## 990-EZ

**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.

OMB No 1545-1150

Open to Public

than \$250,000 at the end of the year. Department of the Treasury Inspection Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2004 calendar year, or tax year beginning 2004, and ending B Check if applicable C Name of organization D Employer identification number use IRS Address change CANOOCHEE RIVERKEEPER, INC. 58:2636669 label or Name change print or E Telephone number Number and street (or P.O box, if mail is not delivered to street address) Initial return **PO BOX 263** (478)289-6523 Final return Amended return City or town, state or country, and ZIP + 4 F Group Exemption Instruc **SWAINSBORO, GA 30401** Application pending Number . G Accounting method ☐ Cash ☑ Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ I Website: ▶ www.canoocheriverkeeper.org H Check ► II if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). K Check ▶ 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. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. > \$ 74,968 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.) 74,909 Contributions, gifts, grants, and similar amounts received . . . . -0-Program service revenue including government fees and contracts 3 -0-Membership dues and assessments Investment income . . . . . . . 4 59 5a 5a Gross amount from sale of assets other than inventory <u>-0-</u> **b** Less: cost or other basis and sales expenses . . . . . -0-5c c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule). Revenue Special events and activities (attach schedule). If any amount is from garning, check here  $\Box$ \_\_\_ of contributions a Gross revenue (not including \$ \_\_\_\_\_ <u>،۸.</u> -0-6b b Less: direct expenses other than fundraising expenses -0-6c c Net income or (loss) from special events and activities (line 6a less line 6b) 7a Gross sales of inventory, less returns and allowances RECEIVED -0**b** Less: cost of goods sold . . . . . \_n\_ Gross profit or (loss) from sales of inventory (line 7a less line 7b). -0-Other revenue (describe > 8 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 76, land 8) 9 74,958 -0-10 Grants and similar amounts paid (attach schedule) -0-11 11 40,396 Salaries, other compensation, and employee benefits - -12 12 2,026 13 13 Professional fees and other payments to independent contractors 3,324 14 Occupancy, rent, utilities, and maintenance . . . 14 5,132 15 Printing, publications, postage, and shipping.

Other expenses (describe ► PROGRAM SERVICE EXPENSES 22,452 16 Total expenses (add lines 10 through 16) 73,330 17 18 1,638 18 Excess or (deficit) for the year (line 9 less line 17) . . . . . . . . . Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 71,979 19 end-of-year figure reported on prior year's return) . . . . . . . . . . . . . . . Net 20 -0-20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18 through 20) 21 73,617 Balance Sheets-If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (B) End of year (See page 40 of the instructions.) 71,991 56,408 22 22 Cash, savings, and investments 1,601 -0- 23 23 Land and buildings . . 24 Other assets (describe > RECEIVABLES AND PREPAIDS 15,571 24 25 71.979 25 73,617 25 Total assets . . . -0- 26 -0-Total liabilities (describe ▶ 26

Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

73.617

Form **990-EZ** (2004)

71,979 27

Pa	rt III Statement of Program Service Accom	plishments (See page 4	1 of the instruction	ons.)			Expense	8	
Wha	at is the organization's primary exempt purpose?		•			(Req	uired for 5 (4) organ	501(0	c)(3)
	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,								
	conbe the services provided, the number of persons ber						4947(a)(1) onal for oth		
	OFF COULDING (4)		,	<del>-  </del>					
20	SEE SCHEDOLE (1)								
	•••••		Grants \$		/	28a		2	,097
	SEE SCHEDULE (1)			<u>_</u>		200	-		
<del>29</del>	oll compount (1)								
					、	200		25	,514
-	CEE COUEDINE (4)		Grants \$			29a			,0.4
30	SEE SCHEDULE (1)								
					٠ ِ ا	30a		24	042
<u> </u>	(Grants \$							21	,013
	Other program services (attach schedule)		Grants \$			31a			
	Total program service expenses (add lines 28a thr		<u> </u>			32			,624
Ра	rt IV List of Officers, Directors, Trustees, and Key E		<del></del>	<del> </del>					
	(A) Name and address	(B) Title and average hours per week	(C) Compensation (If not paid,	(D) Contremployee be			(E) Exp		
		devoted to position	enter -0)	deferred co	mpen	sation	other allo	wan	ces
SE	E SCHEDULE (2)								
				<del>                                     </del>					
	· · · · · · · · · · · · · · · · · · ·	<del></del>	<u> </u>	<b> </b>			<u>.</u>		
Pa	rt V Other Information (Note the attachme	ent requirement in Gen	eral Instruction V	, page 1	<u>4.)</u>		Y	es	No
33	Did the organization engage in any activity not previously	reported to the IRS? If "Yes,"	attach a detailed des	scription of	each	h activ	ıty .	_	<u> </u>
34	Were any changes made to the organizing or governing docume	ents but not reported to the IRS?	If "Yes," attach a conf	ormed copy	of th	ne chan	ges.		✓
35	If the organization had income from business activit	ies, such as those reporte	d on lines 2. 6. an	d 7 (amor	na oi	thers).	but		
_	not reported on Form 990-T, attach a statement exp								
а	Did the organization have unrelated business gross incom		_				L		
	If "Yes," has it filed a tax return on Form 990-T for	·		i i	. '				4
36	Was there a liquidation, dissolution, termination, or s				a st	 ateme	ent.)		
	Enter amount of political expenditures, direct or ind						<b>-</b> 0-		
	Did the organization file Form 1120-POL for this							Ī	✓
	Did the organization borrow from, or make any lo		or trustee or key	employe	a or	 Were	anv [		
-	such loans made in a prior year and still unpaid a				. <b>.</b> .	WCIC	ally [	- 1	1
h	If "Yes," attach the schedule specified in the line 38 ii	•	- 1	38b	•	• •	· · [	$\Box$	
39	501(c)(7) organizations. Enter: a Initiation fees and			39a				- 1	, '
	Gross receipts, included on line 9, for public use of	•		39b				-	
	501(c)(3) organizations. Enter: Amount of tax imposed or		voorundor					İ	
40a	section 4911 \(\bigs\) ; section 49						1	Ì	. !
h	501(c)(3) and (4) organizations. Did the organization			1		di irina	· the		,
U	year or did it become aware of an excess benefit t								✓
_	Amount of tax imposed on organization managers or disc								
	Enter: Amount of tax on line 40c, above, reimburs			I .					
41	List the states with which a copy of this return is file				ν.				
42	The books are in care of CANOOCHEE RIVER	RKEEPER	Telep	hono no	_	478	) 289-65	23	
42	Located at 131 COLLEGE CIRCLE, SWAINSI	BORO. GA		ZIP + 4		3040	). <del></del>		
43	Section 4947(a)(1) nonexempt charitable trusts filir						··		
~	and enter the amount of tax-exempt interest recei					ш			
	Linder popultion of bonum, I declare that I have examin	and this return, including accom	namung echedules and	statements	and	to the	best of my	knov	Medae
	and belief, it is true, correct, and complete Daclaration	on of preparer (other than office	er) is based on all infor	mation of w	hich i	prepare	er hais any l	now	ledge
Ple		/s	1		4	115	105		
Sig	I Signature of officer		L	Date			,		
Her	Passant								
		Date	Check if	Pi	repare	r's SSN	or PTIN (See	Gen.	Inst. W
			self- employed				-19-0015		/
				EIN D		:			

## SCHEDULE A

(Form 990 or 990-EZ)

## 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.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization **Employer Identification number** CANOOCHEE RIVERKEEPER, INC. 58 2636669 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.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours employee benefit plans & deferred compensation (c) Compensation count and other than \$50,000 per week devoted to position allowances N/A Total number of other employees paid over \$50,000 . 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 M/A

Total number of others receiving over \$50,000 for

professional services.

Page 2	2
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Pai	t III	Statements About Activities (See page 2 of the instructions.)			Yes	No
1	atte or i	nng the year, has the organization attempted to influence national, state, or local legislation, incompt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expinion connection with the lobbying activities   \$	enses paid	1	✓	
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed de lobbying activities.				
2	sub with	ring the year, has the organization, either directly or indirectly, engaged in any of the following activities of the following activities of the stantial contributors, trustees, directors, officers, creators, key employees, or members of their hany taxable organization with which any such person is affiliated as an officer, director, trustemer, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement expressions.)	families, or ee, majority			
9	Sal	e, exchange, or leasing of property?		2a	- 1	1
b		nding of money or other extension of credit?		2b		1
		rishing of goods, services, or facilities?		2c		1
-		ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		2d		1
d		nsfer of any part of its income or assets?		2e		1
e						
За		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanate		3a		✓
_		determine that recipients qualify to receive payments.)		3b		1
		you have a section 403(b) annuity plan for your employees?		55		
48		you maintain any separate account for participating donors where donors have the right to protein the use or distribution of funds?		4a	- 1	✓
h		you provide credit counseling, debt management, credit repair, or debt negotiation services?		4b		1
						<u> </u>
Pa		Reason for Non-Private Foundation Status (See pages 3 through 6 of the in	structions.)			
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). Earld state ▶	nter the hosp	ital's n	ame	, city,
10		An organization operated for the benefit of a college or university owned or operated by a government (Also complete the <b>Support Schedule</b> in Part IV-A.)	ntal unit. Secti	on 170(	(b)(1)(	(A)(ıv).
11a	Z	An organization that normally receives a substantial part of its support from a governmental unit or f 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)	rom the gener	al publi	c. Se	ction
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 33%% of its support from contributions receipts from activities related to its charitable, etc., functions—subject to certain exceptions, are its support from gross investment income and unrelated business taxable income (less section 511 by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Sche	nd (2) no moi tax) from bus	re than sinesses	331/3	% of
13		An organization that is not controlled by any disqualified persons (other than foundation manage described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the 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 5 c	of the instruct	ions.)		

Sche	dule A (Form 990 or 990-EZ) 2004						Page 3
	t IV-A Support Schedule (Complete only : You may use the worksheet in the instructions						eccounting.
Cale	ndar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 20	00	(e) Total
15	Gifts, grants, and contributions received. (Do	70,755	49,617	22 570			152 042
	not include unusual grants. See line 28.).	70,755	49,017	33,570			153,942
16 17	Membership fees received						<del></del>
	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.						
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						
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	45	82	57			184
23	Total of lines 15 through 22	70,800	49,699	33,627			154,126
24	Line 23 minus line 17	70,800	49,699	33,627			154,126
25	Enter 1% of line 23	708	496	336			
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in columi	n (e), line 24	▶	26a	<u>1540</u>
b	Prepare a list for your records to show the name governmental unit or publicly supported organizamount shown in line 26a. <b>Do not file this list wi</b>	ation) whose tota	l gifts for 2000 th	rough 2003 exce	eded the	26b	10,500
C	Total support for section 509(a)(1) test: Enter lin	ne 24, column (e)			▶	26c	154,126
d	Add: Amounts from column (e) for lines: 18		19			1 1	10.004
		184		<del></del>	▶	26d	10,684
e	Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numera		no 26a (donomir		1▶	26e	143,442 93 %
			·			26f	
27	Organizations described on line 12: a Fo person," prepare a list for your records to show to not file this list with your return. Enter the	the name of, and	total amounts rec	eived in each yea	rere receiver from, ea	red from ch "disq	n a "disqualified ualified person."
	(2003) (2002)		(2001)		(2000)		
ь	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:  (2003)	year, that was mo 5 through 11, as w the larger amount	re than the larger rell as individuals ) described in (1) o	of (1) the amount <b>Do not file this lis</b> or (2), enter the so	on line 25 st with you um of thes	for the year return. Se differe	ear or (2) \$5,000.  After computing nces (the excess
C	Add: Amounts from column (e) for lines: 15					27c	
_	17 20 Add: Line 27a total	and line 27b tota				27d	
d e	Public support (line 27c total minus line 27d to					27e	
f	Total support for section 509(a)(2) test: Enter al	mount from line 2		. ▶   27f			
g	Public support percentage (line 27e (numera				▶	27g	<u>%</u>
_ <u>h</u>						27h	%
28	Unusual Grants: For an organization describe	d in line 10, 11,	or 12 that receive	ed any unusual d	rants dur	ina 2000	through 2003.

Sche	dule A (Form 990 or 990-EZ) 2004		F	ege 4
Pa	rt 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		Yes	No
	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 it brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?			
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?	ý		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
			1	
				1
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	<u> </u>	<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminator basis?	У 32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
٠	with student admissions, programs, and scholarships?	32c 32d	<del>                                     </del>	
ď	coopies of all material used by the organization of on its behalf to solicit contributions?			
	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:	-		
33	Dues the organization discriminate by face in any way with respect to.	1	l	
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		<del> </del>
С	Employment of faculty or administrative staff?	33c		
Ĭ				
d	Scholarships or other financial assistance?	33d	ļ	ļ
		222	İ	
ө	Educational policies?	33e		<del>                                     </del>
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	)		
		•		
		-		<u> </u>
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.

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05

35

_			E
-	80	ю	-

Pa	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an					nstructions.	)
Che	ck ▶ a ☐ if the organization belongs to an affilia		<del></del>			"imited contro	l" provisions apply
	Limits on Lobbyir (The term "expenditures" mear	•				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public				36	-	
37	Total lobbying expenditures to influence a legis				37		
38	Total lobbying expenditures (add lines 36 and 3				38		
39	Other exempt purpose expenditures				39		
40	Total exempt purpose expenditures (add lines				40	<u> </u>	
41	Lobbying nontaxable amount. Enter the amoun	t from the follow	ing table—		1 1		
	If the amount on line 40 is— The lo	bbying nontax	able amount is-	•	1 1		
	Not over \$500,000 20% (						
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000					ı	
		•	e excess over \$1,0		41	<u> </u>	<del>                                     </del>
	Over \$1,500,000 but not over \$17,000,000. \$225,0	=			1		İ
40		•			42	1	1
42 43	Grassroots nontaxable amount (enter 25% of li Subtract line 42 from line 36. Enter -0- if line 4:	· ·			43	1	
44	Subtract line 41 from line 38. Enter -0- if line 4				44		
**							
	Caution: If there is an amount on either line 43	or line 44, you i	must file Form 47	20.	<u> </u>		
			d Under Secti			]	
	(Some organizations that made a section See the instructions for						oelow.
		Lot	bying Expenditu	ıres During	4-Yea	Averaging F	eriod
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2004	(b) 2003	(c) 2002	,	(d) 2001	(e) Total
-	nscal year beginning in P	2004	2000	2002	-	2001	Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))					<del></del>	
47	Total lobbying expenditures						
48	Grassroots nontaxable amount						<u> </u>
49	Grassroots ceiling amount (150% of line 48(e))					T	
50	Grassroots lobbying expenditures						
	rt VI-B Lobbying Activity by Nonelec	ting Public C	harities	<u> </u>			
	(For reporting only by organiza			Part VI-A)	(See p	age 11 of t	ne instructions.)
Duri	ng the year, did the organization attempt to influ	ence national, s	tate or local legis	lation, inclu	uding an	y Yes No	Amount
	mpt to influence public opinion on a legislative m				Ū	163 140	Amount
а	Volunteers					.   <u> </u>	_
b	Paid staff or management (Include compensation	on in expenses r	eported on lines	c through I	h.)		4
C						.   <u> </u>	1
d	d Mailings to members, legislators, or the public						188
е	Publications, or published or broadcast statement					·   V	
1	Grants to other organizations for lobbying purp					·   /   4	68
g	Direct contact with legislators, their staffs, gove		•	-	• • •	·   •   -	
h	Rallies, demonstrations, seminars, conventions Total lobbying expenditures (Add lines c through					.	256
1	if "Yes" to any of the above, also attach a state	ement giving a d	letailed description	on of the lol	bbying a	ctivities.	
			<del> </del>				000 or 000-E71 2004

Sche	dule A	4 (Form 990 or 990-EZ)	2004					F	age 6
Pa	rt VI			nsfers To and Transaction 1 of the instructions.)	s and Relationships W	ith Noncha	aritabl	e Exe	mpt
51				indirectly engage in any of the 1(c)(3) organizations) or in section				d in s	ection
а				to a noncharitable exempt orga	<del>-</del> -			Yes	No
_			0 0				51a(i)		1
		Other assets .					a(ii)		4
ь		er transactions:							1
	(i)	Sales or exchange	es of assets with a	noncharitable exempt organizat	tion		b(i)		_
		_		itable exempt organization			b(ii)		<b>✓</b>
	(iii)			ner assets			b(iii)		✓
	(iv)						b(iv)		1
	(v)	Loans or loan gua	arantees				_b(v)		1
	(vi)	Performance of se	ervices or members	ship or fundraising solicitations		ļ	b(vi)	<u> </u>	4
C	Sha	aring of facilities, eq	quipment, mailing li	sts, other assets, or paid emplo	yees		_ c	<u> </u>	✓
d	goo	ds, other assets, o	or services given by	complete the following schedule to the reporting organization. If the column (d) the value of the good	ne organization received les	s than fair r			
	B)	(b)		(c)		(d)			
Line	no -	Amount involved	Name of none	charitable exempt organization	Description of transfers, trans	actions, and sh	naring arr	angem	ents ———
		-							
			<u> </u>						
					· · · · · · · · · · · · · · · · · · ·				
				· · · · · · · · · · · · · · · · · · ·					
				<del></del>					
	-								
	des		01(c) of the Code (	affiliated with, or related to, on other than section 501(c)(3)) or a			☐ Yes	. [	] No
		(a)		(b)	0	(c)	_		
		Name of organiz	zation	Type of organization	Description	n of relationship			
		<del> </del>							
		<del></del>							
			<u> </u>						
	-								
			· · · ·						
_									

Total

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FEIN: 58-2636669 **FORM: 990EZ YEAR: 2004** PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS SCHEDULE(1) LINE 28 - ADVOCACY- Promote protection of the Canoochee River through enhanced 2,097 legislation and enforcement of environmental regulations. 2 hours per week for program. LINE 29 - PUBLIC EDUCATION/ OUTREACH - Educate communities on the 25,514 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 21,013 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 59 SCHEDULE A PART VI-B LINE D - FORWARD E-MAILS FROM GA ENVIROMENTAL ACTION NETWORK AND OTHER LISTSERVES TO MEMBERS - EXP. FOR STAFF TIME 188 LINE G- LETTERS TO LEGISLATURES - EXP. STAFF TIME 68

CANOOCHEE RIVERKEEPER, INC.

CANOOCHEE RIVERKEEPER, INC.

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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	30,000		-
PO BOX 263	RIVERKEEPER			
SWAINSBORO, GA 30401	50 HOURS			
MIKE BONEY	BOARD MEMBER	-		_
2299 ALLEN SIKES ROAD				
CLAXTON, GA 30417	2 HOURS			
LINDA BURKHALTER	SECRETARY	-		-
208 INDIGO RD				
CLAXTON, GA 30417	2 HOURS			
PHYLLIS HOLLAND	TREASURER	-		
220 DEAN FOREST RD				
GARDEN CITY, GA 31408	2 HOURS			
PHIL ODOM	SECRETARY	-		-
287 CASSELS RD				
HINESVILLE, GA 31313	2 HOURS			
JAMES REICHARD	BOARD MEMBER	-		-
DEPT OF GEOLOGY				
PO BOX 8149	2 HOURS			
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			<u>.</u>
263 CONDOR RD				
TWIN CITY, GA 30471	1 HOUR			
STEPHEN VIVES	<b>BOARD MEMBER</b>	-		
PO BOX 8042				
DEPT OF BIOLOGY	1 HOUR			
STATESBORO, GA 30471				
DIANNA WEDINCAMP	VICE CHAIR	-		
PO BOX 146				•
GARFIELD, GA 30425	3 HOURS			