 ins	teac	<u>o t</u>	f Form 990-EZ.	
			(S	ee page 40 of the instructions)	(A) Be	ginning of y	/ear		(B) End of year	
2	2 Casi	n, savings, and i		stments		43,7	56	22	56,408	
2							-0-		-0-	
2	4 Otha	r accete (decemb		Receivables and Prepaids			-0-		15,571	
	· [-						56			
					<del>                                     </del>					
20				energy (line 27 of column (P) must earne with line 21)			-0-			
2				ances (line 27 of column (B) must agree with line 21)	<u> </u>	43,7	20	27	71,979	
FO	r Papen	work Reduction A	ct	Notice, see the separate instructions. Cat N	lo 10642I				Form <b>990-EZ</b> (2003)	



See Schedule (1)   (Grants \$   29a   11]		Statement of Program Service Accord	nplishments (See page 4	1 of the instruction	ns.)		Expenses
Secible the services provided, the number of persons benefited, or other relevant information for each program rate.  See Schedule (1)    Grants \$   28a   2	at is the	organization's primary exempt purpose?			<u> </u>		
See Schedule (1)    Grants \$   29a   11	scribe wi	hat was achieved in carrying out the organiz	zation's exempt purposes In	n a clear and conc	ise manner,	and 4	1947(a)(1) trusts,
See Schedule (1)    Grants \$   28a   28			enefited, or other relevant info	ormation for each p	rogram title.	option	nal for others)
See Schedule (1)    Grants \$   28a   2	See So	chedule (1)					
See Schedule (1)    Grants \$   29a						}	
See Schedule (1)  Other program services (attach schedule) (Grants \$ ] 30a 12  Other program services expenses (add lines 28a through 31a) \$ 2 2 25  Other program services expenses (add lines 28a through 31a) \$ 2 2 25  Other program services expenses (add lines 28a through 31a) \$ 2 2 25  Other program services expenses (add lines 28a through 31a) \$ 2 2 25  Other July List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 41 of the instructions) (A) Name and address (B) Title and average devoted to position (B) Compensation (D) Contrators to (D) Contr				Grants \$	)	28a	2248
See Schedule (1)  Other program services (attach schedule)	See So	chedule (1)					
See Schedule (1)  Other program services (attach schedule)						1 ]	44046
Other program services (attach schedule) (Grants \$ ) 30a 12  Total program service expenses (add lines 28a through 31a)   (Grants 5 ) 31a 2  Total program service expenses (add lines 28a through 31a)   (Grants 5 ) 31a 2  Total program service expenses (add lines 28a through 31a)   (Grants 5 ) 31a 2  Total program service expenses (add lines 28a through 31a)   (Grants 6 )   (Gra			(0	Grants \$	)_	29a	11219
Other program services (attach schedule)  Other program services expenses (add lines 28a through 31a)  List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 41 of the instructions)  (A) Name and address  (B) Title and average hours program and address  (B) Compensation (C) Compensation (C) Compensation (D) Contributors to deferred compensation and address of the instructions of the instructions of the instructions of the reference of the capability of the charge of the charges of the organization and anome from business activates, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T or this year?  Did the organization had more from business activates, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T or this year?  Was there a liquidation, dissolution, termination, or substantial contraction during the year? (if "Yes," attach a statement) and the organization hor year and still unpaid at the start of the period covered by this return?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  Did the organizations. Enter: a Initiation fees and capital contributions included on line 9, for public use of club facilities  Did (C) Compensations. Enter Amount of tax imposed on the organization during the year under 4912, 4955, and 4958  Did (C) Compensations. Programization managers or disqualified persons during the year under 4912, 4955, and 4958  Did (C) Compensation o	See So	chedule (1)				1 1	
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List of Officers, Directors, Trustees, and Key Employees (Lust each one even if not compensated. See page 41 of the Instructions)   (A) Name and address   (B) Title and werage hours per week devoted to position   (I) Compensation   (I) Com							-0
(A) Name and address  (B) Title and average (C) Compensation (D) Contributions to employee benefit plans a caccount and hours get week devoted to position  (I'm to paid, enter -0)  (I'm to paid enter -0)  (I'm to paid, enter -0)  (					· · · -		26160
the Schedule (2)  The Volter Information (Note the attachment requirement in General Instruction V, page 14.)  The organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Were any changes made to the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Were any changes made to the organization engage in any activity such as at hose reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T for this year?  The share a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement) and income from 990-T for this year?  The little organization flee Form 1120-POL for this year?  Did the organization flee Form 1120-POL for this year?  Did the organization flee Form 1120-POL for this year?  If Yes," attach the schedule specified in the line 38 instructions and enter the amount involved \$39a and \$301(c)(3) organizations. Enter: a Initiation fees and capital contributions included on line 9 and \$39a and \$301(c)(3) organizations. Enter: almost of the organization during the year under section 4911 \$39a and \$40 organizations. Enter Amount of tax imposed on the organization from a prior year? If "Yes," attach an explanation.  Section 4912 \$\$\infty\$ conganizations of the organization of the orga	art IV	List of Unicers, Directors, Trustees, and Key					
Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Were any changes made to the organization place of the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. attach a statement explaining your reason for not reporting the income on Form 990-T at 10th the organization have surrelated business gross income of \$1,000 or more of 6033(e) notice, reporting, and proxy tax requirements?  If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement) at Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   -0-b   10 the organization file Form 1120-POL for this year?  But the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prot year and still unpaid at the start of the period covered by this return?  If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 of organizations. Enter: Amount of tax imposed on the organization during the year under section 4911			hours per week	(If not paid,	employee benefit	plans &	account and other allowances
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Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes  If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but  not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T  Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)  Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911   section 4912   section 4912   section 4915   Section 4915   Section 4916   section 4917   section 4918   section 4918   section 4918   section 4918   section 4919   section 49			<del></del>				
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501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ▶	Was the Enter Did the Did the such If "Yes 501(c)	here a liquidation, dissolution, termination, or amount of political expenditures, direct or in the organization file <b>Form 1120-POL</b> for this the organization borrow from, or make any loans made in a prior year and still unpaid s," attach the schedule specified in the line 38 (17) organizations. Enter: a Initiation fees an	substantial contraction during direct, as described in the syear?	ing the year? (If "Yes instructions	s," attach a st 37a		0- ///////////////////////////////////
section 4911 \( \) section 4912 \( \) section 4955 \( \) 501(c)(3) and (4) organizations 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 an explanation.  Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 \( \) Inter: Amount of tax on line 40c, above, reimbursed by the organization.  List the states with which a copy of this return is filed. \( \) Georgia  The books are in care of \( \) Canoochee Riverkeeper  Telephone no. \( \) (478 ) 289-6523  Located at \( \) 131 College Circle, Swainsboro, GA  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year \( \) 43  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know 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.		•			19D		<i>\\\\\\</i>
501(c)(3) and (4) organizations 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 an explanation.  Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶  List the states with which a copy of this return is filed. ▶  Canoochee Riverkeeper  Telephone no. ▶ (478) 289-6523  Located at ▶ 131 College Circle, Swainsboro, GA  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief. It is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief. It is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief. It is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief. It is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief. It is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief. It is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief.					_		
year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation							
List the states with which a copy of this return is filed. ► Georgia  The books are in care of ► Canoochee Riverkeeper  Located at ► 131 College Circle, Swainsboro, GA  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief. It is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief. It is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief. It is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief. It is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief. It is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief. It is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief. It is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief. It is true, correct and correct has a correct			t transaction from a prior ye	ar? If "Yes," attac	h an explana	ition	
List the states with which a copy of this return is filed.   Georgia  The books are in care of Canoochee Riverkeeper  Located at 131 College Circle, Swainsboro, GA  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year   43    Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know 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.	-						
The books are in care of ► Canoochee Riverkeeper  Located at ► 131 College Circle, Swainsboro, GA  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known asse	Amour						
Located at   131 College Circle, Swainsboro, GA  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year .   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known asse  The state of the state	: Amour	: Amount of tax on line 40c, above, reimbu	rsed by the organization .				
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year   43    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known asses.	Amour Enter: List th	: Amount of tax on line 40c, above, reimbu	rsed by the organization . led. ► Georgia		•		
and enter the amount of tax-exempt interest received or accrued during the tax year >   43    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known asset in the property of the pr	Amour Enter: List th The b	Amount of tax on line 40c, above, reimbure states with which a copy of this return is fit books are in care of Canoochee Riverk	rsed by the organization . led. ► Georgia eeper	 Telep	▶	( 478 )	289-6523
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known asse  The property of the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known asset to the penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any known asset to the penalties of the pe	Amour Enter: List th The b	e Amount of tax on line 40c, above, reimbur ne states with which a copy of this return is fi books are in care of ► Canoochee Riverk ed at ► 131 College Circle, Swainsboro	rsed by the organization . led. ► Georgia eeper , GA	Telep	▶ hone no. ▶ ZIP + 4 ▶	( 478 )	289-6523
Thy Ilis Holland march 9, 2	Amour I Enter: List th The b Locate Section	e Amount of tax on line 40c, above, reimbure states with which a copy of this return is five ooks are in care of ► Canoochee Riverked at ► 131 College Circle, Swainsboro on 4947(a)(1) nonexempt charitable trusts five	rsed by the organization . led. ► Georgia eeper , GA iling Form 990-EZ in lieu of	Telep	hone no. ► ZIP + 4 ► ck here ►	( 478 )	289-6523
	d Enter: List th The b Locate	a Amount of tax on line 40c, above, reimbure states with which a copy of this return is fit tooks are in care of ► Canoochee Riverked at ► 131 College Circle, Swainsboro on 4947(a)(1) nonexempt charitable trusts fit enter the amount of tax-exempt interest rec	rsed by the organization led. ▶ Georgia eeper , GA iling Form 990-EZ in lieu of eived or accrued during the	Telep Form 1041—Che a tax year	hone no. ►  ZIP + 4 ►  ck here ►  43	( 478 ) 30401	) 289-6523 I
Treasurer	Amour d Enter: List th The b Locate Section and e	Amount of tax on line 40c, above, reimbure states with which a copy of this return is fived at ► 131 College Circle, Swainsboro on 4947(a)(1) nonexempt charitable trusts fineter the amount of tax-exempt interest recurded penalties of perjury. I declare that I have examined belief, it is true, correct, and complete Declare that I have exempt interest recurded belief. It is true, correct, and complete Declare that I have exempt interest recurrence.	rsed by the organization led.  Georgia eeper GA iling Form 990-EZ in lieu of eived or accrued during the lined this return, including accompation of preparer (other than office	Telep Form 1041—Che tax year panying schedules and r) is based on all inform	hone no. ►  ZIP + 4 ►  ck here ►  43    statements, and nation of which	( 478 ) 30401	) 289-6523 I

3/3/04 self-employed ► ✓

259-19-0015

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## 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

Employer identification number

OMB No 1545-0047

Canochee Hiverkeeper, inc.			30 2030009	
Part 1 Compensation of the Five High (See page 1 of the instructions. L	est Paid Employees Of ist each one. If there ar	ther Than Office e none, enter "N	ers, Directors, a lone.")	nd Trustees
(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
n/a				
Total number of other employees paid over				
\$50,000				
Part II Compensation of the Five High (See page 2 of the instructions. List				
(a) Name and address of each independent contractor	paid more than \$50,000	<b>(b)</b> Type	of service	(c) Compensation
n/a				
···				·····
Total number of others receiving over \$50,000 for				
professional services				

_		•
Pad	е	4

Pa	rt II	Statements About Activities (See page 2 of the instructions.)		Yes	No
ì	atte or	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities  \$ 448 (Must equal amounts on line 38, t VI-A, or line i of Part VI-B)	1	✓	
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other janizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities.			
2	sub wit ow	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or h any taxable organization with which any such person is affiliated as an officer, director, trustee, majority ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions)			
а	Sal	le, exchange, or leasing of property?	2a		<i>√</i>
b		nding of money or other extension of credit?	2b		<b>√</b>
С		rnishing of goods, services, or facilities?	2c		✓
đ	Pa	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		<u>/</u>
е	Tra	insfer of any part of its income or assets?	2e		✓
3a		you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how			✓
		determine that recipients qualify to receive payments)	3a		<b>√</b>
b		you have a section 403(b) annuity plan for your employees?	3b		<u> </u>
<u> </u>	on	I you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4		<b>✓</b>
Pa	rt I\	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	orga	inization 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 hosp and state ▶			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section (Also complete the <b>Support Schedule</b> in Part IV-A)	on 170	(b)(1)(	A)(iv)
11a	Z	An organization that normally receives a substantial part of its support from a governmental unit or from the Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)	e gen	eral p	ublic
11b		A community trust. Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)			
12		An organization that normally receives. (1) more than 331/3% of its support from contributions, membership receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no moi its support from gross investment income and unrelated business taxable income (less section 511 tax) from bus by the organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV	r <b>e thai</b> sinesse	1 331/	% of
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and suppodescribed 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)(3))			
		Provide the following information about the supported organizations (See page 5 of the instructions)		_	
		(a) Name(s) of supported organization(s)  (b) Line from	numbe		
				_	
14		An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instruct	ions )		

15 Gifs. grants, and contributions received (Do not include unusual grants See line 28).  16 Membership fees received.  17 Giross receipts from admissions, merchandise feacities in any activity that is related to the organization's charitable, etc. purpose.  18 Giross income from interest, dividends, amounts received from payments on securities floaris (section 512(8))6, incst, oyalues, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization ofter June 30, 1915  19 Net income from interested business activities on tincluded in line 18 or 13 across the control of the organization's benefit and either paid to it or expended on its behalf.  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 0 not include the value of services or facilities furnished to the organization by a governmental unit without charge 0 not include the value of services of facilities and the payment of the organization of the organization by a governmental unit without charge 0.  22 Other morne Attach a schedule Do not include the value of services of facilities for the organization by a governmental unit without charge 0.  23 Total of lines 15 through 22. 70,800 33,627 104,42  24 Line 23 minus line 17. 70,800 33,627 104,42  25 Enter 196 of line 23 708 336  26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. ▶ 28.  26 Departmental unit or publicly supported organization) whose total grifs for 1899 through 2002 exceeded the amount shown in line 25a Do not fills this list with your return. Enter the total of all these excess amounts be 10 and 10 across the color of th	Note	t IV-A Support Schedule (Complete only: You may use the worksheet in the instructions	for converting fr	om the accrual to	the cash metho	cash meth od of accou	od of inting	
not include unusual grants. See line 29.   70,755   33,570   104,32    10	Cale	ndar year (or fiscal year beginning in) . >	(a) 2002	<b>(b)</b> 2001	<b>(c)</b> 2000	(d) 19	99	(e) Total
17 Gross receipts from admissions, merchandse sold or services performed, or furnishing of facilities in any activity that its related to the organization's chantable, etc., purpose.  18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512 (alg(6)), rents, royalties, and urrelated business taxable income fless section 510 taxes) from businessis taxable income fless section 510 taxes from businessis taxable income fless section 510 taxes from businessis taxable income fless section 510 taxes from turcluded in line 18 .  19 Net income from urrelated business activities not included in line 18 .  20 Tax revenues levided 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 upublic without charge on the full dependent of the organization by a governmental unit without charge on the full dependent of the public without charge on the full dependent of the public without charge or the full dependent of the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities from the facilities of the facilities of the public without charge or facilities from the facilities of the public without charge or facilities from the facilities of the facilities	15	· · · · · · · · · · · · · · · · · · ·	70,755	33,570				104,325
17 Gross receipts from admissions, merchandse sold or services performed, or furnishing of facilities in any activity that its related to the organization's chantable, etc., purpose.  18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512 (alg(6)), rents, royalties, and urrelated business taxable income fless section 510 taxes) from businessis taxable income fless section 510 taxes from businessis taxable income fless section 510 taxes from businessis taxable income fless section 510 taxes from turcluded in line 18 .  19 Net income from urrelated business activities not included in line 18 .  20 Tax revenues levided 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 upublic without charge on the full dependent of the organization by a governmental unit without charge on the full dependent of the public without charge on the full dependent of the public without charge or the full dependent of the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities generally furnished to the public without charge or facilities from the facilities of the facilities of the public without charge or facilities from the facilities of the public without charge or facilities from the facilities of the facilities	16	Membership fees received						
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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 unt 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 the value of services or facilities generally furnished to the public without charge  23 Total of lines 15 through 22. 70,800 33,627 104,42  24 Line 23 minus line 17. 70,800 33,627 104,42  25 Enter 196 of line 23 708 336  26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. 26 28  26 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 2002 exceeded the amount shown in line 26 ab Do not file this list with your return. Enter the total of all these excess amounts be amount shown in line 26 ab Do not file this list with your return. Enter the total of all these excess amounts be a considered or services and the services amounts be a considered organization of the consideration of the cons	18	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						
Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.  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 organization by a governmental unit without charge Do not include gain or (loss) from sale of capital assets  Total of lines 15 through 22.  Total support for section 509(a)(1) test Enter line 24, column (e)  Add Amounts from column (e) for lines 18  Disport process of columns (e) for lines 18  Disport process of public support (line 26c minus line 26d total)  Public support precentage (line 26e (numerator) divided by line 26c (denominator))  Total of this list with your return. Enter the sum of such amounts from each person (brown on a "disqualified person Do not file this list with your return. Enter the sum of such amounts for each year from, each "disqualified person Do not file this list with your return. Enter the sum of such amounts for each year from, each "disqualified person Do not file this list with your return. Enter the sum of such amounts for each year from, each "disqualified person Do not file this list with your return. Enter the sum of such amounts for each year from each year of (1) the amount on line 25 for the year of (2) 55.00 (Include in the list organizations described on lines 15 that was more than the larger of (1) the amount on line 25 for the year of (2) 55.00 (Include in the list organiz	19							
the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge  2  Other income Attach a schedule Do not include gain or gloss) from sale of capital assets  45	20	Tax revenues levied for the organization's benefit and either paid to it or expended on						
nclude gain or (loss) from sale of capital assets 45 57 104 of lines 15 through 22 70,800 33,627 104,42 1 Line 23 minus line 17 70,800 33,627 104,42 104,42 1 Line 23 minus line 17 70,800 33,627 104,42 104	21	the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the						
Total of lines 15 through 22. 70,800 33,627 104,42  Line 23 minus line 17. 70,800 33,627 104,42  Enter 1% of line 23 708 336 26  Description of line 24	22	Other income Attach a schedule Do not						
24 Line 23 minus line 17		include gain or (loss) from sale of capital assets	45	57				102
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	23		70,800	33,627				104,427
Description of the properties		Line 23 minus line 17	70,800	33,627				104,427
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 1999 through 2002 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts    26b 400  c Total support for section 509(a)(1) test Enter line 24, column (e)    27c 102 26b 4000    28c 104,42  28c 104  28c 104,42  28c 104  28c 10	25	Enter 1% of line 23	708	336				
governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts > 26b	26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e), line 24	▶	26a	2088
governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts > 26b	ь	Prepare a list for your records to show the name	ne of and amoun	t contributed by	each person (oth	er than a		
amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts    C Total support for section 509(a)(1) test Enter line 24, column (e)								
d Add* Amounts from column (e) for lines 18 0 19 0 22 102 26b 4000							26b	4000
e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator))  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 on tile this list with your return. Enter the sum of such amounts for each year  (2002)	C	Total support for section 509(a)(1) test Enter III	ne 24, column (e	1		▶	26c	104,427
Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numerator) divided by line 26c (denominator))  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  (2002)	d	Add: Amounts from column (e) for lines 18	0	19	0			
Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numerator) divided by line 26c (denominator))  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  (2002) (2001) (2000) (1999)  For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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) \$5.00 (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  (2002) (2001) (2000) (1999)  C Add. Amounts from column (e) for lines: 15		22	102	26b40	<u>00</u>	▶	26d	4102
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  (2002) (2001) (2000) (1999)  b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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) \$5,00 (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 (2002) (2001) (2000) (1999)  c Add. Amounts from column (e) for lines 15 16 27d Add Line 27a total and line 27b total	е					▶	26e	100,325
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  (2002)	f	Public support percentage (line 26e (numera	tor) divided by I	ine 26c (denomi	nator))	▶	26f	96 %
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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) \$5,00 (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 (2002) (2001) (2000) (1999)  c Add. Amounts from column (e) for lines: 15	27	person," prepare a list for your records to show	the name of, and	total amounts rec	eived in each yea	vere receive ar from, eac	ed from	m a "disqualified qualified person "
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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) \$5,00 (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 (2002) (2001) (2000) (1999)  c Add. Amounts from column (e) for lines: 15		(2002) (2001)		. (2000)		. (1999) .		
17 20 21	b	For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year	ved from each per year, that was mo 5 through 11, as v the larger amoun	son (other than "d re than the larger vell as individuals.) t described in (1) o	squalified person of (1) the amount <b>Do not file this li</b> or (2), enter the s	s"), prepare on line 25 f <b>st with you</b> um of these	a list for the y r return e differe	or your records to year or (2) \$5,000 n. After computing ences (the excess
17 20 21								
d Add Line 27a total and line 27b total 27d    e Public support (line 27c total minus line 27d total)	C						, ,	1
e Public support (line 27c total minus line 27d total)						▶		· · · · · · · · · · · · · · · · · · ·
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f	ď						$\vdash$	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	е					▶	27e	mmmmm.
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). > 27h	f							
		Public support percentage (line 27e (numera	tor) divided by I	ine 27f (denomin	ator))	▶	_	%
		· · · · · · · · · · · · · · · · · · ·			<del>· · · · · · · · · · · · · · · · · · · </del>			%

## 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)

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	Yes	No
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?	31		
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)			
32 a	Does the organization maintain the following:  Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
d	with student admissions, programs, and scholarships?	32c 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  Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d e	Scholarships or other financial assistance?	33d 33e		
f	Use of facilities?	33f		<u>-</u>
g h	Athletic programs?	33g 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?	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		

Pa	t VI-A Lobbying Expenditures by EI  (To be completed ONLY by an				e instructions	s.)
Che	ck ▶ a ☐ If the organization belongs to an affilia	<del></del>		<u>.</u>	and "limited conti	ol" provisions apply
	Limits on Lobbyi (The term "expenditures" mea	• •			(a) Affiliated grou totals	To be completed for ALL electing organizations
36 37 38 39 40 41 41	Total lobbying expenditures to influence public Total lobbying expenditures to influence a legis Total lobbying expenditures (add lines 36 and Other exempt purpose expenditures (add lines Lobbying nontaxable amount Enter the amount If the amount on line 40 is—  Not over \$500,000 20% Over \$500,000 but not over \$1,000,000 . \$100,000 cver \$1,000,000 but not over \$1,500,000 . \$175,000 cver \$17,000,000 but not over \$17,000,000 . \$225,0000 crassroots nontaxable amount (enter 25% of its Subtract line 42 from line 36. Enter -0- if line 45 Subtract line 41 from line 38. Enter -0- if line 45	slative body (dired) 37)	ct lobbying)	39 40 300,000 000,000 300,000 41 42 42 43		
	Caution: If there is an amount on either line 43  4-Year Av  (Some organizations that made a section See the instructions for	eraging Period on 501(h) election for lines 45 throug	d Under Section	on 501(h) complete all of the	ons)	<del></del> .
	Calendar year (or fiscal year beginning in) ▶	(a) 2003	<b>(b)</b> 2002	(c) 2001	(d) 2000	(e) Total
45	Lobbying nontaxable amount	· · · · · · · · · · · · · · · · · · ·	×		NI III	
46	Lobbying ceiling amount (150% of line 45(e)).					
47	Total lobbying expenditures					
49 50 Pa	Grassroots nontaxable amount	cting Public C	harities			
Durii atter	ng the year, did the organization attempt to influence public opinion on a legislative n	uence national, st	ate or local legis	lation, including	<del> </del>	
b c d e	Mailings to members, legislators, or the public Publications, or published or broadcast statem	ents	•	c through h.) .		400
f g h i	Grants to other organizations for lobbying purp Direct contact with legislators, their staffs, government	ernment officials,	•	•	· · /	48
-	Rallies, demonstrations, seminars, conventions Total lobbying expenditures (Add lines c through if "Yes" to any of the above, also attach a stat		_			448

Pa	rt VII			ransfers To and Trans e page 12 of the instruct		Relationships	With	None	chari	table
51				indirectly engage in any of the 1(c)(3) organizations) or in sec					d in s	ection
а				to a noncharitable exempt or		· 5 F 5		-	Yes	No
_		•		· · · · · · · · · · · · · · · · · · · ·	gamzadon or			51a(i)		1
		Other assets					•	a(ii)		1
ь		r transactions					•			,
			es of assets with a	noncharitable exempt organiz	zation			ь(i)		<b>/</b>
	• • •	5		table exempt organization .				b(ii)		1
				ner assets				b(iii)	ĺ	1
			rrangements					b(iv)	Ī	1
			•				• •	b(v)	Ì	1
		U		ship or fundraising solicitation			•	b(vi)		1
c				sts, other assets, or paid emp				С		1
	If the	e answer to any of ls, other assets, o	the above is "Yes," r services given by	complete the following schedule the reporting organization. If column (d) the value of the go	ule Column (b) s the organizatio	hould always show n received less tha	the fair n fair n	market narket	value value	of the in any
_	a)	(b)		(c)		(d)				
	e no	Amount involved	Name of nonc	tharitable exempt organization	Description of	of transfers, transaction	s, and sh	nanng aπ	angem	ents
			_		<u> </u>				<u> </u>	
									•	
									-	
					-		-			
		,								
	1									
	desc	ribed in section 56 es," complete the (a)	01(c) of the Code (of following schedule	(b)		(c)	. ▶	☐ Yes	s [	No.
		Name of organiz	zauon	Type of organization		Description of re	iationsnip	···		
	-									
					-					
_										
					_				-	
					<del></del>	<del></del>				<del></del>
						<del></del>				
					-					
				❸	·	Schedule	A (Forn	n 990 or	990-E	Z) 2003

CANOOCHEE RIVERKEEPER, INC. FEIN: 58-2636669 FORM: 990EZ **YEAR: 2003** PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS SCHEDULE(1) LINE 28 - ADVOCACY- Promote protection of the Canoochee River through enhanced 2,248 legislation and enforcement of environmental regulations. 2 hours per week for program. LINE 29 - PUBLIC EDUCATION/ OUTREACH - Educate communities on the 11,219 importance of clean water through presentations, cleanup and citizen monitoring. 15 hours per week for program LINE 30 - WATER QUALITY MONITORING- Actively monitor the Canoochee River 12,699 and streams, respond to citizen complaints, and conduct permit reviews 16 hours per week for program SCHEDULE A PART IV-A LINE 22 - INTEREST INCOME 45

LINE D - FORWARD E-MAILS FROM GA ENVIROMENTAL ACTION NETWORK AND OTHER LISTSERVES TO MEMBERS - EXP. FOR STAFF TIME

LINE G- LETTERS TO LEGISLATURES - EXP. STAFF TIME

400

48

SCHEDULE A PART VI-B

CANOOCHEE RIVERKEEPER, INC. FEIN: 58-2636669 FORM: 890EZ

YEAR: 2003

## SCHEDULE B

PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE/ HOURS PER WK	COMPENSATION	EMPLOYEE BENEFITS	OTHER ALLOWANCES
CHANDRA BROWN	CANOOCHEE	20,000	l	
PO BOX 263	RIVERKEEPER			
SWAINSBORO, GA 30401	50 HOURS			
MIKE BONEY	BOARD MEMBER			-
2299 ALLEN SIKES ROAD				
CLAXTON, GA 30417	1 HOUR			
LINDA BURKHALTER	SECRETARY			
208 INDIGO RD				
CLAXTON, GA 30417	2 HOURS			
PERRY LEE DELOACH	BOARD MEMBER	-		
705 GOODGE ST				
CLAXTON, GA 30417	5 HOURS			
DEAN GIRARDEAU	BOARD MEMBER	-		
PO BOX 24201				
ST SIMON ISLAND, GA 31522	1 HOUR			
PHYLLIS HOLLAND	TREASURER	-		-
220 DEAN FOREST RD				
GARDEN CITY, GA 31408	2 HOURS			
PHIL ODOM	BOARD MEMBER	-		-
287 CASSELS RD.				
HINESVILLE, GA 31313	1 HOUR			
JAMES REICHARD	BOARD MEMBER	-		
DEPT OF GEOLOGY				
PO BOX 8149	1 HOUR			
STATESBORO, GA 30460				
GREG ROBERTS	BOARD MEMBER	-		-
PO BOX 128				
REGISTER, GA 30452	1 HOUR			
DON STACK	CHAIRMAN	-		-
800 FLATIRON BLDG				
84 PEACHTREE ST. NW	3 HOURS			
ATLANTA, GA 30303				
ELEASE TURNER	BOARD MEMBER	-		-
263 CONDOR RD.				
TWIN CITY, GA 30471	1 HOUR			
STEPHEN VIVES	BOARD MEMBER	-		-
PO BOX 8042				
DEPT OF BIOLOGY	1 HOUR			
STATESBORO, GA 30471				
FOSTER WATKINS	HONORARY BOARD	-		_
131 COLLEGE CIRCLE	MEMBER			
SWAINSBORO, GA 30401	1 HOUR			
DIANNA WEDINCAMP	VICE CHAIR			
PO BOX 146	· · · · · · · · · · · · · · ·			
GARFIELD, GA 30425	2 HOURS			