### Form **990**

#### 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)

OMB No 1545-0047 2005

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

|               | A  | For the 2005 calend                                       | dar year,                  | or tax year beginning  | , 2                                    | 005, and e   | ending                        |                     | ,  |                  |
|---------------|--|---|----------------------------|--|--|--------------|-------------------------------|---------------------|--|------------------|
| . =           | В  | Check if applicable                                       | Please use                 | C Name of organization   |  |              | [                             | Employer I          | dentification Numb                               | er               |
| <b>7000</b> 7 |  | X Address change  | IRS label                  | Ogeechee - Canooch   |  |              | ic.                           | 58-26               | 36669  |                  |
|               |  | X Name change   | or print<br>or type<br>See | Number and street (or P O box if                                     | mail is not delivered to stre          | eet addr) F  | toom/suite                    | Telephone           | number   |                  |
| ~             |  | Initial return  | specific<br>instruc-       | P.O. Box 1925  |  |              |                               | (912)               |  | <u></u>          |
| <b>←</b>      |  | Final return  | tions                      | City, town or country  |  | State ZIP    | code + 4                      | Accounting method.  | Cash   | X Accrual        |
| AUG           |  | Amended return  |                            | Statesboro   |  | GA 30        | )459                          | Other               | (specify) ►                                      |                  |
| Ø             |  | Application pending                                       | <ul><li>Secti</li></ul>    | on 501(c)(3) organizations and                                       | 1 4947(a)(1) nonexer                   | mpt          | H and I are not applicat      | ole to section 5    | 527 organizations                                | _                |
|               |  |   | chan<br>(Form              | table trusts must attach a con<br>n 990 or 990-EZ).                  | ipleted Schedule A                     |              | H (a) Is this a group         | return for affili   | ates? Ye   | s X No           |
| <u>u</u>      | G  | Web site: ► N/A   | <b>(* 0</b>                | 555 51 555   |  |              | H (b) If 'Yes,' enter n       | umber of affilia    | ates -   | _                |
| SCANNED       | <u>.                                    </u> | <del></del>   |                            |  |  |              | H (c) Are all affiliates      |                     | Ye   | s No             |
| 25            | J  | Organization type (check only one)                        | •                          | . X 501(c) 3 ◀ (insert r   | 4947(a)(1) <b>or</b>                   | 527          | (If 'No,' attach              | a list. See inst    | ructions)  |                  |
| 25            | ĸ  |   |                            | nization's gross receipts are no                                     | <del></del>                            |              | <b>H (d)</b> Is this a separa | te return filed     | by an  | -                |
| Ø/\           | • •  | \$25,000 The organ  | nization ne                | eed not file a return with the IR                                    | S, but if the organize                 | ation        | organization co               | vered by a gro      | oup ruling? Ye                                   | s X No           |
| ٠.,           |  | chooses to file a re complete return.                     | turn, be s                 | sure to file a complete return                                       | iome states require                    | а            | I Group Exen                  | nption Num          | iber -   |                  |
|               |  | · · · · · · · · · · · · · · · · · · ·                     |                            |  |  |              | _                             |                     | nization is <b>not</b> requ                      |                  |
|               | <u>L</u>                                     |   |                            | , 8b, 9b, and 10b to line 12 <b>&gt;</b>                             |  |              |                               |                     | 990, 990-EZ, or 990                              | J-PF)            |
| Į             | Pa   | rt I Revenue  | e, Exper                   | nses, and Changes in No  | et Assets or Fun                       | id Balan     | ces (See Instruct             | ions)               |  |                  |
|               |  | 1 Contributions   | , gifts, gra               | ants, and similar amounts rece                                       | ıved                                   | ,            | ı                             |                     |  |                  |
|               |  | a Direct public :   |                            |  |  | 1 a          | 49,2                          | 226.                |  |                  |
|               | ŀ  | <b>b</b> Indirect public                                  | • •                        |  |  | 1 t          |                               | <del></del> -       |  |                  |
| •             | •  | c Government of Total (add lines                          |                            |  |  | 10           | 36,2                          | 250.                |  |                  |
|               | h  | \^ through 1c) (c   |                            | 115,476. noncash   |  | )            |                               | 10                  | 11   | 5,476.           |
|               |  | 1   |                            | ue including government fees   | and contracts (from l                  | Part VII, II | ne 93)                        | 2                   |  |                  |
|               |  | 3 Mem. ership o   |                            |  |  |              |                               | 3                   |  | <u>2,980.</u>    |
|               |  | ,   |                            | d temporary cash investments   |  |              |                               | 4                   |  | 78.              |
|               |  |   | d interest                 | from securities  |  | ı            | 1                             | 5                   |  |                  |
| ٠             |  | 6a Gross rents  |                            |  |  | 6 a          |                               |                     |  |                  |
|               |  | <b>b</b> Less rental e                                    | •                          |  |  | 6 b          | ) <u> </u>                    |                     |  |                  |
|               |  |   |                            | oss) (subtract line 6b from line                                     | 6a)                                    |              |                               | 60                  | <u> </u>   |                  |
|               | R  | 7 Other investm   | nent incor                 | ne (describe   |  |              |                               | ) 7                 |  |                  |
|               | <b>ピートリンド</b>                                | 8a Gross amount from sales of assets other than inventory |                            | es of assets other   | (A) Securities                         |              | (B) Other                     |                     |  |                  |
|               | Ň  |   |                            |  |  | 8a           | <del> </del>                  |                     |  |                  |
|               | Ē  |   |                            | is and sales expenses  | ······                                 | 81           |                               |                     |  |                  |
|               |  | c Gain or (loss) (at                                      |                            | •  |  | 80           | il                            |                     |  |                  |
|               |  |   |                            | nbine line 8c, columns (A) and                                       |  | •            |                               | 80                  | 1  |                  |
|               |  |   |                            | ivities (attach schedule) If any                                     |  | _            | ck nere                       |                     |  |                  |
|               |  | a Gross revenue   |                            | luding \$  | 84. of contribution                    |              | 1 2                           | \0.4                |  |                  |
|               |  | reported on li  | -                          | other thee fundrales as assessed                                     | _                                      | 9 a          | †                             | 984.                |  |                  |
|               |  |   |                            | other than fundraising expense                                       |  | 96           | <u>'l</u>                     | —— - <sub>0.4</sub> |  | 7 004            |
|               |  | l   |                            | om special events (subtract lin<br>ry, less returns and allowances   |  | 10a          | J                             | 90                  | <del>-</del>                                     | 7,984.           |
|               |  |   |                            | -  |  |              |                               |                     |  |                  |
|               |  | C Gross profit or (I                                      | goous soi<br>nee) from es  | ld<br>ales of inventory (attach schedule) (sub<br>art VII, line 103) | stract line 10h fro <del>m Hoa 1</del> | 1 101        | <u>'</u>                      | 100                 | _  |                  |
|               |  | 11 Other revenue  | o (from P                  | art VII line 103)  | Maccinie fob iron line i               | RECE         | EIVED_c                       | 11                  | <del></del>                                      | <del></del>      |
|               |  |   |                            | es 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c,                                    | , , , , , , , , , , , , , , , , , , ,  |              | 101                           | 12                  | 12   | 6,518.           |
| -             |  |   |                            | n line 44, column (B))   | Toc, and TI)                           | JUL 2        | 8 2006                        | 13                  |  | 0,099.           |
|               | EXPERSES                                     |   |                            | ral (from line 44, column (C))                                       |  | JUL 2        | 8 2006                        | 14                  |  | 2,146.           |
|               | E  |   |                            | 44, column (D))  | L                                      |              |                               | 15                  | <del>                                     </del> | 0.               |
|               | N<br>S                                       |   |                            | (attach schedule)  | į                                      | OGD          | EN, UT                        | 16                  |  |                  |
|               | Ē  |   |                            | nes 16 and 44, column (A))   | <u></u>                                |              |                               | 17                  | 10   | 2,245.           |
| -             | _  |   |                            | he year (subtract line 17 from                                       | line 12)                               | <del></del>  |                               | 18                  |  | 4,273.           |
|               | N S<br>S S                                   | ,   |                            | inces at beginning of year (froi                                     | -                                      | w            |                               | 19                  |  | $\frac{3,617}{}$ |
|               | N S<br>E E<br>T T                            |   |                            | ssets or fund balances (attach                                       | · · · · · · · · · · · · · · · · · · ·  | ·//          |                               | 20                  | <del>                                     </del> | -,               |
|               | ' T  |   |                            | ances at end of year (combine  | •                                      | )            |                               | 21                  | 9  | 7,890.           |
| -             | BA   |   |                            | work Reduction Act Notice, se  |  |              | TEI                           |                     |  | 990 (2005)       |

2005) Ogeechee - Canoochee Riverkeeper, Inc. 58-2636669

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 Part II

|      | Oo not include amounts reported on line<br>6b, 8b, 9b, 10b, or 16 of Part I  |            | (A) Total                | (B) Program services  | (C) Management and general | (D) Fundraising  |
|------|--|------------|--------------------------|-----------------------|----------------------------|------------------|
| 22   | Grants and allocations (att sch) (cash \$)   |            |                          |                       |                            |                  |
|      | If this amount includes foreign grants, check here   | 22         |                          |                       |                            |                  |
| 23   |  | 23         |                          |                       |                            |                  |
| 24   | Benefits paid to or for members (att sch)  | 24         |                          |                       |                            |                  |
| 25   | Compensation of officers, directors, etc   | 25         | 0.                       | 0.                    | 0.                         | 0.               |
| 26   | Other salaries and wages   | 26         | 53,625.                  | 42,046.               | 11,579.                    | 0.               |
| 27   | Pension plan contributions   | 27         |                          |                       |                            |                  |
| 28   | Other employee benefits  | 28         |                          |                       |                            |                  |
| 29   | Payroll taxes  | 29         | 5,354.                   | 3,162.                | 2,192.                     | 0.               |
| 30   | Professional fundraising fees  | 30         |                          |                       |                            |                  |
| 31   | Accounting fees  | 31         | 1,500.                   | 0.                    | 1,500.                     | 0.               |
| 32   | Legal fees   | 32         |                          |                       |                            |                  |
| 33   | Supplies   | 33         | 14,930.                  | 14,930.               | 0.                         | 0.               |
| 34   | Telephone  | 34         | 3,295.                   | 1,230.                | 2,065.                     | 0.               |
| 35   | Postage and shipping   | 35         |                          |                       | ,                          |                  |
| 36   | Occupancy  | 36         | 2,937.                   | 0.                    | 2,937.                     | 0.               |
| 37   | Equipment rental and maintenance   | 37         |                          |                       |                            |                  |
| 38   | Printing and publications  | 38         | 7,029.                   | 642.                  | 6,387.                     | 0.               |
| 39   | Travel   | 39         | 334.                     | 334.                  | 0.                         | 0.               |
| 40   | Conferences, conventions, and meetings   | 40         | 2,626.                   | 2,626.                | 0.                         | 0.               |
| 41   | Interest   | 41         |                          |                       |                            |                  |
| 42   | Depreciation, depletion, etc (attach schedule)   | 42         | 400.                     | 0.                    | 400.                       | 0.               |
| 43   |  | 72         | 100.                     | •                     |                            |                  |
|      | a Bank Fees  | 43a        | 88.                      | 0.                    | 88.                        | 0.               |
|      | b Dues & Subscriptions   | 43b        | 1,668.                   | 1,518.                | 150.                       | 0.               |
|      |  | 43c        | 3,129.                   | 734.                  | 2,395.                     | 0.               |
|      | d Licenses & Permits   | 43d        | 435.                     | 250.                  | 185.                       | 0.               |
|      | e Miscellaneous  | 43e        | 1,066.                   | 0.                    | 1,066.                     | 0.               |
|      | Outside Services   | 43e        | 2,170.                   | 1,602.                | 568.                       | 0.               |
|      |  | 431<br>43a | 1,659.                   | 1,025.                | 634.                       | 0.               |
|      | g Postage Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) | 43g        | 102,245.                 | 70,099.               | 32,146.                    | 0.               |
| Joir | it Costs. Check If you are following   | SOP 9      |                          |                       |                            |                  |
|      | any joint costs from a combined education  |            |                          | ation reported in (B) | Program services?          | ► Yes X No       |
|      | es,' enter (i) the aggregate amount of these   |            |                          |                       | mount allocated to Progr   |                  |
| \$   |  |            | to Management and genera |                       |                            | amount allocated |
|      | undraising \$  |            |                          |                       |                            |                  |

BAA

Form 990 (2005)

| Form <b>990</b> (2005) | Ogeechee  | _ | Canoochee | Riverkeeper,    | Inc.    |
|------------------------|-----------|---|-----------|-----------------|---------|
| - III 330 (2000)       | Ogcociico |   | _ounce    | MIT VOLKCOPCI / | <b></b> |

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|  |  |            |  |  |
|  |  |            |  |  |

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.

What is the organization's primary exempt purpose? 

Advocacy, Public education and water quality monitoring for t clients served, publications 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) trusts, but optional for others.)

| ı c<br>er<br>atı | organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of<br>its served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organ-<br>ons and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) |          | (4) organizations and<br>4947(a)(1) trusts, but<br>optional for others) |
|------------------|--|----------|---|
|                  | a Advocacy - Promote Protection of the Canoochee River through   | T        |   |
|                  | enhanced legislation and enforcement of environmental regulations. 2 hours per week for program  |          |   |
|                  |  |          |   |
|                  |  |          |   |
|                  |  |          |   |
|                  | (Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶  | $\perp$  | 9,347   |
| -                | b Public education / Outreach - Educate communities on the   |          |   |
|                  | importance of clean water through presentations, cleanup and   |          |   |
|                  | citizen monitoring. 15 hours per week for program.   |          |   |
|                  |  |          |   |
|                  |  |          |   |
|                  | (Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶  |          | 31,831  |
|                  | c Water Quality Monitoring - Actively monitor the Canoochee and  | 1        |   |
|                  | Ogeechee Rivers and streams, respond to citizen compalints,  |          |   |
|                  | and conduct permit reviews. 16 hours per week for program.   |          |   |
|                  |  |          |   |
|                  |  |          |   |
|                  | (Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶  | $\perp$  | 28,921  |
|                  | d  |          |   |
|                  |  |          |   |
|                  |  |          |   |
|                  |  |          |   |
|                  |  |          |   |
|                  | (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶  | $\perp$  |   |
|                  | e Other program services   |          |   |
|                  | (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶  |          |   |
|                  | f Total of Program Service Expenses (should equal line 44 column (R) Program services)   | <b>▶</b> | 70.099  |

BAA

Form **990** (2005)

Part IV · Balance Sheets (See Instructions)

| Note          | : Wh      | pere required, attached schedules and amounts within umn should be for end-of-year amounts only.          | the de                       | scription          | (A)<br>Beginning of year |         | (B)<br>End of year |
|---------------|-----------|---|------------------------------|--------------------|--------------------------|---------|--------------------|
|               | 45        | Cash - non-interest-bearing   |                              |                    | 71,992.                  | 45      | 104,213.           |
|               |           | Savings and temporary cash investments  |                              |                    |                          | 46      |                    |
|               |           |   | ı                            |                    |                          |         |                    |
|               | 47 a      | Accounts receivable   | 47 a                         | 50.                |                          | _       |                    |
| ı             | b         | Less allowance for doubtful accounts  | 47 b                         |                    | 25.                      | 47 c    | 50.                |
|               |           | <b>3.</b> .   |                              |                    |                          |         |                    |
| l             |           | Pledges receivable  | 48 a                         |                    |                          | 40.0    |                    |
| - 1           |           | Less allowance for doubtful accounts  | 48 b                         |                    |                          | 48 c _  |                    |
| 1             | 49        | Grants receivable   |                              | <u> </u>           | <u> </u>                 | 49      |                    |
| ASSETS        | 50        | Receivables from officers, directors, trustees, and ke employees (attach schedule)                        | y                            |                    |                          | 50      |                    |
| Ē             | 51 a      | Other notes & loans receivable (attach sch)   | 51 a                         |                    |                          |         |                    |
| s             | b         | Less allowance for doubtful accounts  | 51 b                         |                    |                          | 51 c    |                    |
|               | 52        | Inventories for sale or use   |                              | ]                  |                          | 52      |                    |
|               | 53        | Prepaid expenses and deferred charges   |                              | 53                 |                          |         |                    |
|               | 54        | Investments – securities (attach schedule)  |                              | ► Cost FMV         |                          | 54      |                    |
| -             | 55 a      | Investments - land, buildings, & equipment basis  | 55 a                         |                    |                          |         |                    |
|               | t         | Less <sup>,</sup> accumulated depreciation    (attach schedule)   | 55 b                         |                    |                          | 55 c    |                    |
|               | 56        | Investments — other (attach schedule)   |                              |                    |                          | 56      |                    |
|               |           | Land, buildings, and equipment basis  | 57 a                         | 2,001.             |                          |         |                    |
|               | t         | Less accumulated depreciation   | <b>63</b> L                  | 001                | 1 600                    | E7.0    | 1,200.             |
|               | <b>50</b> | (attach schedule)   | 57 b                         | 801.               | 1,600.                   | 57 c    | 1,200.             |
|               |           | Other assets (describe >  | iah E0                       |                    | 73,617.                  | 59      | 105,463.           |
| $\dashv$      |           | Total assets (must equal line 74) Add lines 45 throu  | ıgrı se                      |                    | 73,617.                  | 60      | 1,025.             |
| _             | 60<br>61  | Accounts payable and accrued expenses Grants payable  |                              | -                  |                          | 61      | 1,025.             |
| - 1           | 62        | Deferred revenue  |                              |                    |                          | 62      |                    |
| B             |           | Loans from officers, directors, trustees, and key employees (attack                                       | cchodi                       | de)                |                          | 63      |                    |
| LI            |           | a Tax-exempt bond liabilities (attach schedule)   | i Scricui                    | ine)               |                          | 64 a    |                    |
| +             |           | b Mortgages and other notes payable (attach schedule)   |                              |                    | .41                      | 64 b    |                    |
| E             |           | Other habilities (describe - See Line 65 St   | mt                           | ,                  |                          | 65      | 6,549.             |
|               |           | Total liabilities. Add lines 60 through 65  | c                            |                    | 0.                       | 66      | 7,574.             |
| $\rightarrow$ |           | ·· · · · · · · · · · · · · · · · · · ·  | nd cor                       | nplete lines 67    |                          |         |                    |
| P<br>E        | 5         | through 69 and lines 73 and 74.   |                              |                    |                          |         |                    |
|               | 67        | Unrestricted  |                              |                    | 48,428.                  | 67      | 91,554.            |
| ASSETS        | 68        | Temporarily restricted  |                              |                    | 25,189.                  |         | 6,335.             |
| Ē             | 69        | Permanently restricted  |                              |                    |                          | 69      |                    |
|               | Organ     | nizations that do not follow SFAS 117, check here   |                              | and complete lines |                          |         |                    |
| R             | -         | 70 through 74   |                              |                    |                          | .       |                    |
| FUZD          | 70        | Capital stock, trust principal, or current funds  |                              | 70                 |                          |         |                    |
| - 1           | 71        | Paid-in or capital surplus, or land, building, and equ  |                              | 71                 |                          |         |                    |
| 2             | 72        | Retained earnings, endowment, accumulated income  |                              | 72                 |                          |         |                    |
| BALAZCES      | 73        | Total net assets or fund balances (add lines 67 thro<br>72, column (A) must equal line 19, column (B) mus | 9 <b>or</b> lines 70 through | 73,617.            | 73                       | 97,889. |                    |
| S             | 74        | Total liabilities and net assets/fund balances. Add I   | •                            |                    | 73,617.                  |         | 105,463.           |

Treasurer

P.O. Box 146

Jim\_Abbot

Atlanta, GA

BAA

Garfield, GA 30425

See List of Officers, Etc Statement

Director TEFA0105 10/17/05 Form 990 (2005)

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| Form 990 (2005) Ogeechee - Canoochee   |  |   | 58-263666   | 9                 | <u>F</u>    | age 6       |
|--|--|---|---|-------------------|-------------|-------------|
| Part V-A Current Officers, Directors, Tru  |  |   |   |                   | Yes         | No          |
| 75 a Enter the total number of officers, directors, and trustees p   | -  |   |   | -                 |             |             |
| b Are any officers, directors, trustees, or key em<br>listed in Schedule A, Part I, or highest compen<br>A, Part II-A or II-B, related to each other through | sated professional and<br>the family or business re  | other independent conti                             | ractors listed in Schedule  |                   |             |             |
| identifies the individuals and explains the relati   | onship(s)  |   |   | 75b               |             | Х           |
| c Do any officers, directors, trustees, or key emp<br>listed in Schedule A, Part I, or highest compen<br>A, Part II-A or II-B, receive compensation from     | sated professional and<br>any other organization     | other independent conti<br>is, whether tax exempt o | ractors listed in Schedule  |                   |             |             |
| to this organization through common supervision  | on or common control?                                | ·   | . tondoro, trial are related  | 75 c              |             | Х           |
| Note. Related organizations include section 50   | 9(a)(3) supporting orga                              | inizations  |   |                   |             |             |
| If 'Yes,' attach a statement that identifies the in<br>other organization(s), and describes the compe-<br>related organization                               | ndividuals, explains the<br>ensation arrangements,   | relationship between the including amounts paid     | is organization and the<br>I to each individual by each                     |                   |             |             |
| d Does the organization have a written conflict of   | finterest policy?                                    |   |   | 75 d              |             | х           |
| Part V-B Former Officers, Directors, Tru   |  | nplovees That Rec                                   | eived Compensation o  |                   | ,           | ,           |
| Benefits (If any former officer, director during the year, list that person below a the instructions )   | or, trustee, or key empl<br>nd enter the amount of   | oyee received compensation or other                 | ation or other benefits (descr<br>benefits in the appropriate c             | ibed be           | low)<br>See |             |
| (A) Name and address   | <b>(B)</b> Loans and<br>Advances                     | (C) Compensation                                    | (D) Contributions to employee benefit plans and deferred compensation plans | (E) Excount allow |             | her         |
|  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,              |   |   |                   |             |             |
|  |  |   |   |                   |             |             |
|  |  |   |   |                   |             |             |
|  |  | <del> </del>  |   |                   |             | <del></del> |
|  |  |   |   |                   |             |             |
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|  |  |   |   |                   |             |             |
|  |  |   |   |                   |             |             |
| ~  |  |   |   |                   |             |             |
| Dort VII Other Lefe  |  | <u> </u>  |   |                   |             |             |
| Part VI Other Information (See the instruct  |  | <del></del>   |   |                   | Yes         | No          |
| 76 Did the organization engage in any activity not<br>attach a detailed description of each activity   | previously reported to                               | the IRS? If 'Yes,'                                  |   |                   |             |             |
|  |  |   | <b>.</b>  | 76                |             | <u>X</u>    |
| 77 Were any changes made in the organizing or gilf 'Yes,' attach a conformed copy of the change  |  | it not reported to the ins                          | ) <i>'</i>  | 77                |             | Х           |
| 78a Did the organization have unrelated business g   |  | or more during the year                             | aguared by this return?   | 70.0              |             | -           |
| <b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b>  |  | or more during the year                             | covered by this return?   | 78a<br>78b        |             | X           |
|  | •  |   |   | 760               |             |             |
| 79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement  | n, or substantial contra                             | ction during the                                    |   | 79                |             | Х           |
|  | under a state of                                     |   |   | /3                |             |             |
| 80 a Is the organization related (other than by associate membership, governing bodies, trustees, office)  | riation with a statewide<br>rs, etc, to any other ex | or nationwide organizat<br>empt or nonexempt orga   | ion) through common<br>anization?   | 80 a              |             | X           |
| <b>b</b> If 'Yes,' enter the name of the organization ▶  | - <b></b>  |   |   |                   |             |             |
|  |  |   | xempt or nonexempt  |                   |             |             |
| 81 a Enter direct and indirect political expenditures  | (See line 81 instruction                             | ns.)  | 81 a  | _                 |             | <u> </u>    |
| b Did the organization file Form 1120-POL for this   | s vear?  |   |   | 81 b              |             | х           |

Form **990** (2005)

BAA

|  | 990 (2005) Ogeechee - Canoochee Riverkeeper, inc.  | 38-4   | 2030009         |                | age /      |  |  |  |
|--|--|--|-----------------|----------------|------------|--|--|--|
| <u>Pa</u>  | rt VI Other Information (continued)  |  |                 | Yes            | No         |  |  |  |
| 82 a   | Did the organization receive donated services or the use of materials, equipment, or facilities a substantially less than fair rental value?   | at no charge or at                             | 82a             |                | <u>x</u> _ |  |  |  |
| t  | 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   |                 |                |            |  |  |  |
| 83 a   | Did the organization comply with the public inspection requirements for returns and exemption  | applications?                                  | 83a             | Х              |            |  |  |  |
| b  | Did the organization comply with the disclosure requirements relating to quid pro quo contribut  | ions?  | 83 b            | Х              |            |  |  |  |
| 84 a   | Did the organization solicit any contributions or gifts that were not tax deductible?  |  | 84a             |                | Х          |  |  |  |
| b  | If 'Yes,' did the organization include with every solicitation an express statement that such connot tax deductible?   | tributions or gifts w                          | ere <b>84 b</b> |                |            |  |  |  |
| 85   | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?   |  | 85 a            | Х              |            |  |  |  |
| b  | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |  | 85 b            | Х              |            |  |  |  |
|  | If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the waiver for proxy tax owed for the prior year   | organization receiv                            | ed a            |                |            |  |  |  |
| 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   |                 |                |            |  |  |  |
| ç  | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  |  | 85 g            |                | Х          |  |  |  |
| 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? |  |  |                 |                |            |  |  |  |
| 86   | 501(c)(7) organizations Enter. a Initiation fees and capital contributions included on   |  |                 |                |            |  |  |  |
|  | line 12  | 86 a   |                 |                |            |  |  |  |
| t  | Gross receipts, included on line 12, for public use of club facilities   | 86 b   |                 |                |            |  |  |  |
| 87   | 501(c)(12) organizations Enter a Gross income from members or shareholders   | 87 a   |                 |                | ;          |  |  |  |
| t  | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them )  | 87 Ь   |                 |                |            |  |  |  |
| 88   | At any time during the year, did the organization own a 50% or greater interest in a taxable color an entity disregarded as separate from the organization under Regulations sections 301 770 If 'Yes,' complete Part IX     | rporation or partner<br>01-2 and 301 7701-3    | ship,<br>}?     |                | x          |  |  |  |
| 89 a   | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year und  | der  |                 |                |            |  |  |  |
|  | section 4911 ► 0 . , section 4912 ► 0 . , section 4  | 955 ►  | 0.              |                | _          |  |  |  |
| t  | 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If 'very explaining each transaction | s benefit transaction<br>(es,' attach a staten | nent 89b        |                | x          |  |  |  |
| c  | Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  | :  | <b>-</b>        |                | 0.         |  |  |  |
| c  | Enter Amount of tax on line 89c, above, reimbursed by the organization   |  | <b>&gt;</b>     |                |            |  |  |  |
|  | List the states with which a copy of this return is filed by Copyrgia  |  |                 |                |            |  |  |  |
|  | Number of employees employed in the pay period that includes March 12, 2005 (See instruction   |  | 90 ь            | <del>-</del>   | 3          |  |  |  |
| 91 a   | The books are in care of   Chandra Brown  Telephone nu   | mber ► (912)                                   | 764-2017        | 7              |            |  |  |  |
|  | Located at ► Statesboro, GA  |  | 30458           |                |            |  |  |  |
| t  | At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other fin                            | other authority ove                            | r a <b>91 b</b> | Yes            | No<br>X    |  |  |  |
|  | If 'Yes,' enter the name of the foreign country  |  |                 |                |            |  |  |  |
|  | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of F Financial Statements  |  |                 |                |            |  |  |  |
| •  | At any time during the calendar year, did the organization maintain an office outside of the Un  | ited States?                                   | 91 c            |                | X          |  |  |  |
| _  | If 'Yes,' enter the name of the foreign country  |  |                 |                |            |  |  |  |
| 92   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check  | ı  |                 |                | ► 📙        |  |  |  |
| <b>D</b> 6 6   | and enter the amount of tax-exempt interest received or accrued during the tax year  | ▶ 9  |                 | - 000          | (2025)     |  |  |  |
| BAA  |  |  | Forn            | n <b>990</b> ( | (2005)     |  |  |  |

| , air        | <u> </u> | Analysis of income riodal  | ACTIVITY                      | CS (See the mount           | actions.)                           |   |  |
|--------------|----------|--|-------------------------------|-----------------------------|-------------------------------------|---|--|
|              |          | gross amounts unless<br>dicated  | Unrelated (A) Business code   | business income (B) Amount  | Excluded by se  (C)  Exclusion code | (D) Amount                                    | (E) Related or exempt function income                |
| 93           | Proc     | gram service revenue   | Dustrios cour                 | rinoant                     | Exclusion code                      | 7 11100111                                    | Tariotori III dollio                                 |
| а            |          |  |                               |                             |                                     |   |  |
| b            |          |  |                               |                             |                                     |   |  |
| С            |          |  |                               |                             |                                     |   |  |
| d            | -        |  |                               |                             |                                     |   |  |
| е            |          |  |                               | -                           |                                     |   |  |
| f            | Med      | icare/Medicaid payments  |                               |                             |                                     |   |  |
| •            |          | & contracts from government agencies   |                               |                             |                                     |   |  |
|              |          | nbership dues and assessments  |                               |                             |                                     |   |  |
|              |          | est on savings & temporary cash invmnts  |                               |                             |                                     |   | <del></del>  |
|              |          | dends & interest from securities   |                               |                             |                                     |   |  |
|              |          | ental income or (loss) from real estate:   |                               |                             |                                     |   |  |
|              |          | -financed property<br>debt-financed property   |                               |                             |                                     |   |  |
|              |          | ental income or (loss) from pers prop  |                               |                             |                                     |   |  |
|              |          | er investment income   |                               |                             | <u>.</u>                            |   |  |
| 100          | Gair     | or (loss) from sales of assets<br>or than inventory  |                               |                             |                                     |   |  |
| 101          | Net ii   | ncome or (loss) from special events  |                               |                             |                                     |   | 7,984.   |
| 102          | Gross    | profit or (loss) from sales of inventory   |                               |                             |                                     |   |  |
| 103          | Othe     | er revenue. a  |                               |                             |                                     |   |  |
| b            |          | · · · · · · · · · · · · · · · · · · ·  |                               |                             |                                     |   |  |
| С            |          |  |                               |                             |                                     |   |  |
| d            |          |  |                               |                             |                                     | ·   |  |
| e            |          |  |                               |                             |                                     |   | 7.004  |
|              |          | otal (add columns (B), (D), and (E))   | (5)                           |                             |                                     | ▶   | 7,984.   |
|              |          | al (add line 104, columns (B), (D), a<br>105 plus line 1d, Part I, should equa                 |                               | / 10 D /                    |                                     |   | 7,984.   |
|              |          | Relationship of Activities to  |                               |                             | Evernet Burnes                      | OC (Coo the metrustion                        | - \  |
| Line N       |          |  |                               |                             |                                     |   |  |
|              |          | Explain how each activity for which of the organization's exempt purpo                         | ses (other tha                | n by providing fun          | ds for such purposes                | <u>).                                    </u> |  |
| 1            |          | These are revenues for   |                               | <del></del>                 |                                     |   |  |
|              |          | an annual event that   |                               |                             |                                     |   |  |
|              |          | the river, which rais  | es aware                      | ness of the                 | need for the                        | e protection                                  |  |
| _            |          | of the rivers.   | <del></del>                   |                             |                                     |   |  |
| Part         | IX       | Information Regarding Tax  |                               | diaries and Dis             |                                     |   | T  |
|              |          | (A)  | (B)                           |                             | (C)                                 | (D)   | (E)  |
| Na           |          | address, and EIN of corporation,   | Percentage                    |                             | e of activities                     | Total   | End-of-year  |
|              | part     | nership, or disregarded entity   | ownership in                  |                             |                                     | income  | assets   |
|              |          |  |                               | 8                           |                                     |   |  |
|              |          |  |                               | <del>8</del>                |                                     |   |  |
|              |          |  |                               | - 5<br>- 35                 |                                     |   |  |
| Part         | X        | Information Regarding Tra  | nefere Ace                    |                             | ersonal Renefit (                   | Contracts (See the in                         | netructions )  |
|              |          | organization, during the year, receive any fu  | •                             |                             |                                     |   | Yes X No   |
|              |          | e organization, during the year, pay   | · ·                           | * * * * *                   | · ·                                 |   | Yes X No   |
|              |          |  |                               | -                           | , on a personal bene                | iii contract?                                 | res Mo   |
| NO           | le: //   | 'Yes' to (b), file Form 8870 and Fo  | <del></del>                   | <del> </del>                | anuna cabadulas and state           | monts, and to the best of my kn               | powledge and helief it is                            |
|              |          | Under penalties of perjury, I declare that I has true, correct, and complete Declaration of pr | eparer (other than            | officer) is based on all i  | nformation of which prepare         | er has any knowledge                          | As /   |
| Pleas        | е        | - I landra   | 120                           | $\mathcal{M}$               |                                     | 1/10016                                       | $\mathcal{W}$  |
| Sign         |          | Signature of efficer   |                               | . \                         | 1 0                                 | Date  |  |
| Here         | 1        | ( 'handra  | $\mathcal{N}_{\mathcal{N}}$ O | $\mathcal{O}(1)$ , $(-1,x)$ | ewtive, d                           | inector                                       |  |
|              |          | Type or print name and title   |                               | <del></del>                 | ·····                               |   |  |
| Paid         |          | Preparer's   |                               | -COA                        | Date                                | Check if G                                    | reparer's SSN or PTIN (See<br>Seneral Instruction W) |
| Paid<br>Pre- |          | signature doe Westerf:   | iela, CPA                     | · • •                       | 06/01/06                            |   | 60.55.4824   |
| parer        | 's       | Firm's name (or Thigpen, Lar   |                               | terfield &                  |                                     | 1.11  |  |
| Use          | -        | yours if self-<br>employed), P.O. Box 50   | -                             |                             |                                     | EIN - 58-                                     | 1820983  |
| Only         |          | address, and ZIP + 4 Statesboro  |                               | GA                          | 30459                               | Phone no ► (91                                |  |
|              |          |  |                               |                             |                                     |   |  |

#### 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 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

2005

| Name of the orga             | anization   |  | Employer identification number   |  |  |  |  |
|------------------------------|---|--|--|--|--|--|--|
|                              | e - Canoochee Riverkeeper,  |  |  | 58-2636669   |  |  |  |
| Part I                       | Compensation of the Five Hig (See instructions List each one. If the    |  | er Than Officers   | s, Directors, and  | d 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<br>to employee benefit<br>plans and deferred<br>compensation | (e) Expense account and other allowances |  |  |
| None                         |   |  |  |  |  |  |  |
|                              |   |  |  | -  |  |  |  |
|                              |   |  |  |  |  |  |  |
|                              |   |  |  |  |  |  |  |
|                              |   |  |  |  |  |  |  |
| over \$50,000                |   | None   |  |  |  |  |  |
| Part II —                    | Compensation of the Five Hig (See instructions List each one (wheth     | hest Paid Independent Coner individuals or firms) If there a | entractors for Practice on the contractors of the c | ofessional Ser   | vices                                    |  |  |
| (a) Nam                      | ne and address of each independent contra                               | actor paid more than \$50,000                                | <b>(b)</b> Type  | of service   | (c) Compensation                         |  |  |
| None                         |   |  |  |  |  |  |  |
|                              |   |  |  |  |  |  |  |
|                              |   |  |  |  |  |  |  |
|                              |   |  |  |  |  |  |  |
|                              |   |  |  |  |  |  |  |
| \$50,000 for p               | r of others receiving over professional services                        | , None   |  |  |  |  |  |
| Part II —                    | Compensation of the Five Hig  | hest Paid Independent Co                                     | entractors for Of  | ther Services  |  |  |  |
|                              | (List each contractor who performed se enter 'None ' See instructions ) | ervices other than professional se                           | ervices, whether indi  | viduals or firms If  | there are none,                          |  |  |
| (a) Nam                      | ne and address of each independent contra                               | actor paid more than \$50,000                                | <b>(b)</b> Type  | of service   | (c) Compensation                         |  |  |
| None                         |   |  |  |  |  |  |  |
|                              |   |  |  |  |  |  |  |
|                              |   |  |  |  |  |  |  |
|                              |   |  |  |  |  |  |  |
|                              |   |  |  |  |  |  |  |
| Total numbe<br>over \$50,000 | r of other contractors receiving broadlers services                     | ,<br>None  | !  |  |  |  |  |

| JUILE                 | aule #         | (Form 990 or 990-EZ) 2005   | Ogeechee   | - Canoc  | ochee Riverk   | eeper, Inc.  | 58-263666  | <del>9</del> ,            | -                | Page 2 |
|-----------------------|----------------|---|--|--|--|--|--|---------------------------|------------------|--------|
| Par                   | t III -        | Statements About Acti   | vities (See ıns  | tructions)   |  |  |  |                           | Yes              | No     |
| 1                     |                | g the year, has the organization a<br>luence public opinion on a legisla  |  |  |  |  |  |                           |                  |        |
|                       |                | curred in connection with the lobb  |  | <b>►</b> \$  | n res, enter the   | total expenses par   | 255.   |                           |                  |        |
|                       | (Mus           | t equal amounts on line 38, Part \  | VI-A, or line i of   | Part VI-B.)  |  |  |  | 1                         | Х                |        |
|                       | orgar          | nizations that made an election u<br>nizations checking 'Yes' must con<br>ing activities  | nder section 50<br>nplete Part VI-B  | 1(h) by filing<br>AND attach   | g Form 5768 must<br>n a statement givin  | complete Part VI-A<br>g a detailed descri                                      | A. Other<br>ption of the   |                           |                  |        |
| 2                     | subsi<br>taxat | g the year, has the organization,<br>antial contributors, trustees, dired<br>the organization with which any sufficiary? (If the answer to any que  | ctors, officers, c<br>uch person is af   | reators, key<br>filiated as a  | r employees, or me<br>n officer, director, t   | embers of their fan<br>trustee, majority o                                     | nilies, or with any wner, or principal   |                           |                  |        |
| а                     | Sale,          | exchange, or leasing of property  |  |  |  |  |  | 2a                        |                  | х      |
| b                     | Lend           | ing of money or other extension o   | of credit?   |  |  |  |  | 2b                        |                  | x      |
| c                     | Furni          | shing of goods, services, or facili   | ties?  |  |  |  |  | 2c                        |                  | x      |
| d                     | Payn           | nent of compensation (or paymer   | t or reimbursem  | nent of expe   | nses if more than  | \$1,000)?  |  | 2 d                       | <del></del> -    | х      |
| е                     | Trans          | sfer of any part of its income or a   | ssets?   |  |  |  |  | 2e                        |                  | х      |
| 3 a                   |                | ou make grants for scholarships,<br>ination of how you determine that   |  |  |  | ch an  |  | 3a                        |                  | Х      |
| ь                     | -              | ou have a section 403(b) annuity  |  | -  | c payments.)   |  |  | 3b                        |                  | X      |
| c                     | Durir          | g the year, did the organization r  | eceive a contrib   | oution of qua  | alified real property  | interest under sed   | ction 170(h)?  | 3с                        |                  | Х      |
| 4a                    | Did y          | ou maintain any separate accour<br>e use or distribution of funds?  | nt for participatin  | ng donors w  | here donors have t   | the right to provide   | advice   | 4a                        |                  | х      |
| b                     |                | ou provide credit counseling, deb   | t management,  | credit repail  | , or debt negotiation  | on services?   |  | 4b                        |                  | Х      |
| Par                   | t IV           | Reason for Non-Private  | e Foundation   | o Status /   | See instructions )   | · -  | -  |                           |                  |        |
| 5<br>6<br>7<br>8<br>9 |                | zation is not a private foundation a church, convention of churches, a school. Section 170(b)(1)(A)(ii) a hospital or a cooperative hospit a Federal, state, or local government a medical research organization of an organization operated for the base complete the Support Scheman organization that normally recommendativities related to its charitrom gross investment income an organization after June 30, 1975. An organization that is not control described in (1) lines 5 through 1 hox that describes the type of supported. | or association (Also complete al service organient or government or government or government of a colledule in Part IV- elives a substantimplete the Supplement of a colledule in Part IV- elives a substantimplete the Supplement of the Supplement o | of churches Part V ) Itzation. Secental unit. Secundarion unit. Secundario unit. Se | Section 170(b)(1)  ction 170(b)(1)(A)(i section 170(b)(1)(A) a hospital Section rsity owned or oper s support from a g ile in Part IV-A) the Support Sched of its support fro ct to certain excep e income (less seco o complete the Su ions (other than for | (A)(I)  II)  II)  II)  II)  II)  III)  III  IIII  IIII  IIII  IIII  IIII  IIII | nental unit Section or from the general properties, and businesses acquired Part IV-A)  s) and supports orgat to f section 509(a)(2) | d gross f its surd by the | receil<br>poport | pts    |
| 14                    | -<br>Д         | An organization organized and op  | erated to test fo  | or public saf  | ety. Section 509(a)  |  | ons.)  |                           |                  | 0000   |

Schedule A (Form 990 or 990-EZ) 2005 Ogeechee - Canoochee Riverkeeper, Inc. 58-2636669 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 (e) Total (a) 2004 beginning in) Gifts, grants, and contributions received (Do not include unusual grants See line 28) 74,909. 70,755. 49,617. 33,570. 228,851. 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 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 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 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 Other income Attach a schedule Do not include gain or (loss) from sale of 57 čapital assets 59 45 82. 243. 70,800. 229,094 Total of lines 15 through 22 74,968. 49,699. 33,627 Line 23 minus line 17 74,968. 70,800. 49,699 33,627 229,094 Enter 1% of line 23 750. 708. 497. 336 25 4,582. 26 a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26 b 26 c 229,094. c Total support for section 509(a)(1) test Enter line 24, column (e) d Add Amounts from column (e) for lines 19 243. 26 d 243. e Public support (line 26c minus line 26d total) 228,851. 26 e 99.89 % f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f 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. (2004) \_ \_\_\_\_ (2003) \_\_\_\_ (2002) \_\_\_\_ (2002) \_\_\_\_ (2001) \_\_\_\_ 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 11b, 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: \_\_\_\_ (2003) \_ \_ \_ c Add Amounts from column (e) for lines 15 16

20 27 c d Add Line 27a total and line 27b total 27 d

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)

용 g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27 h

27 e

**Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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

| Pa | rt V Private School Questionnaire (See instructions )  (To be completed ONLY by schools that checked the box on line 6 in Part IV)  |      |     | age - |
|----|---|------|-----|-------|
|    | (10 as completed one) by sensors that encounce the box on the one at activi   | N/A  | 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   | 162 | 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 | 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<br>nondiscriminatory basis?  | 32 b |     |       |
|    | c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?   | 32 c |     |       |
|    | d Copies of all material used by the organization or on its behalf to solicit contributions?  | 32 d |     |       |
|    | 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?   | 33 a |     |       |
|    | b Admissions policies?  | 33 b |     |       |
|    | c Employment of faculty or administrative staff?  | 33 c |     |       |
|    | d Scholarships or other financial assistance?   | 33 d |     |       |
|    | e Educational policies?   | 33 e |     |       |
|    | f Use of facilities?  | 33 f |     |       |
|    | g Athletic programs?  | 33 g |     |       |
|    | h Other extracurricular activities?   | 33 h |     |       |
|    | If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)   | -    |     |       |
|    |   | -    |     |       |
| 34 | a Does the organization receive any financial aid or assistance from a governmental agency?   | 34 a |     |       |
|    | b Has the organization's right to such aid ever been revoked or suspended?  | 34 ь |     |       |
| 35 | sections 4.01 through 4.05 of Rev Proc 75.50, 1975.2 C.R. 587, covering recal   |      |     |       |
|    | nondiscrimination? If 'No,' attach an explanation   | 35   |     |       |

Schedule A (Form 990 or 990-EZ) 2005

## Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions ) (To be completed ONLY by an eligible organization that filed Form 5768)

| Chec | k ► a  | If the organization belongs      | to an affiliated group.    | Check ► b             | $\Box$ | ıf you check | ed 'a' and 'limited cont          | rol' provisions apply                              |
|------|--|----------------------------------|----------------------------|-----------------------|--------|--------------|-----------------------------------|--|
|      |  | Limits on Lo                     | bbying Expenditur          |                       |        |              | (a)<br>Affiliated group<br>totals | (b) To be completed for ALL electing organizations |
| 36   | Total lobbying expenditures to influence public opinion (grassroots lobbying)  |                                  |                            |                       | 36     |              | 255.                              |  |
| 37   | Total lobbying expenditures to influence a legislative body (direct lobbying)  |                                  |                            |                       | 37     |              |                                   |  |
| 38   | Total lobbying expenditures (add lines 36 and 37)  |                                  |                            |                       | 38     |              | 255.                              |  |
| 39   | Other exempt purpose expenditures  |                                  |                            |                       | 39     |              |                                   |  |
| 40   | Total exempt purpose expenditures (add lines 38 and 39)  |                                  |                            |                       | 40     |              | 255.                              |  |
| 41   | Lobbying nontaxable amount. Enter the amount from the following table -  |                                  |                            |                       |        |              |                                   |  |
|      | If the a   | mount on line 40 is —            | The lobbying nont          | axable amount i       | s      |              |                                   |  |
|      | Not over \$500,000 20% of the amount on line 40  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 \$1,000,0  |                                  |                            | 0,000                 | 0 - 41 |              | 51.                               |  |
|      | Over \$1,5   | 00,000 but not over \$17,000,000 | \$225,000 plus 5% of th    | e excess over \$1,500 | ,000   |              |                                   |  |
|      | Over \$1   | 7,000,000                        | \$1,000,000                |                       | _      |              |                                   |  |
| 42   | Grassro  | oots nontaxable amount (enter:   | 25% of line 41)            |                       |        | 42           |                                   | 13.  |
| 43   | Subtrac  | t line 42 from line 36 Enter -0  | - If line 42 is more than  | line 36               |        | 43           |                                   | 242.   |
| 44   | Subtrac  | t line 41 from line 38 Enter -0  | - if line 41 is more than  | line 38               |        | 44           |                                   | 204.   |
|      | Caution  | : If there is an amount on eith  | er line 43 or line 44, you | ı must file Form      | 472    | 20           |                                   |  |

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)

|                                     |                             | Lobbying Expenditures During 4 -Year Averaging Period |                    |             |             |                     |  |
|-------------------------------------|-----------------------------|---|--------------------|-------------|-------------|---------------------|--|
| Calendar<br>(or fiscal<br>beginning | year<br>year<br>g in) ►     | <b>(a)</b><br>2005                                    | <b>(b)</b><br>2004 | (c)<br>2003 | (d)<br>2002 | <b>(e)</b><br>Total |  |
| 45 Lobbying amount                  | nontaxable                  |   |                    |             |             |                     |  |
| 46 Lobbying ce<br>(150% of li       | ılıng amount<br>ne 45(e))   |   |                    |             |             |                     |  |
| 47 Total lobb expenditu             |                             |   |                    |             |             |                     |  |
| 48 Grassroot taxable a              |                             |   |                    |             |             |                     |  |
| 49 Grassroots of (150% of I         | ceiling amount<br>ne 48(e)) |   |                    |             |             |                     |  |
| 50 Grassroot<br>expenditu           | ts lobbying<br>ires         |   |                    |             |             |                     |  |

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

| (i or reporting only by | organizations that did not complete rait vi- | T) (See 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

- a Volunteers
- **b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- 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 ac |
|--|
|--|

| Yes | No | Amount   |
|-----|----|----------|
|     |    |          |
|     |    |          |
|     |    |          |
|     |    |          |
|     |    |          |
|     |    |          |
|     |    |          |
| L   |    | <u> </u> |

N/A

## Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See Instructions)

| 51 Did the  | e reporting organization d<br>Code (other than section                                    | rectly or inc<br>501(c)(3) or                  | directly engage in any of the following ganizations) or in section 527, relation   | g with any other organization described<br>ng to political organizations?  | in section                  | 501(c  | )          |
|---|---|--|--|--|-----------------------------|--------|------------|
| a Transf  | fers from the reporting org   | ganization to                                  | a noncharitable exempt organization  | n of   |                             | Yes    | No         |
| (i)Cash   |   |  |  |  |                             |        | <u>X</u>   |
| (ii) Other assets   |   |  |  |  |                             |        | <u>X</u> _ |
| <b>b</b> Other transactions   |   |  |  |  |                             |        |            |
| (i) Sales or exchanges of assets with a noncharitable exempt organization |   |  |  |  |                             |        | _X         |
| (ii) Purchases of assets from a noncharitable exempt organization         |   |  |  |  |                             |        | <u>X</u>   |
| (iii)Re   | (iii)Rental of facilities, equipment, or other assets                                     |  |  |  |                             |        | _X         |
| (iv)Re  | eimbursement arrangeme  | nts  |  |  | b (iv)                      |        | <u>X</u>   |
|   | oans or loan guarantees   |  |  |  | b (v)                       |        | _X         |
| (vi)Performance of services or membership or fundraising solicitations    |   |  |  |  | b (vi)                      |        | _X         |
| c Sharır  | ng of facilities, equipment,  | , mailing list                                 | s, other assets, or paid employees   |  | <u> </u>                    |        | <u> X</u>  |
| d If the the go<br>the go<br>any tra                                      | answer to any of the abov<br>ods, other assets, or serv<br>ansaction or sharing arrar     | re is 'Yes,' c<br>rices given t<br>ngement, sh | complete the following schedule. Colu<br>by the reporting organization. If the or<br>low in column (d) the value of the go | mn (b) should always show the fair mar<br>ganization received less than fair mark<br>ods, other assets, or services received | irket value<br>ket value ir | )<br>) |            |
| (a)   | (b)   |  | (c)  | (d)  |                             |        |            |
| Line no   | Amount involved   | Name of  | noncharitable exempt organization  | Description of transfers, transactions, and  | sharing arrar               | ngemen | :S         |
|   |   |  |  |  |                             |        |            |
|   |   |  |  |  |                             |        |            |
|   |   |  |  |  |                             |        |            |
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|   |   |  |  |  |                             |        |            |
|   |   |  |  |  |                             |        |            |
|   |   |  |  |  |                             |        |            |
|   |   |  |  |  |                             |        |            |
|   |   |  |  |  |                             |        |            |
|   |   |  |  |  |                             |        |            |
|   |   |  |  |  |                             |        |            |
| descri  | organization directly or in<br>bed in section 501(c) of the<br>s,' complete the following | he Code (otl                                   | nated with, or related to, one or more ner than section 501(c)(3)) or in section   | tax-exempt organizations on 527?   | ► ☐ Ye                      | s X    | No         |
|   | (a)<br>Name of organization   |  | <b>(b)</b> Type of organization  | (c) Description of relation  | nship                       |        |            |
|   |   |  |  |  |                             |        |            |
|   | -   |  |  |  |                             |        |            |
|   |   |  |  |  |                             |        |            |
|   |   |  |  |  |                             |        |            |
|   |   |  |  |  |                             |        |            |
|   |   |  |  |  |                             |        |            |
|   |   |  |  |  |                             |        |            |
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|   |   |  |  |  |                             |        |            |
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|   |   |  |  |  |                             |        |            |
|   |   |  |  |  |                             |        |            |
|   |   |  |  |  |                             |        |            |
|   |   |  |  |  |                             |        |            |

Form 990, Page 5, Part V-A List of Officers, Etc. Statement

| (A)<br>Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred compensation | (E) Expense account and other allowances |
|-------------------------|--|---|---|--|
| Mary Andrew             |  |   |   |  |
| W111                    | Director   |   |   | _  |
| Millen, GA              | 1  | 0.  | 0.  |  |
| Thomas Black            | Dimenton   |   |   |  |
| Louisville, GA          | Director 1   | 0   | 0   | 0  |
| Linda Smith Burkhalter  |  |   | <u> </u>  | 0.                                       |
| 208 Indigo Rd           | Director   |   |   |  |
| Claxton, GA 30417       | $\frac{\frac{BIIICCCBI}{1}}{1}$                          | 0.  | 0.  | 0.                                       |
| Jim Darden              |  |   | <u></u>   |  |
|                         | Director   |   |   |  |
| Bartow, GA              | 1  | 0.  | 0.  | 0.                                       |
| Geary Davis             |  |   |   |  |
|                         | Director   |   |   |  |
| Louisville, GA          | 1  | 0.  | 0.  | 0.                                       |
| Bill Easterlin          |  |   |   |  |
|                         | Director   |   |   |  |
| Louisville, GA          | 1  | 0.  | 0.  | 0.                                       |
| Tim Goodson             |  |   |   |  |
|                         | Director   |   |   |  |
| Wadley, GA              | 1  | 0.  | 0.  | 0.                                       |
| Larry Hodges            |  |   |   |  |
|                         | Director   | _   |   |  |
| Louisville, GA          | 1  | 0.  | 0.  | 0.                                       |
| Phyllis Holland         |  |   |   |  |
| 220 Dean Forest Rd      | Director   |   |   | _  |
| Garden City, GA 31408   | 1  | 0.  | 0.  | 0.                                       |
| Curtis Hunter           | Dimenton   |   |   |  |
| Wadley, GA              | Director   | 0   | •   | 0  |
| James Newsome           |  | 0.  | <u> </u>  | 0.                                       |
| odines newsome          | Director   |   |   |  |
| Warrenton, GA           | $\frac{\frac{BIIICCCOI}{1}}{1}$                          | 0.  | 0.  | 0.                                       |
| Phil Odom               |  |   |   |  |
|                         | Director   |   |   |  |
| Hinesville, GA          | 1  | 0.  | 0.  | 0.                                       |
| James Reichard, Ph.D.   |  |   |   |  |
|                         | Director   |   |   |  |
| Statesboro, GA          | 1  | 0.  | 0.  | 0.                                       |
| Thomas Reynolds         |  | -   |   |  |
|                         | Director   |   |   |  |
| Waynesboro, GA          | 1  | 0.  | 0.  | 0.                                       |
| Elease Turner           |  |   |   |  |
|                         | Director   |   |   |  |
| Twin City, GA           | 1  | 0.  | 0.  | 0.                                       |
| Bill Veal               | _  |   | _   |  |
|                         | Director   |   |   |  |
| Sandersville, GA        | 1  | <u> </u>                                  | 0.  | 0.                                       |

Form 990, Page 5, Part V-A List of Officers, Etc. Statement

Continued

| (A)<br>Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred compensation | (E) Expense account and other allowances |
|-------------------------|--|---|---|--|
| Steven Vives, Ph.D.     |  |   |   |  |
|                         | Director   |   |   |  |
| Statesboro, GA          | 1  | 0.  | 0.  | 0.                                       |
| Julian Wade             |  |   |   |  |
|                         | Director   |   |   |  |
| Millen, GA              | 1  | 0.  | 0.  | 0.                                       |

Form 990, Page 4, Part IV, Line 65 Other Liabilities Statement

| Line 65 - Other Liabilities:     | Beginning of Year | End of<br>Year |
|----------------------------------|-------------------|----------------|
| Accrued Payroll                  |                   | 4,579.         |
| Payroll Taxes Withheld & Payable |                   | 1,970.         |
| Total                            |                   | 6,549.         |

#### Form **8868** (Rev December 2004)

Department of the Treasury Internal Revenue Service

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

▶ File a separate application for each return

OMB No 1545-1709

| <ul> <li>If you are</li> <li>Do not comp</li> </ul>            | filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (not automatic) 3-Month Extension, complete only Part II (onlete Part II unless you have already been granted an automatic 3-month extension on a part of Automatic 3-Month Extension of Time—Only submit original (no copies need)   | n page 2 of th<br>reviously filed l | is form)           |
|--|---|-------------------------------------|--------------------|
|  |   | •                                   |                    |
|  | corporations requesting an automatic 6-month extension—check this box and complete the complete |                                     |                    |
| Partnerships   | porations (including Form 990-C filers) must use Form 7004 to request an extension of<br>i, REMICs, and trusts must use Form 8736 to request an extension of time to file Form  | 1065, 1066, o                       | r 1041             |
| (not automate  | iling (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extended below (6 months for corporate Form 990-T filers). However, you cannot file it electron to) 3-month extension, instead you must submit the fully completed signed page 2 (File electronic filing of this form, visit www irs gov/efile.   | ically if you wa                    | ant the additional |
| Type or  | Name of Exempt Organization   | Employer ider                       | tification number  |
| print  |   | 58-26366                            | 69                 |
| File by the due date for filing your                           | Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 1925   |                                     |                    |
| return See<br>instructions                                     | City, town or post office, state, and ZIP code. For a foreign address, see instructions STATESBORO GA 30459   |                                     |                    |
| Check type   | of return to be filed (file a separate application for each return):  |                                     |                    |
| ☑ Form 990   |   | □ Fo                                | rm 4720            |
| Form 99  | D-BL  | _                                   | rm 5227            |
| ☐ Form 99  |   |                                     | rm 6069            |
| 🗀 Form 99  | 0-PF  | ☐ Fo                                | rm 8870            |
| <ul> <li>If the orga</li> <li>If this is for the wh</li> </ul> | No. ► 912-764-2017 FAX No ►   | I) _                                | . If this          |
| 1 I request to file to   | st an automatic 3-month (6-months for a <b>Form 990-T corporation</b> ) extension of time unt ne exempt organization return for the organization named above. The extension is for the calendar year 20 <u>0</u> 5or tax year beginning   | organization's                      | s return for       |
|  | ax year is for less than 12 months, check reason   Initial return   Final return  |                                     |                    |
| 3a If this nonrefu   | application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax and able credits. See instructions.   | t, less any                         | 0.00               |
| <b>b</b> If this a made  | opplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax Include any prior year overpayment allowed as a credit  |                                     | 0.00               |
| c Balanc<br>with F<br>instruct                                 | e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Sysions   | tem) See                            | 0.00               |
|  | ou are going to make an electronic fund withdrawal with this Form 8868, see Form 845  |                                     |                    |
| For Privacy A  | ct and Paperwork Reduction Act Notice, see Instructions.  | Form !                              | 3868 (Rev 12-2004) |